

Sustainable Funding Mechanisms for Population-Level Tobacco Control Communication Programs

Position Paper

REPORT COMPILED BY:



An affiliate of The Union

Contents

Executive Summary	1
Sustainable Funding Mechanisms for Population-Level Tobacco Control Communication Programs	5
Challenges to Sustaining Mass Media Tobacco Control Campaigns	5
Solutions for Sustainability	7
Funding Sustainability	7
Independent Decision-Making	13
Challenges to Sustainability and Responses to Common Concerns	17
Where to go from here? Policy Recommendations for Sustainability	19
What the FCTC Conference of the Parties (COP) Can Do	21
COP7 Recommendations	22
Appendix 1: The Evidence for Media Campaigns	23
Appendix 2: Features of Effective Mass Media Campaigns .	25
References	27
Acknowledgements	29

At a Glance

Media campaigns are effective, cost-efficient measures that work in environments ranging from low-income rural communities to high-income cities

Frequent, high-reach and high-impact media campaigns are crucial to countries achieving tobacco control goals, NCD and SDG targets

Sustained campaigns are critical – countries should be delivering high-reach campaigns most months of the year over many years

Few countries meet the best-practice standard of long-term, high-frequency campaigns because of governance issues and difficulties procuring and sustaining funds

This paper identifies four policy mechanisms that some countries are using to overcome these barriers and meet WHO FCTC Article 12 obligations and proposes recommendations

The WHO FCTC and COP7 provide countries with crucial support in their efforts to adopt policy changes

Executive Summary

Tobacco use is the leading cause of preventable death in the world, on track to kill more than 1 billion people in the 21st century. The largest impact by far will be in low- and middle-income countries (LMICs). This is because tobacco is a major barrier to achieving global health development goals and a significant obstacle for poverty eradication, food security, gender equity and environmental conservation.¹

In short, achieving a healthy, equitable, sustainable world depends on swift and decisive action to dramatically reduce tobacco use.

Unlike many other global health and development challenges, there's no mystery about what it will take to reduce tobacco use quickly and efficiently. What's called for is implementation of the World Health Organization Framework Convention on Tobacco (WHO FCTC), a global public health treaty under which 179 Parties have committed their governments to action. WHO FCTC provides a roadmap that can save tens of millions of lives.

WHO FCTC Article 12 commits governments to warn citizens about tobacco use, help de-normalise its use and drive population-level awareness and urgency. Knowledge and urgency are what prompt smokers to quit, drive societal norms about exposure to secondhand smoke, protect nonsmokers, deter young people from starting and create a social environment favorable to policy changes such as tax increases.

One essential way for countries to comply with WHO FCTC Article 12 recommendations is to mount high-reach, effective campaigns on media platforms that reach large populations such as television and radio, and, increasingly, mobile and social media.² Media campaigns are effective and cost-efficient and can be deployed rapidly, compared to policy interventions such as smoke-free laws. In fact, few if any country has made significant progress against tobacco use without a commitment to using mass media for behavior change and/or support of policies such as smoke-free indoor public places.³

While media campaigns do require significant outlay of resources, considerable evidence shows they are cost-efficient.⁴ Preliminary analysis of campaigns in three LMICs indicates that campaign awareness was associated with increased quit attempts among tobacco users, with associated per-person costs per quit attempt of US\$0.07 in India, US\$0.21 in China and US\$0.56 in Vietnam.⁵

Table 1. Mass media campaign cost efficiency

Cost per quit attempt among tobacco users

India	China	Vietnam
\$0.07	\$0.21	\$0.56

Globally, the vector of tobacco use is tobacco industry marketing. Even where strong traditional marketing bans have been put into place and are enforced, industry promotion is ceaseless. We have seen a shift to novel or unrestricted means including changing the product, pricing strategies, social media and/or corporate sponsorship to target youth and others. While governments must expand marketing bans, restrictions alone will not fully counter industry efforts or bring about changes in social norms. Governments must also sustain large scale counter-marketing and health promotion efforts.

Unfortunately, despite strong evidence of media campaign efficacy and efficiency in high-, middle- and low-income environments, the WHO Report on Global Tobacco Control Epidemic shows that only one in five countries is directing resources to media campaigns. And of those that do, few are running them with the frequency, intensity and duration required to drive rapid progress against tobacco use.⁵

Table 2. National-level mass media campaigns by country income level: 2014-15⁵

	Total number of countries airing mass media campaigns	Countries who conducted at least one "gold standard" campaign	Countries who aired campaigns for six months or more
High-income countries	55	12	4
Middle-income countries	106	25	-
Low-income countries	34	2	4

This gap has been formally recognized by the WHO FCTC Working Group on Sustainable Measures,⁶ citing low knowledge about tobacco harms and insufficient public education as key barriers to overall progress in tobacco control.

Why are governments failing to enact these economical and effective campaigns? Looking across the global landscape of tobacco control media campaigns, we have identified two key policy gaps: sustainable funding and government commitment. Some countries have been able to overcome these obstacles through innovative funding and legislative and governance mechanisms. This paper examines research on these mechanisms and synthesizes them into four policy approaches.

We urge governments and advocates to study these approaches and take action to adopt sustainable media policies that are appropriate for their own countries. Vital Strategies and other allies, including WHO, the Framework Convention Alliance and country-level organizations such as national health-promotion foundations, stand ready to help.

Four policies that governments are using to sustain media campaigns

Transfer mass media campaign costs to the tobacco industry

Example: In India, the Cigarettes and Other Tobacco Products Act, requires that whenever tobacco consumption is depicted in a film or television program, public service announcements and disclaimers about the harms of tobacco must be shown at various intervals.

[Learn more on page 7](#)

Dedicate tobacco tax revenue to mass media campaigns

Example: In Thailand, 2 percent of alcohol and tobacco taxes go to a health promotion foundation that runs population-level marketing campaigns on tobacco use.

[Learn more on page 9](#)

Require broadcasters to provide free air time

Example: Turkey's national tobacco control law includes a requirement that all broadcasters air at least 90 minutes of content every month, including 30 minutes during prime time.

[Learn more on page 10](#)

Multi-year funding commitments

Example: In 2008, the Australian government signed a multi-year agreement to fund states to run campaigns that operated through 2014.

[Learn more on page 11](#)

The WHO Framework Convention on Tobacco Control is a critical agenda-setter.

In 2010, countries that are Parties to WHO FCTC unanimously adopted guidelines on the implementation of the treaty's Article 12, which addresses education, communication, training and public awareness. The guidelines note the importance of communicating messages that are "relevant, comprehensible, interesting, realistic, accurate, persuasive and empowering, while taking into account the effectiveness of key messages and the results of sound scientific research." They also state: "It is essential to change social, environmental and cultural norms and perceptions regarding the acceptability of the consumption of tobacco products, exposure to tobacco smoke, and aspects of the growing, manufacturing, marketing and sale of tobacco and tobacco products."²

Few countries in the world are living up to their WHO FCTC obligation to Article 12.

The WHO Report on Global Tobacco Control Epidemic shows that although most countries are taking some action, it is usually low-reach and sporadic and uses untested and potentially ineffective and unimpactful messaging. For instance, many countries limit public awareness about the harms of tobacco to small events such as a press conference to mark World No Tobacco Day. Few countries – 39, as reported in the last WHO Report on Global Tobacco Control Epidemic – have at least a best practice campaign meeting the qualifications for population-level impact. Even fewer air these types of campaigns for an entire year – only eight countries ran high-impact campaigns for six months or more (Table 2).⁵

The most efficient, and arguably only, way to quickly achieve the Article 12 objectives is to mount frequent, high-reach, high-impact media campaigns. The WHO FCTC should assist countries by:

- 1** ensuring Parties receive concrete technical input on how to implement and fund mass media campaigns supporting WHO FCTC implementation. The WHO FCTC Secretariat should consider the best options for sharing proven and sustainable funding mechanisms for Article 12 implementation and, more broadly, for mobilizing domestic resources for WHO FCTC implementation.
- 2** taking action to ensure the sustainability of mass tobacco control communication programs in resource-constrained settings at the WHO FCTC session in New Delhi (COP7).

Can countries meet WHO FCTC Article 12 obligations through pack warnings alone?

Pack warnings are an excellent and necessary intervention, but they are not sufficient to drive population-level attitude and social norm changes needed to make rapid progress against tobacco use. Strategic media campaigns have extensive reach and can be targeted to specific audiences, such as young people, through both messaging and media delivery. Pack warnings and media campaigns work well together, with each increasing the impact of the other. Countries should commit to using both.

Sustainable Funding Mechanisms for Population-Level Tobacco Control Communication Programs

It has been some 60 years since public health messages began asserting that cigarette smoking causes lung cancer – and half a century since authorities in the United Kingdom and United States issued reports confirming that cigarette smoke causes a series of diseases, including lung and other cancers, coronary heart disease, emphysema and stroke.^{10,11} Since then, for the most part, tobacco use has come down in high-income countries (HICs), but it has risen substantially in the rest of the world. And despite the likelihood that globally most people have some awareness that smoking and smokeless tobacco use is harmful, most do not yet know how bad it is and do not feel an urgency to quit or to avoid taking up the habit in the first place.

The fact is that many people have no idea about the vast range of health problems caused by tobacco; they may know about lung cancer but are unaware that smoking also causes several other cancers and chronic diseases. Likewise, knowledge of the harms of other tobacco products, such as chewing tobacco and hookahs, is generally low. Risk-communication scholarship makes it clear that people tend to be less concerned about familiar, everyday hazards such as tobacco use than about unfamiliar, rare and exotic risks, even though the former is more likely to harm them.¹² Additionally, those who are in fact aware of the risks of tobacco use may not have sufficient motivation to quit. This problem underlies the need for ongoing communication, with the challenge of breaking through apathy, raising risk perception and making the harm of tobacco use more salient to people.

Media campaigns that increase awareness of tobacco's harms and create urgency to quit – often through hard-hitting messages – have been proven to motivate quit attempts, change social norms and reduce the numbers of non-smokers, including youth, that pick up the habit. In order to have a mass effect, these campaigns must be able to use media platforms with large audiences, such as television, radio, outdoor advertising, the internet, mobile phones and social media. But because the effects of media campaigns trail off over time, they are not a “one-off” intervention. Campaigns must be frequent – most months of a year is best practice – and sustained over years.

Tobacco

The Facts

Tobacco use is the most common preventable cause of death. In the 20th century, 100 million people were killed by tobacco use.

Each day more than 14,000 people die from tobacco use.

Secondhand smoke causes an additional 600,000 deaths annually.

Exposure to secondhand smoke increases the risk of lung cancer by 30 percent and coronary heart disease by 25 percent.

Tobacco use costs the world an estimated \$500 billion each year in health care expenditures, productivity losses, fire damage and other costs.^{7,8,9}

Challenges to Sustaining Mass Media Tobacco Control Campaigns

While the impact and efficacy of mass media tobacco control communication is clear, there are several challenges to implementing best-practice, population-level campaigns.

One challenge is competing communication priorities. Governments have a wide portfolio of communications needs such as: providing information on upcoming deadlines (e.g. to register children for school, file tax returns or register to vote), informing people about new laws, promoting national unity or values and promoting behavior change to improve other health and safety issues.

In their efforts to achieve economies of scale while addressing these priorities, some governments centralize functions in a single information department and assign tobacco control campaigns to an existing communications unit. Unfortunately, these general offices rarely have the specific experience needed to follow best practice for tobacco control media campaigns, which often necessitate confrontational messaging approaches and well-timed media plans. Communications departments may have inefficient approval processes that take months or longer, sometimes requiring approval all the way up to the executive level. As a result, campaigns may miss important policy opportunities or see long gaps between advertising runs.

An associated challenge is the reassurance imperative: Government communications units are typically trained to play up the positive aspects of government programs and decisions and to reassure people that the government cares about their well-being. When this approach is applied to tobacco control, the result can be upbeat messages emphasizing the availability of cessation services. This is often at the expense of the kinds of hard-hitting information on the multiple harms of smoking that research and experience have shown are crucial to reducing tobacco use.

Related to this is fear of controversy. Government communications generally try to avoid offending anybody, in part because the recipients of the messages are usually also voters. For instance, a hard-hitting ad that makes people feel uncomfortable or angry may be rejected even if it has been shown to be highly effective. Unfortunately, fear of controversy makes it difficult to implement a high-impact, graphic campaign that will generate news coverage, provoke public discussion and ultimately modify smokers' behavior.

Another difficulty is the potential for political imperatives to creep into mass media campaigns on tobacco. Elections can significantly disrupt effective tobacco control campaigns. In some countries, government advertising is suspended in the run-up to elections in order to avoid the appearance that public money is being used to promote a particular political party or its agenda. In other countries, advertising

continues, but there is substantial pressure to make it as upbeat as possible. In both cases, hard-hitting campaigns about the dangers of tobacco are unlikely to run.

On a similar note, tobacco control may become too closely associated with an individual political leader – with government advertising seen as simply promoting the politician’s pet initiatives.

There are also budget-related problems that make it difficult to include tobacco control campaigns in a broader portfolio of government activities. The main campaign expense is usually the purchase of television airtime, which costs substantially more than the design and production of the ads themselves. In the face of budget issues, the efficacy and cost-effectiveness of these campaigns may not be properly assessed or defended.

Given the cost-effectiveness and efficaciousness of well-executed campaigns, cutting airtime budgets for mass media campaigns is a false economy. Although “an ounce of prevention is worth a pound of cure,” in practice, resources are commonly directed to the health-care system – hospitals, clinics, medicines, etc. – as they are more politically tangible than prevention.

Solutions for Sustainability

Ongoing, large-scale, mass media communication campaigns are a critical component of tobacco control and key to successful implementation of the WHO FCTC. To work well, they need substantial and consistent funding as well as a single-minded focus on creating effective and cost-efficient campaigns that follow international best practices. Despite the considerable challenges discussed in preceding sections, several models have emerged to help governments deal with the twin challenges of sustainable funding and independent decision-making. These include transferring the costs of mass media campaigns to the tobacco industry; dedicating tobacco tax revenue to mass media campaigns; requiring broadcasters to provide free airtime; and multi-year funding commitments.

Funding Sustainability

A number of options have been explored to develop more sustainable tobacco control communication programs, which may also have benefits for other health priorities.

1 Transfer mass media campaign costs to the tobacco industry (or others that promote tobacco)

Health officials have long pointed out that the tobacco industry is the “vector” of the tobacco pandemic.¹³ By the mid-1950s, once the industry discovered the hazards of smoking, it decided to put commercial interests ahead of customer health. The industry denied those hazards in front of judicial and parliamentary inquiries, funded diversionary research into other causes of smoking-related diseases and deceptively continued to promote its products despite advertising and marketing bans.¹⁴

Mass media campaigns about the hazards of tobacco products try to correct this longstanding pattern of deception. As a result, a strong public policy argument can be made for transferring the costs of such campaigns to the industry (while retaining public control). In practice, there are a number of ways this can be achieved:

- a Licensing fees** for manufacturers/brands (as exists in Brazil, primarily to finance ongoing testing of tobacco products and enforcement activity by the federal agency ANVISA).
- b Court- or regulator-mandated corrective campaigns**, as occurred for example in both Australia and Canada following successful complaints about the deceptive nature of “light” and “mild” branding.¹⁵ In both cases, the industry was required to pay for public notices or PSAs explaining that so-called “light” cigarettes are as hazardous as “regular” ones.
- c Litigation settlements** that require tobacco industry defendants to pay damages to the government, a portion of which is set aside for mass media campaigns (as in the United States, where the vast majority of states successfully sued the industry for damages, resulting in the 1998 Master Settlement Agreement).
- d Fines or damages** payable by the tobacco industry for violations of tobacco control legislation. In India, for example, the country’s provincial Tobacco Control Cells, established under the National Tobacco Control Program, have collected fines from smokers and tobacco retailers, advertisers and manufacturers that have violated the country’s tobacco control legislation.¹⁶ In France, some nongovernmental organizations are authorized to sue tobacco companies for violating advertising bans and use the funds to run high-profile mass media campaigns.¹⁷
- e Counter-advertising requirements**, e.g. requiring the airing of anti-smoking advertisements ahead of any media content promoting tobacco use. The best known recent examples of this are requirements in India and Russia that such advertisements be shown in cinemas ahead of films depicting tobacco use. In the United States, fears about such anti-tobacco counter-advertising encouraged the tobacco industry to discontinue airing ads on television.

To counter the pro-tobacco imagery in television and film content, the Indian government amended its existing tobacco control law (known as the Cigarettes and Other Tobacco Products Act, COTPA) in 2011–2012 to mandate the screening of pre-approved anti-tobacco public service announcements and a disclaimer at the beginning and during the middle of the films and television programs in which tobacco consumption is depicted; health warning scrolls on screen while tobacco use is depicted. These rules apply to all Indian and foreign films and television programs depicting tobacco products or their use. This ruling has the potential for significant impact given the high viewership of Indian content both within and outside of India, effectively reaching millions. It is also highly cost-effective since the onus of

implementation is on the broadcaster and the cost to the government is negligible.

All of these options are conceptually sound. However, litigation against the tobacco industry is frequently lengthy and unpredictable and may not be practical in some countries. Court-ordered mass media campaigns in response to cases of misleading advertising (as in Australia and Canada) are generally of short duration. Nonetheless, counter-advertising may be an effective way to reduce the negative impact of favorable depictions of tobacco use.

Tobacco companies likely will attempt to recoup any payments they make to mass media campaigns by raising the prices of their products. If they are successful, the mechanism amounts to a roundabout way of increasing tobacco taxes. In many cases, it may be simpler and more transparent to raise taxes directly.

2 Dedicate a portion of (tobacco) tax revenue to mass media campaigns

The most widespread approach to ensuring sustainable funding is via some form of **dedicated tax**, also known as **earmarking**. This requires a dedicated portion of tax revenue (e.g. tobacco, sugary beverages or alcohol) or the imposition of special surcharges to pay for mass media campaigns.^{18,19} A relatively small tax per pack of cigarettes is often sufficient to pay for large-scale communication campaigns.

For example, the tobacco control programs in the U.S. states of California and Massachusetts (both of which included a large mass media component) were established via referendum: Voters in both states supported increased tobacco taxes by US\$0.25 per pack in order to fund prevention efforts.²⁰ In the US, unlike most countries, referenda on tax matters are both constitutional and common.

Other jurisdictions have achieved similar outcomes via the normal legislative process. In Thailand, there is a 2 percent tax on tobacco and alcohol products that goes directly to an independent health-promotion foundation, ThaiHealth.²¹ (See the next section for more information on foundations.) The model has been copied by several countries in south-east Asia and elsewhere. As tobacco consumption tends to change relatively slowly from year to year, dedicated taxes provide stable funding, although inflation may cause difficulties if the dedicated tax is not adjusted periodically.

Is it appropriate to use tobacco tax revenue to pay for mass media campaigns warning about the dangers of tobacco? One possible objection is that such an arrangement could create a perverse incentive for those designing and executing the campaigns to be ineffectual. Their salaries, it could be argued, would depend on continued tobacco use. In practice, this seems unlikely to be an issue, particularly if mass media campaigns are rigorously evaluated and these evaluations are subject to public scrutiny. Unfortunately for public health, the prevalence of tobacco use moves up and down quite slowly, so fear of job loss because of the disappearance of tobacco use is remote.

There are two counter-arguments to this. First, by quitting, tobacco users are the most likely to benefit from well-executed mass media campaigns – through longer life expectancy, better health and savings in money that might have been spent on tobacco products.

Second, tobacco use comes with very large social costs, most of which are not reflected in the price of the product.²² Smoking causes many fires (usually from discarded cigarettes). Secondhand smoke causes disease among non-smokers. Tobacco-attributable diseases account for a substantial proportion of health-care costs from preventable cancers, lung diseases and heart conditions, which in many countries are borne by the state. Tobacco use causes immense losses in productivity due to smokers missing work more frequently because of illness and dying prematurely.²³ The children of smokers also miss more school due to secondhand smoke triggering asthma and other lung health concerns.²⁴

Contrary to tobacco industry arguments, tobacco tax revenue is not sufficient to cover these social costs.²⁵ A modest tax increase in order to better inform tobacco users is thus entirely justified. It is worth noting that it's also possible to dedicate other types of taxes to tobacco control (or health promotion more generally). Austria allocates €7.25 million (US\$9.01 million)²⁶ of sales tax revenue annually to its National Health Promotion Foundation (Fonds Gesundes Österreich); Switzerland requires all health insurers to collect an annual surcharge of CHF2.40 (US\$2.18)²⁷ per insured person to pay for its health promotion foundation.

However, dedicated taxes are controversial with a number of finance ministries due to governance concerns, as discussed in detail in the following section.²⁸

3 Require broadcasters to provide free airtime

Ownership structures for radio and television broadcasters vary widely across the world, from state-owned monopolies to entirely private, advertising-financed systems, with many countries having a mix of public and private broadcasters. Public broadcasters may or may not run paid advertising and may or may not be subject to the same types of licensing rules as private competitors.

Where private broadcasters exist, radio and television stations are typically subject to a range of licensing requirements (e.g. on age-appropriateness of content or minimum amount of local content) in order to obtain or retain the right to a particular radio/television frequency. Often, stations are required to broadcast certain types of content in the public interest, such as news and current affairs, educational programming or messages from political candidates.

Because PSAs do not necessarily generate advertising revenue, private broadcasters in particular tend to air them at non-prime times of the day (for example, very early in the morning) when fewer people are watching/listening. They are often treated as fillers – broadcast when advertising space has not been purchased.

In some countries, governments now require broadcasters to air tobacco public health messages free of charge. For example, Turkey's national tobacco control law includes a requirement that all broadcasters air at least 90 minutes of content per month "explaining the hazards of tobacco products and other harmful habits."²⁹ The law specifies that content must be approved by the Ministry of Health and must be broadcast between 8 a.m. and 10 p.m., including at least 30 minutes per month during prime time viewing periods (5–10 p.m.). China and Russia have similar policies, wherein 3 percent and 5 percent, respectively, of television airtime during certain periods must be dedicated to PSAs or social marketing. These are broadcast either as a gesture of good will or as part of a licensing requirement.

This approach can have massive cost benefits for the government and ensure an ongoing media presence for messages against tobacco. The approach can be expanded to other health priorities once the legislation for prime time and off-peak periods has been mandated and agreed to by all the stations. Governments may still be required to fund suitable content to fill the time slots, but this is generally a fraction of the cost of airtime at commercial rates. Once implemented, however, the approach can generate millions of dollars of free airtime for the public good.

Such legislation must be quite specific in describing the type of media to be used as well as media planning requirements in order to ensure that messages are clear and effective and have adequate reach.

Generating political will for such an approach may be challenging, as the donation of airtime means a decrease in taxable income for television and radio operators, and hence a decrease in government tax revenues.

4 Multi-year funding commitments (including via legislation)

This approach is simply to announce a long-term plan for tobacco control communication and to attach an appropriate annual budget to it for a longer period (e.g. \$100 million per year for five years). Given the ongoing high health-care costs and productivity losses caused by tobacco – there is no quick fix – the case for a multi-year commitment is strong. It may even be possible to enshrine this commitment into legislation, although such legislation can be modified by subsequent governments or legislatures with different priorities.

Multi-year commitments are an improvement over the default approach of most governments, which is simply to include tobacco control communication every year as an item somewhere in the ministry of health's overall budget. However, even this multi-year approach does not provide a strong guarantee that funds will actually be available when political or fiscal circumstances change.

Countries with some of the most successful tobacco control programs in the world, such as Australia, provide positive examples of multi-year commitments. A 2008 agreement between the Australian government and the states, initially slated to run until 2015 and later extended to 2018, committed both sides to funding preventive health, including social marketing campaigns for tobacco.³⁰ This included the

Table 3. Funding options used in existing country programs

Funding option	Feasibility/practical considerations	Advantages	Disadvantages	Country examples
Transfer mass media campaigns costs to the tobacco industry (or other entities that promote tobacco).	<ul style="list-style-type: none"> • If done via litigation, may take a long time (or be impossible in some legal systems). • Tobacco companies will attempt to pass costs on to smokers (the same effect as a tobacco tax increase). 	<ul style="list-style-type: none"> • Logical that tobacco companies should pay to undo false impressions they have created about the health effects of tobacco. • If structured to reduce profitability of companies, may be deterrent against future bad behavior. 	<ul style="list-style-type: none"> • May not provide a consistent stream of funding. • May include constraints on contents of campaigns. 	<ul style="list-style-type: none"> • The best example is the 1998 Master Settlement Agreement in the United States. • In India, the Cigarettes and Other Tobacco Products Act, requires that whenever tobacco consumption is depicted in a film or television program, public service announcements and disclaimers about the harms of tobacco must be shown at various intervals.
Dedicate tobacco tax revenue to mass media campaigns (and possibly other activities).	<ul style="list-style-type: none"> • Feasibility varies, depending on budgeting system and legal/political circumstances. 	<ul style="list-style-type: none"> • Tobacco tax increases have positive health benefit in their own right. • Tobacco taxes are justified by harm of tobacco use. • Benefits of both tobacco tax increases and mass media campaigns go to smokers. 	<ul style="list-style-type: none"> • Perception that funding mass media campaigns will become dependent on continued tobacco use. • Many finance ministries object in principle to dedicated taxes. 	<ul style="list-style-type: none"> • Thailand, Philippines, Vietnam, California, Massachusetts.
Require broadcasters to provide free air time.	<ul style="list-style-type: none"> • Conceptually simple, but may be politically difficult – may be opposed by broadcasters as a form of expropriation. • Legislation must outline specifics regarding content and media planning to ensure messaging is effective and has sufficient reach. 	<ul style="list-style-type: none"> • Costs for government are restricted to preparation of campaigns. • Many countries have extensive licensing requirements for private broadcasters – justified by granting scarce goods (e.g. radio or TV frequencies) to profit-making companies. 	<ul style="list-style-type: none"> • Broadcasters may seek to air tobacco control ads when there are few viewers, for instance at night or in the early morning when people are sleeping. • Could be argued to be a tax on broadcasters. 	<ul style="list-style-type: none"> • Turkey requires 90 minutes of tobacco-related content per month, per station, approved by Ministry of Health; broadcast times stipulated by law.
Multi-year funding commitments.	<ul style="list-style-type: none"> • Commitments are easy for governments to make. 	<ul style="list-style-type: none"> • Simple – can be included in normal budget legislation. 	<ul style="list-style-type: none"> • Even if written into budget legislation, is usually easy to override. 	<ul style="list-style-type: none"> • Canada announced \$210 million in 2001, to be spent over five years; spending was later cancelled. • The Australian federal government signed a multi-year agreement with states on preventive health in 2008, which was later renewed and scheduled to run until 2018.

establishment of a national preventive health agency, national communication campaigns and funding for states to carry out local campaigns. Multi-year commitments are most likely to work in countries with stable government revenues, particularly where there is a wide social and political consensus about the importance of tobacco control.

Independent Decision-Making

Large-scale, ongoing mass media campaigns are an important and cost-efficient part of tobacco control and of WHO's FCTC implementation. To work well, they require stable, substantial funding and a concerted focus on effective communications, including a willingness to use hard-hitting or emotive images and embrace controversy. Unfortunately, there are structural reasons why governments find it difficult to sustain this effort.

The good news is that a number of different models have emerged to help governments deal with the twin challenges of funding and independent decision-making as detailed in Table 4.

Table 4. Country governance approaches: Independent decision-making

Governance model	Feasibility/practical considerations	Advantages	Disadvantages	Examples
Independent tobacco-specific foundation (funded by tobacco taxes)	<ul style="list-style-type: none"> Strong political pressure may be needed to set up. 	<ul style="list-style-type: none"> Likely to keep focus on tobacco, foundation would be willing to run hard-hitting campaigns. 	<ul style="list-style-type: none"> May lack economies of scale (particularly in smaller countries). May find it difficult to retain political support. 	<ul style="list-style-type: none"> Vietnam has a "Tobacco Control Fund" which, while not legally a foundation, has its own board and reports directly to the National Assembly.
Independent health promotion foundation (funded by tobacco and alcohol taxes)	<ul style="list-style-type: none"> Strong political pressure may be needed to set up. 	<ul style="list-style-type: none"> Economies of scale from running campaigns on multiple issues. Broader outside constituency may give it more staying power. 	<ul style="list-style-type: none"> May go "off topic" or tend to run softer campaigns. 	<ul style="list-style-type: none"> Thai Health Promotion Foundation Australian state-level foundations (until 1997).
Health promotion foundation, publicly funded from other sources	<ul style="list-style-type: none"> Strong political pressure may be needed in order to set up. 	<ul style="list-style-type: none"> Autonomy and clear mandate can insulate it from political pressures. 	<ul style="list-style-type: none"> Reliance on government budget process may hamper sustainability. 	<ul style="list-style-type: none"> Australian state-level foundations, originally funded from tobacco taxes, moved to funding from general revenue after 1997 court judgment stripped states of power to tax tobacco.
Private, non-profit foundation funded by litigation or endowment	<ul style="list-style-type: none"> Very difficult/costly to set up (high cost of entry) 	<ul style="list-style-type: none"> Offers complete independence from government – possibility of very strong, hard-hitting campaigns. 	<ul style="list-style-type: none"> If dependent on litigation, may be strict conditions on content. 	<ul style="list-style-type: none"> The Truth Initiative (formerly: American Legacy Foundation) was set up via large up-front payments from tobacco companies (stipulated in the 1998 Master Settlement Agreement).
Public health agency with broad mandate, including public education about tobacco.	<ul style="list-style-type: none"> Can simply involve separating public health from healthcare activities in ministry of health. 	<ul style="list-style-type: none"> Economies of scale Offers prospect of close coordination with research and epidemiology. Broad outside constituency = increased likelihood of stable funding. 	<ul style="list-style-type: none"> If also responsible for dealing with communicable disease outbreaks, may be unable to sustain media campaigns on tobacco (for budget and staffing reasons). 	<ul style="list-style-type: none"> France and England both run mass media campaigns to counter tobacco use via their public health agencies, with varying results.

Establishing Autonomous or Semi-Autonomous Agencies or Foundations

Stable funding for mass media communication campaigns is an essential prerequisite for a sustained effort to reduce tobacco use, but it is not the only prerequisite. The pressures under which government officials operate can make it difficult for them to stay focused on specific public health objectives, continue to use the most appropriate hard-hitting messages, and minimize interruptions from bureaucratic approval processes and the electoral cycle. Other challenges may arise, as the establishment of public health foundations funded via tobacco taxes are inherently political acts that may create tensions within government sectors – in particular, with senior staff in ministries of finance who wish to maintain more direct control over tobacco tax revenue.³¹ Unless agencies can be effectively shielded from these pressures, tobacco control mass media campaigns risk becoming sporadic, weak and unfocused.

These governance issues are neither novel nor unique to tobacco control programs. Governments in many parts of the world have chosen to delegate many aspects of public-sector activity – for example, to autonomous or semi-autonomous agencies.³² The vocabulary used and the exact structure vary widely, but these are generally bodies with a public mandate (often set out in legislation) and in many cases with guaranteed public funding, but which are not subject to ad-hoc political decisions.

There are a number of benefits to setting up such bodies: avoiding the appearance (or reality) of political interference or even corruption, involving programming experts in decision-making, or running a program without some of the bureaucratic complexities of the civil service. Another motivation may be the desire to have an independent body that can take criticism for necessary but unpopular decisions.

Given the considerable costs associated with implementing and evaluating tobacco control programs, including mass media communication campaigns, these programs are good candidates for governance through autonomous or semi-autonomous agencies. This is because these more independent agencies:

- 1** May be better protected from political interference due to their high visibility and multi-stakeholder constituency.
- 2** Can serve a clear public purpose and are likely to be needed for a long time.
- 3** Can ensure proper execution since they require expert staff and advisers, likely including academics and civil society representatives.

In the case of tobacco control and other NCD prevention programs, a number of interesting models are in operation. (For a more detailed discussion, particularly of the Asia-Pacific examples, see “Sustainable Funding Models for Tobacco Control: a Discussion Paper,” 2014, published by The Union.)³³ All sustainable funding models require strong political will to establish, as well as considerable dialogue and analysis, but offer the promise of renewable budgets and a base of technical expertise from which to tackle tobacco and other risk factors for NCDs into the future.

The appropriate model for any given jurisdiction may vary. Health-promotion foundations may provide the best solutions in many country settings.³⁴ Examples include:

- 1** In Australia, semi-autonomous health promotion foundations were originally established at the state level to provide sponsorship funding to sports and cultural organizations affected by bans on tobacco sponsorship, starting with the Victorian Health Promotion Foundation (VicHealth) in 1987 and Western Australian Promotion Foundation (HealthWay) in 1991. Besides promoting tobacco control issues, the foundations used their tobacco tax funds to sponsor events and activities that promoted a range of NCD prevention priorities including nutrition, physical activity and alcohol reduction. The organizations were funded by dedicated state tobacco taxes until 1997, when the courts decided only the federal government was entitled to levy such taxes.³⁵ The boards of directors include experts appointed by the Minister of Health (some on the recommendation of civil society organizations) as well as members of the legislature.³⁶
- 2** Thailand's Health Promotion Foundation (ThaiHealth) was established in 2001 and operates as an autonomous government agency. It has a board of governance, chaired by the Prime Minister, with the Minister of Public Health and an independent expert as co-chairs; the board includes a mix of government representatives and outside experts. It also has an evaluation board of independent experts.²¹ ThaiHealth has a mandate to deal with a range of public health priorities beyond tobacco, but has been successful in retaining a strong focus on this priority health issue.
- 3** Vietnam established a similar agency in 2013, through the Vietnam Tobacco Control Fund. Although the agency is under the Ministry of Health, it is managed by an intersectoral management board, with representatives of multiple government departments and a requirement to report every two years to the National Assembly. It is funded by a 1 percent tax on tobacco products, increasing to 2 percent by 2019.³⁷
- 4** In the United States, the 1998 Master Settlement Agreement settled litigation between major tobacco companies and most states. One provision of that agreement was that companies had to make five large payments to a new foundation, to a total of US\$1.45 billion.³⁸ The functions of the foundation were defined by the agreement "(1) the study of and programs to reduce youth tobacco product usage and youth substance abuse in the States, and (2) the study of and educational programs to prevent diseases associated with the use of tobacco products in the States," as was the governance structure (an 11-member appointed board of directors, of whom two are chosen by state attorneys-general, two by state governors, and state legislatures, respectively, and the rest selected by existing board members among public health experts).

This foundation, initially called the American Legacy Foundation, now the Truth Initiative, spends a substantial portion of its investment income on tobacco control mass media campaigns. In 2014, it spent US\$28.8 million on "counter marketing, communications and government affairs."³⁹ The Truth Initiative is a positive example of a private, nonprofit foundation that is financially independent of governments but also accountable to them.

- 5** In Mongolia, the Mongolian Health Promotion Foundation exists as a semi-autonomous body of the federal government. It receives 2 percent of a tobacco excise tax as a budget, and has a board that makes decisions about the allocation of its funding using the Tobacco Control Law of 2005. The board is guided by five “purposes of the foundation” outlined directly in the legislation, including to “carry out the programs and projects on tobacco control and health promotion, finance the activities on prevention of the diseases caused by tobacco and health promotion,” and “carry out the public awareness campaign against tobacco hazards and the monitoring of tobacco control.”⁴⁰
- 6** France has a National Institute for Prevention and Health Education (INPES), created by national legislation in 2002, with funding from the Ministry of Health as well as health insurance funds. (France has a universal insurance-based health care system.) It has a board of directors and a scientific council. The board includes representatives of various ministries, health insurance funds and civil society organizations, as well as public health experts. However, INPES’s very broad mandate – public health education and surveillance – and its comparatively small and variable communications budget (€26.5 million, equivalent to US\$33.13 million in 2014, for a country of more than 60 million people)⁴¹ makes it difficult for it to run sustained tobacco control mass media campaigns.
- 7** As of 2013, England has an “executive agency” called Public Health England which has its own board of directors and operates under a framework agreement with the Department of Health.⁴² In 2014–15, it had a total marketing budget of £53 million (US\$88.33 million)⁴³, of which more than 20 percent went to tobacco-related campaigns.⁴⁴ Notably, Public Health England measures the return on investment of its marketing activities and has found that anti-smoking campaigns pay for themselves within a single year of operation.

France and England are part of a broader trend of creating independent or autonomous public health agencies. This trend is at least partly attributable to the difficulty, mentioned earlier, of maintaining an appropriate balance between prevention and curative spending in health systems. However, mass media tobacco control campaigns may be difficult to maintain, particularly where public health agencies are given responsibility for research and for dealing with surveillance and control of communicable diseases. The budgets of these multidisciplinary agencies may be reallocated suddenly to control an outbreak or emergency. Given this constraint, and given the massive and rising health care costs currently attributable to NCD risk factors, LMICs in particular should consider carefully whether a narrower mandate – only tobacco-related mass media campaigns, or only health promotion campaigns relating to NCDs – may be more appropriate for the designated agency.

Challenges to Sustainability and Responses to Common Concerns

The effectiveness of tobacco control mass media campaigns depends on both the ability to sustain an adequate level of funding, as well as independence from the influence of issues that present new challenges or priorities. It allows those who design and execute campaigns to stay focused on public health objectives and run timely, hard-hitting communication programs that influence broad sectors of the population – programs that are proven to make a difference.

The model best suited to achieve appropriate funding and levels of independence will depend on the circumstances of a particular country, including constitutional constraints and experience with autonomous or semi-autonomous bodies. Whatever model is most appropriate, there are several concerns that legislators and other government officials are likely to raise. If sustainability is to be achieved, it is important that public health advocates counter these concerns with logical and well-supported arguments.

Dedicated taxes in particular may provoke resistance among legislators and government officials. Many finance ministries fear that if a dedicated tax is created to deal with tobacco, it will be harder to refuse other proposals for dedicated taxes in the future (a fuel tax that goes to an independent agency whose sole mandate is to build roads, a percentage of VAT revenue that can be spent only to pay teachers' salaries, and so on). Taken to the extreme, this would make budgeting extremely difficult, particularly if the country faced a sudden costly emergency. There are a number of counter-arguments to this resistance:

- 1 Many countries have dedicated taxes, but have not had this type of problem in practice. For example, Thailand has had a dedicated tax on tobacco and alcohol products since 2001, and this has not caused a rash of other such initiatives.
- 2 Tobacco taxes at reasonable rates bring in far more revenue than can realistically be spent on tobacco control, even on high-frequency communication campaigns. This makes it easy to craft a “win-win” tax increase when a dedicated tax is introduced – good for tobacco control, but also good for the public treasury.
- 3 Tobacco taxes are unusual in that, even before the revenue they generate is spent, they have substantial positive effects by encouraging existing smokers to quit and discouraging young people from starting to use tobacco. However, large tobacco tax increases may not be acceptable to the public, especially if they are not well-educated about the harms of tobacco use. Sustained, well designed mass media campaigns fill this information gap and tend to increase the public acceptability of further tax increases, even if this is not their primary purpose. Thus, dedicating a portion of tobacco taxes to mass media campaigns can benefit the public treasury even before the health benefits of lower smoking rates are felt.
- 4 Tobacco is an unusual product in another respect: most people who use tobacco wish they didn't, but find addiction to tobacco hard to overcome. Tobacco tax increases are one effective way to help smokers quit. But for those who do not succeed on their own, it can be argued that governments, having made their addiction costlier, have a moral obligation to provide help to quit. This can include communication programs that promote cessation, tied to services such as a national “quit line” that provides advice and support.
- 5 Even countries that claim to have a policy against dedicated taxes often rely on functionally equivalent mechanisms for essential programs. Many countries use some form of insurance to fully or partially fund

health care, disability benefits, income support for the unemployed, or old-age pensions. Despite the framing of such mechanisms as “insurance,” they amount to a form of dedicated tax: Payments are generally obligatory and revenue from these payments can be used only for a specific purpose.

There are at least two reasons why many countries rely on insurance or “social security” mechanisms to fund major social programs. The first is to protect such programs from political interference – nobody wants to see pensioners go hungry because a new president is more interested in building bridges and airports. The second relates to transparency: Insurance mechanisms make it explicit where a particular portion of taxpayer money is going. Both of these rationales apply equally well to tobacco control programming, and in particular mass media campaigns.

Apart from the “slippery slope” argument about dedicated taxes, some governments are concerned about entrusting tobacco control mass media campaigns to an independent agency because of accountability. If a democratic government spends large sums of money on things that the population has no interest in, while ignoring urgent concerns, people can vote it out. But a foundation has a measure of immunity to that type of public reaction.

The answer is two-fold: Ensure the foundation or agency has a clear mandate, and ensure that it is subject to regular, stringent and independent monitoring and evaluation. This is how a number of successful foundations have continued to provide important public health initiatives while undergoing regular reviews by outside experts and reporting annually to legislatures and ministries of health.

Where to go from here?

Policy Recommendations for Sustainability

The WHO FCTC is a treaty that legally binds the vast majority of the world's countries to adopt effective tobacco control measures and imposes an obligation on its Parties to promote "broad access to effective and comprehensive educational and public awareness programs on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke" (Article 12(a)).

As noted above, the scientific evidence shows that population-level mass media communication campaigns are crucial to these efforts because of their potential for high impact within a relatively short time. Mass media campaigns are the most efficient and cost-effective way to rapidly change social norms and behavior regarding tobacco (along with pictorial health warnings on tobacco packages, another communication intervention required by WHO FCTC). Because media campaigns require substantial up-front investments and are challenging to administer effectively within existing government communication structures, governments committed to long-term tobacco control need to look closely at both sustainable funding mechanisms and governance. Policy recommendations to governments include the following:

Policy Recommendations for Sustainability

1 **Establish baseline population measures of tobacco knowledge, attitude and behaviors (KAB).**

While more and more countries are collecting key information about the prevalence of tobacco use and the implementation of some key demand-side measures,⁴⁵ many governments have little or no idea of the extent to which their citizens understand the risks of tobacco use, or how they feel about these risks and the urgency of the need to tackle them. However KAB surveys provide standardized best-practice monitoring tools for several health priorities, including

tobacco. If doubt exists about the need to conduct mass media campaigns, collecting evidence on current gaps in knowledge, attitudes and behaviors through quantitative and qualitative approaches is key to building the evidence base for programming.

2 **Commission a communication expert to draw lessons from recent tobacco-related media campaigns and examine whether existing government communication structures have the capacity and suitability to undertake tobacco control mass media campaigns.**

Government communication activities vary in the extent to which they are centralized and subject to political interference or large budget fluctuations. While many of the problems described in this report can be found in most countries, it is nonetheless essential to conduct country-specific diagnosis. Ideally, the review should look at any campaigns conducted in the last five years to see whether they were in line with international best practices, whether they have been evaluated for their behavioral impact, and to review their media plans and contracting arrangements. It is important to take into account policy interventions – such as pictorial health warnings, smoke-free spaces, tax initiatives etc. – that are likely to be introduced in coming years and that may need additional support through public communication campaigns.

3 **Examine precedents and policy options for sustainable funding mechanisms.**

Governments need to examine all options for sustainable funding mechanisms given the long-term benefits of this approach for tobacco control and other NCD prevention programs. This requires analysis of other dedicated taxes or special funds, broadcast licensing legislation, and reviewing what neighboring and other countries with similar political systems have been

able to achieve. For example, dedicated taxes are common in some countries, and uncommon but possible in others..

4 Examine mechanisms to allow independent decision-making about communication campaign content, tone and timing.

In many countries, civil society organizations and academics play an important role in overseeing mass media campaigns. As such, it may make sense to involve them early in the process to ensure a sufficient degree of autonomy for the evidence-based management of tobacco control mass media communications. It is crucial to look at what forms of delegation of power are usual in a given country, such as private foundations, autonomous and semi-autonomous bodies. As a practical matter, many jurisdictions have chosen a funding model and a governance model at the same time – e.g., via legislation establishing a health promotion foundation funded by a dedicated tax. This is generally a positive step, but the issues associated with the models are conceptually different, and require different expertise to operate effectively over time.

5 Draft and adopt legislation or regulation.

With the exception of litigation-based approaches, all of the mechanisms mentioned in this report to fund or administer tobacco control and other NCD communication campaigns were implemented via legislation or regulation. This legislation should ensure not only funding and autonomy for the body that is given responsibility for the campaigns, but also monitoring, transparency and accountability. The body should have ambitious but achievable objectives, and should be able to demonstrate each year that it has achieved them – or, if not, a plan for corrective action. Legislators should not be given ad-hoc influence over the content, tone or timing of communication

campaigns, but leave this to the technical advisers who are experts in these areas. However, ministers and other key stakeholders should have the right to hold the body accountable if it strays from its mission.

6 Share lessons learned and adapt creative materials from other countries and organizations.

Many people new to designing public education campaigns assume that cultural differences make it difficult to adopt advertisements produced in other countries for local use. Systematic testing in 13 LMIC countries by the World Lung Foundation (now known as Vital Strategies) and others has shown that some key types of messages travel very well, even between very different cultures.^{46,47,48} For example, the approach used in the Australian “Every cigarette is doing you damage” campaign has tested well in several Asian, African and American countries, and has run in many locally adapted forms. A creative message called “Sponge,” an ad that graphically depicts the amount of cancer-producing tar that collects in the lungs of an average smoker, has run successfully in nearly two dozen countries around the world.

What WHO FCTC Conference of the Parties (COP) Can Do

In 2010, the COP adopted guidelines on the implementation of Article 12 of the FCTC, which addresses education, communication, training and public awareness.⁴⁹ These guidelines include some important recommendations, particularly regarding the design of campaigns. According to the guidelines, effective campaigns:

- a** are appropriate to the target audience
- b** are of high frequency and long duration
- c** contain refreshed and targeted messages
- d** use a variety of methods and media vehicles
- e** use lessons learned from other successful campaigns
- f** use integrated evaluation.²

The guidelines emphasize the need to provide adequate funding and provide a list of options, including dedicated taxes, tobacco taxes, licensing fees and other taxes.² This list is similar to that included in WHO FCTC's Article 9/10 and Article 14 guidelines.^{50,51}

However, the guidelines do not provide an analysis of the rationale for the various mechanisms for sustainability, nor do they explore what decision-making structure is appropriate for mass media communication campaigns, beyond reminding Parties of their obligation, under Article 5.2, to have a coordinating mechanism for their WHO FCTC implementation efforts.²

Finally, when it adopted the Article 12 guidelines, the COP decided, "to consider at its sixth session whether to initiate a review of the guidelines."² This was arguably because Parties felt that experience in this area was accumulating rapidly, particularly in LMICs, and it would be advisable to revise the guidelines sooner rather than later. But at its sixth session, held in Moscow in 2014, the Conference of the Parties did not take up the issue again.

COP7

Recommendations

At COP7, the Conference should consider ways to ensure that Parties receive more concrete policy advice on the governance and sustainable-funding issues raised to provide for mass media campaigns to support WHO FCTC implementation.

There are at least two ways achieve this:

- 1** Request the Secretariat to hire an expert consultant to provide advice on these areas for consideration at COP8;
- 2** Convene an expert group to provide such advice.

We call on COP7 delegates to act on these recommendations to ensure greater levels of sustainability of population-level tobacco control communication programs in the resource-constrained settings of LMICs that are Parties to WHO FCTC.

Appendix 1:

The evidence for media campaigns

Evidence for the efficacy of strategic tobacco control communication programs using mass media is long-standing in HICs. Hard-hitting campaigns with clear messages that directly and plainly show how tobacco sickens and kills have played a significant role in reducing smoking prevalence in Australia, USA, Canada, England, France and Japan. The evidence for effectiveness has also been established and continues to mount in LMICs. Encouragingly, in combination with other best-practice tobacco control policies, we are seeing dramatic changes in knowledge, attitudes and behavior in LMICs as a result of these media campaigns. Acute challenges in LMICs include low personal efficacy, competing risks such as poverty, and the tobacco industry's constant barrage of direct or indirect marketing, which obfuscates risk perceptions.

Studies have shown that the content and tone of mass media communication campaigns can have an impact on audience recall and behavioral outcomes, and can help personalize messages for tobacco users who may normally disengage from messages when faced with uncomfortable truths.

Mass Media Campaigns Work to Reduce Tobacco Use

Evidence from HICs has shown that strong mass media campaigns can be an effective and cost-efficient way to reduce tobacco use. Graphic, hard-hitting and emotional messages can particularly motivate tobacco users to quit. The impact of these campaigns has been studied extensively, culminating with an evidence-based study by the U.S. National Cancer Institute (Monograph 19) with a comprehensive meta-analysis on the impact of mass media campaigns.⁴ In addition, Australian researchers published a review in 2012 that examines the extent to which mass media campaigns are effective in getting adult smokers to quit.⁵²

Tobacco control campaigns in LMICs have only been implemented more recently, and therefore provide less evidence of impact thus far. However, there is a growing body of literature that suggests they too have the potential to reduce tobacco use. For example, a recent projection suggests that in a low-income population of 10 million people with a 30 percent smoking prevalence, strong mass media campaigns can reduce smoking by much as 10 percent in five years, resulting in as many as 187,500 fewer deaths.⁵³ Evidence from cessation campaigns aired in francophone Africa shows that they can successfully urge smokers to quit.

Table 5. Projected effects of mass media campaigns

	Smoking prevalence reduction in five years	Smoking-attributable deaths averted over 40 years (for 10 million people)
Low-income countries	10%	187,500
Middle-income countries	8%	150,000
High-income countries	6%	93,750

In addition to motivating people to quit, mass media campaigns can deter young people from taking up tobacco products, increase public support for policy interventions such as smoke-free places, bans on tobacco advertising, promotion and sponsorship as well as increases in tobacco taxes. Several campaigns in LMICs have demonstrated this. Surveys of a communication campaign implemented in the state of São Paulo, Brazil, showed significant shifts in public attitudes, such as a notable increase in the number of people that support smoke-free policies.⁵⁴ Communication campaigns featuring hard-hitting, graphic testimonials from tobacco victims have been used successfully in India to support bans on some forms of smokeless tobacco,⁵⁵ and in Bangladesh to support implementation of graphic tobacco pack warnings.

Overall, the evidence suggests that population-level tobacco control campaigns delivered through mass media are more likely to be successful if they:

- use best practice, pre-tested, personalized, emotional and graphic message appeals
- are disseminated with sufficient intensity and reach to target populations
- run frequently, since users are more likely to quit when campaigns are consistently on air
- are synergized with other activities such as earned media advocacy (i.e., news coverage), policy initiatives and community-based messaging.

Appendix 2:

Features of Effective Mass Media Campaigns

There are several critical facets of best practice in tobacco control mass media campaigns, including message design and message delivery.

Message Design

The evidence shows that the most effective tobacco control messages are graphic, hard-hitting, and even disturbing, emphasizing the serious negative health effects of tobacco for both users and their friends and families.⁵²

Messages that use graphic imagery about health harms or personal testimonials are designed to elicit strong emotions in all viewers. But in particular, these emotive messages penetrate the defenses of tobacco users who may, under other circumstances, disengage from messages when faced with uncomfortable truths. Studies have linked exposure to these types of messages with stronger recall, greater negative beliefs about tobacco use, and increased quitting behaviors.^{47,48,56,57,58} Messages emphasizing the serious health effects of smoking, particularly those that use graphic imagery and personal testimonials, can be effective even with disenfranchised and vulnerable target audiences.⁵⁹ Messages addressing social norms for smoking in public places – highlighting that secondhand smoke causes diseases in nonsmokers – have also been shown to influence attitudes, perceptions and behavioral intentions of smokers.⁴⁶

For example, a heartbreaking ad in Indonesia featured a woman named Ike, who had never smoked a cigarette in her life, yet had to have a tracheostomy – a permanent hole opened in her throat – because of exposure to secondhand smoke. These personal testimonials can counter tobacco industry advertising that uses young, attractive individuals and celebrities to promote tobacco use.

Messages using humor, irony, or other devices that provide positive associations for the viewer have been shown to be less effective than serious, hard-hitting ads. Although they may be appealing to viewers, these types of messages do not elicit the powerful feelings necessary to bring about behavior change.⁶⁰

Message Delivery

Commercial advertisers know that consumers need to see messages several times before they have an impact – even for low-involvement decisions such as which brand of soap to buy. This principle has been shown to hold true for crisis and risk communication and for public service announcements like tobacco control messages.⁶¹

The extent to which your audience remembers a message is linked to both the design and frequency of the message – and messages that are effectively remembered are more likely to lead to action. Findings from HICs, and more recently from LMICs, suggest that hard-hitting messages can cut through media clutter more effectively, requiring less exposure and resonating more strongly with viewers. This helps to make them more cost-effective.^{62,63,64}

Best practices suggest that in LMICs, effective reach requires that up to 70 percent of the target audience see the PSA, with a minimum frequency of three to six exposures of the message during a four- to six-week campaign period. When combined with other advocacy and communication activities, this may provide the best results in terms of cost-effectiveness and behavioral impact.^{64,65,66,67,68}

Earned Media

“Earned media” refers to coverage of events or issues by the news media for which no payment is made, as opposed to “paid media” like advertising. It is called earned media because considerable effort may be needed to develop a newsworthy event or issue. Earned media can often bring significant visibility to support and increase the reach of paid advertising content.

In Mexico in 2010, a strategic earned media plan was used alongside paid media for a yearlong advocacy effort to increase tobacco taxes, which ultimately passed the Mexican legislature.⁶⁹ Through media advocacy efforts, the number of legislators in favor of the law increased from 191 to 500 votes. Between 2009 and 2013 in India, a “Voices of Tobacco Victims” advocacy campaign, synergized with a paid national mass media campaign featuring a young tobacco victim, ultimately led to the ban of a form of smokeless tobacco across all Indian states.⁷⁰

Communication Channels

Studies conducted in the United States have found that mass media campaigns on television provide the greatest degree of exposure among tobacco users.⁷¹ This is likely because American tobacco users tend to watch television more than they listen to radio, for example. Television also enables the combination of graphic images and audio, both of which have been identified as powerful tools in mass media campaigns.

Surveys on a range of health issues in LMICs indicate that the preferred channels of communication for health issues are mass media, specifically television.^{72,73} In some LMICs or rural areas where television broadcast reach may be low, radio may be a less expensive option to achieve population-level exposure.^{47,74}

Given the rapidly changing media landscape, and the use of new media platforms—social media and mobile in particular—there is an emerging body of evidence assessing the behavior change effectiveness of these message delivery tools as part an effective media strategy for reaching target audiences. However, looking at the complete body of evidence in social marketing, in both traditional broadcast media and emerging, we would recommend every country invest in a “traditional media” first approach for media plans, using mobile and social media to augment population level efforts. There are three main reasons:

a Most forms of mobile and social media have unproven persuasive value as media delivery.

Video and sound drive emotional impact for audiences, which is what is needed to convert awareness about tobacco’s harms to urgency for changing behavior. While broadcast SMS texts can reach vast audiences – arguably larger than television in many countries – the persuasive power of a text is likely to be much smaller. SMS mobile is terrific behavioural support – such as automated SMS cessation initiatives like WHO’s mHealth initiative – but for behavior change this medium is untested.

b Usage of broadband-based digital media channels such as social media (Facebook, Twitter) are heavily skewed towards higher incomes and education levels. To build population-level behavioral and social norm change, we must use channels that have large populations of low-income and lower SEC groups. Television, radio, and outdoor are the fastest and most cost-effective way of reaching these populations.

c Large potential reach for campaigns on social, mobile media channels will almost always go unrealized without significant media plan investment. We have seen many cases of tobacco control campaigns such as World Not Tobacco Day awareness efforts launched on social media, using only organic promotion to reach audiences. Globally, the digital communications environment has fully matured as an advertising-based marketing platform; to reach large numbers of audiences confidently still requires significant resources akin to traditional marketing. Those countries which choose to invest in social- or mobile-media first awareness efforts will face the same challenges around financing sustained efforts as those that choose traditional media-first strategies.

Reference

- 1 Tobacco a Barrier to Sustainable Development. March, 2015. Available on-line at: http://www.fctc.org/images/stories/Tobacco_sustainable_development_190315.pdf
- 2 FCTC/COP4(7) Guidelines for Implementation of Article 12 of the WHO Framework Convention on Tobacco Control (Education, Communication, Training and Public Awareness). Available on-line at: <http://www.who.int/fctc/guidelines/Decision.pdf?ua=1>
- 3 WHO. Report on the Global Tobacco Epidemic, 2013: The MPOWER package. Achievement continues but much work remains. Geneva: World Health Organization; 2013 Available on-line at: http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871_eng.pdf?ua=1
- 4 US National Cancer Institute. Monograph 19: The Role of the Media in Promoting and Reducing Tobacco Use (2005). See in particular Chapter 12: "Assessing the Effectiveness of the Mass Media in Discouraging Smoking Behavior".
- 5 WHO. WHO Report on the Global Tobacco Epidemic, 2015. page 71-72. Available on-line at: http://apps.who.int/iris/bitstream/10665/178574/1/9789240694606_eng.pdf?ua=1&ua=1
- 6 WHO. Sustainable Measures to Strengthen the Implementation of the WHO FCTC, 10 June 2016 http://www.who.int/fctc/cop/cop7/FCTC_COP_7_18_EN.pdf?ua=1
- 7 WHO. Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva: World Health Organization; 2008. Available on-line at: http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf
- 8 Mattias Ö, Maritta SJ, Alistair W, Armando P, Annette P U. Worldwide Burden of Disease from Exposure to Second Hand Smoke: A Retrospective Analysis of Data from 192 Countries. *The Lancet*. 2011;377(9760):139-46.
- 9 Shafey O, Eriksen M, Ross H, Mackay J. *The Tobacco Atlas 3rd Ed.* Atlanta, GA: American Cancer Society; Bookhouse Group, Inc. 2009.
- 10 Keys A, Taylor HL, Blackburn H, Brozek J, Anderson JT, Simonson E., Coronary Heart Disease among Minnesota Business and Professional Men Followed Fifteen Years, *Circulation* 28:381-95 (Sept 1963).
- 11 Doll R, Hill AB. Lung Cancer and Other Causes of Death in Relation to Smoking. *British medical journal*. 1956 Nov 10;2(5001):1071.
- 12 Sandman, Peter, Jody Lanard. *Crisis Communication: Guidelines for Action*. Available on-line at: http://www.psandman.com/handouts/AIHA/AIHA_book.pdf
- 13 Yach D and Bettcher D. Globalisation of Tobacco Industry Influence and New Global Responses. *Tobacco Control* (2009): 9:206-216.
- 14 As detailed for example in the Kessler decision (2006) at the conclusion of the US federal suit against leading tobacco companies (United States of America v. Philip Morris USA, Inc. et al.) Available on-line at: <http://publichealthlawcenter.org/sites/default/files/resources/doj-final-opinion.pdf>.
- 15 For Canada: Agreement between JTI-Macdonald Corp. and The Commissioner of Competition, 8th November 2006, available as trial exhibit 40016 in *Létourneau c. JTI-Macdonald Corp.* Available on-line at: <https://tobacco.asp.visard.ca/>. For Australia: Australian Competition and Consumer Commission. ACCC resolves 'light' and 'mild' cigarette issue with B.A.T. and Philip Morris. (Press release, 12 May 2005.) Available on-line at: <https://www.accc.gov.au/media-release/accc-resolves-light-and-mild-cigarette-issue-with-bat-and-philip-morris>.
- 16 National Tobacco Control Cell (NTCC), India. Available on-line at: <http://www.mohfw.nic.in/WriteReadData/l892s/About%20NTCC.pdf>
- 17 Unofficial Translation of Relevant Penal Provisions of the Code of Public Health. Available on-line at: <http://www.tobaccocontrollaws.org/files/live/France/France%20-%20Article%20L3512%20.pdf>
- 18 Dunlop SM, Cotter TF, Perez DA. Impact of the 2010 Tobacco Tax Increase in Australia on Short-Term Smoking Cessation: A Continuous Tracking Survey. *Med J Aust* 2011; 195 (8): 469-472. doi: 10.5694/mja11.10074
- 19 Colchero MA, Popkin BM, Rivera JA, Ng SW. Beverage Purchases from Stores in Mexico under the Excise Tax on Sugar Sweetened Beverages: Observational Study. *BMJ* 016;352:h6704doi:10.1136/bmj.h6704
- 20 IARC Handbooks of Cancer Prevention, Tobacco Control, Vol. 14: Effectiveness of Tax and Price Politics for Tobacco Control(2011: Lyon, France) Chapter 9. Available on-line at: <https://www.iarc.fr/en/publications/pdfs-online/prev/handbook14/handbook14-9.pdf>
- 21 Thai Health Promotion Foundation. "Who We Are". Website, accessed 3 Oct 2015. Available on-line at: http://en.thaihealth.or.th/WHO_WE_ARE/ORGANIZATIONAL_STRUCTURE/
- 22 WHO. Taxation and the Economics of Tobacco Control. Gender, Women, and the Tobacco Epidemic(2009). Available on-line at: http://www.who.int/tobacco/publications/gender/en_tf_gender_women_taxation_economic_tobacco_control.pdf
- 23 Halpern MT, Shikar R, Rentz A, Khan ZM. Impact of Smoking Status on Workplace Absenteeism and Productivity. *Tob Control*. 2001;10:233-238.
- 24 Mannino D, Siegel M, Husten C, Rose D, Etzel R. Environmental Tobacco Smoke Exposure and Health Effects in Children: Results from the 1991 National Health Survey. *Tob Control* 1996;5:13-18
- 25 Cherukupalli R. A Behavioral Economics Perspective on Tobacco Taxation. *Am J Public Health*.2010;100:609-615.
- 26 Estimated using World Bank official currency exchange rates for 2006, Euro Area. <http://data.worldbank.org/indicator/PA.NUS.FCRF?end=2015&locations=XC&start=2006&view=chart> (Accessed on 18th October, 2016).
- 27 Estimated using World Bank official currency exchange rates for 2008, Switzerland. <http://databank.worldbank.org/data/reports.aspx?source=2&series=PA.NUS.FCRF&country=> (Accessed on 18th October, 2016).
- 28 Schang, Laura K., Katarzyna M. Czabanowska, and Vivian Lin. Securing Funds for Health Promotion: Lessons from Health Promotion Foundations Based on Experiences from Austria, Australia, Germany, Hungary And Switzerland." *Health promotion international* 27.2 (2012): 295-305.
- 29 Government of Turkey. Law on the Prevention and Control of the Hazards of Tobacco Products (Unofficial translation). Available on-line at: <http://www.tobaccocontrollaws.org/files/live/Turkey/Turkey%20-%20Law%20No.%204207.pdf> (see Article 4.7).
- 30 Commonwealth of Australia. National Partnership Agreement on Preventive Health (2008). Available on-line at: http://www.federal-financialrelations.gov.au/content/npa/health_preventive/national_partnership.pdf
- 31 Schang LK, Czabanowska KM, Lin V. Securing Funds for Health Promotion: Lessons from Health Promotion Foundations Based on Experiences from Austria, Australia, Germany, Hungary And Switzerland. *Health Promot. Int*; 2012; 27(2): 295-305. doi: 10.1093/heapro/dar023
- 32 For some background, see Manning N and Shepherd G. GET Brief: Arms Length Bodies (World Bank briefing paper), 2009. Available on-line at: <http://siteresources.worldbank.org/EXTGOVANTICORR/Resources/3035863-1285601351606/ArmsLengthAgencies.pdf>
- 33 Sustainable Funding Models for Tobacco Control: a Discussion Paper" (2014) published by The Union. Available on-line at: <http://www.theunion.org/what-we-do/publications/technical/english/Sustainable-Funding-Models-for-Tobacco-Control-a-Discussion-Paper.pdf>
- 34 Holman CDJ, Donovan RJ, Corti B, et al. Evaluating Projects Funded by the Western Australian Health Promotion Foundation: First Results. *Health Promot. Int*; 1996; 11(2):75-88. doi: 10.1093/heapro/11.2.75
- 35 Griffith G. The Future of State Revenue: the High Court Decision in Ha and Hammond. *New South Wales Parliamentary Research Service* (1997). Available on-line at: [http://www.parliament.nsw.gov.au/prod/parlment/publications.nsf/0/130c730fbc22a24f-ca256ecf00096add/\\$FILE/16-97.pdf](http://www.parliament.nsw.gov.au/prod/parlment/publications.nsf/0/130c730fbc22a24f-ca256ecf00096add/$FILE/16-97.pdf)
- 36 State of Victoria. Tobacco Act 1987. Sect. 21. Available on-line at: [http://www.legislation.vic.gov.au/domino/Web_Notes/LDMS/LTObject_Store/LTObjSt4.nsf/0/2e41f3df50a8d-522ca2577610030f700/\\$FILE/87-81a071.pdf](http://www.legislation.vic.gov.au/domino/Web_Notes/LDMS/LTObject_Store/LTObjSt4.nsf/0/2e41f3df50a8d-522ca2577610030f700/$FILE/87-81a071.pdf)
- 37 Socialist Republic of Vietnam. Law on Prevention and Control of Tobacco Harms (Law No. /2012/QH13), Articles 28-30. See unofficial translation at: <http://www.tobaccocontrollaws.org/files/live/Viet%20Nam/Viet%20Nam%20-%202012%20TC%20Law.pdf>
- 38 Master Settlement Agreement IV(c). Available on-line at: <http://ag.ca.gov/tobacco/pdf/1msa.pdf>
- 39 The Truth Initiative Annual Report 2014. Available on-line at: http://truthinitiative.org/sites/default/files/annual_reports/LEG_2014-Annual-Report.pdf

- 40 Nyamdorj, TS. "Law of Mongolia: Law on Tobacco Control." 1 July 2005. Web. 17 June 2015.
- 41 L'Inpes, le bras armé du Ministère de la Santé (2014). *Stratégies* [marketing magazine]. Available on-line at: <http://www.strategies.fr/etudes-tendances/tendances/234407W/l-inpes-le-bras-arme-du-ministere-de-la-sante.html>
- 42 Public Health England. Framework Agreement between Public Health England and the Department of Health (2013). Available on-line at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259756/DH-PHE_FRAMEWORK_AGREEMENT_FINAL_VERSION_FOR_PUBLICATION_accessible.pdf
- 43 Estimated using World Bank official currency exchange rates for 2014, Euro Area and United Kingdom. <http://databank.worldbank.org/data/reports.aspx?source=2&series=PA.NUS.FCRF&country=> (Accessed on 18th October, 2016).
- 44 Public Health England Market Strategy: 2014 to 2017 (2014). Available on-line at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326548/PHE_StrategyDoc_2014_10.pdf
- 45 Global Adult Tobacco Survey (GATS). Available on-line at: <http://www.who.int/tobacco/publications/surveillance/tqs/en/>
- 46 Wakefield, M., Bayly, M., Durkin, S., Cotter, T., Mullin, S., & Warne, C. (2013). Smokers' Responses to Television Advertisements about The Serious Harms of Tobacco Use: Pre-Testing Results from 10 Low- to Middle-Income Countries. *Tob Control*, 22(1), 24–31. doi:10.1136/tobaccocontrol-2011-050171
- 47 Perl, R., Murukutla, N., Occleston, J., Bayly, M., Lien, M., Wakefield, M., & Mullin, S. (2015). Responses to Antismoking Radio and Television Advertisements among Adult Smokers and Non-Smokers Across Africa: Message-Testing Results from Senegal, Nigeria And Kenya. *Tob Control*, 24(6), 601–608. doi:10.1136/tobaccocontrol-2014-051682
- 48 Murukutla, N., Bayly, M., Mullin, S., Cotter, T., Wakefield, M., & Team, for the I. A.-S. A. R. S. (2015). Male Smoker and Non-Smoker Responses to Television Advertisements on the Harms of Secondhand Smoke in China, India and Russia. *Health Education Research*, 30(1), 24–34. <http://doi.org/10.1093/her/cyu044>
- 49 WHO FCTC Conference of the Parties. Decision FCTC/COP4(7). Available on-line at: http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_REC1.pdf.
- 50 Partial Guidelines for Implementation of Articles 9 And 10, Paragraph 2.3. Available on-line at: http://www.who.int/fctc/treaty_instruments/adopted/Guidelines_Articles_9_10_English.pdf?ua=1
- 51 Guidelines for Implementation of Article 14, paragraph 40. Available on-line at: http://www.who.int/fctc/treaty_instruments/adopted/Guidelines_Article_14_English.pdf?ua=1
- 52 Durkin S, Brennan E, Wakefield M. Mass Media Campaigns to Promote Smoking Cessation among Adults: An Integrative Review. *Tobacco Control* (2012); 21: 127–138.
- 53 Levy D, Murukutla N, Yan H. Review and Estimation of the Effect of Tobacco Control Mass Media Campaigns in High, Medium and Low Income Countries(2016). Submitted.
- 54 Alday J et al. Smoke-Free São Paulo: A Campaign Evaluation and the Case for Sustained Mass Media Investment. *Salud Pública De México* 52 Suppl 2 (2010): S216–225. Available on-line at: <http://bvs.insp.mx/rsp/articulos/articulo.php?id=002522>
- 55 Murukutla, N., Turk, T., Prasad, C.V.S., Saradhi, R., Kaur, J., Gupta, S., et al. (2012). Results of a National Mass Media Campaign in India to Warn Against the Dangers of Smokeless Tobacco Consumption. *Tobacco Control*, 21(1):12–17. doi 10.1136/tc.2010.039438
- 56 Farrelly MC Duke JC Nonnemaker JM Kamyab K Willet JG and Juster HR. Promotion of Smoking Cessation With Emotional and/or Graphic Antismoking Advertising. *Am J Prev Med* 2012; 43: 475–82
- 57 Preventing Tobacco Use among Youth and Young Adults: A Report of The Surgeon General. Atlanta: US Department of Health and Human Services, Centres for disease control and prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
- 58 National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Bethesda, MD: United States Department, 2008.
- 59 Turk T, Murukutla N, Gupta S, et al. Using a Smokeless Tobacco Control Mass Media Campaign and Other Synergistic Elements to Address Social Inequalities in India. *Cancer Causes and Control* 2012; Suppl 1:81–90. doi: 10.1007/s10552-012-9903-3.
- 60 Schar EH Gutierrez KK. Smoking Cessation Media Campaigns from around the World. Recommendations from Lessons Learned. Copenhagen, DK: World Health Organization Regional Office for Europe, 2001.
- 61 Janoske, M. L., Liu, B. F. and Madden, S. (2013), Congress Report: Experts' Recommendations on Enacting Best Practices in Risk and Crisis Communication. *Journal of Contingencies and Crisis Management*, 21: 231–235. doi: 10.1111/1468-5973.12031
- 62 Mullin S, Prasad V, Kau J, et al. Increasing Evidence for the Efficacy of Tobacco Control Mass Media Communication Programming in Low- and Middle- Income Countries. *Journal of Health Communication* 2011 (16), 1–10. DOI: 10.1080/10810730.2011.601395
- 63 Carroll T, Scollo MM, Winstanley MH. [Editors]. *Tobacco in Australia: Facts and Issues*. Ch14: Social Marketing and Public Education Campaigns. 2008 Third Edition. Melbourne: Cancer Council Victoria. Retrieved from <http://www.tobaccoinustralia.org.au/chapter-14-social-marketing>
- 64 Biener, L., Wakefield, M., Shiner, C. M., & Siegel, M. (2008). How Broadcast Volume and Emotional Content Affect Youth Recall of Anti-Tobacco Advertising. *American Journal of Preventive Medicine*, 35(1), 14–19. <http://doi.org/10.1016/j.amepre.2008.03.018>
- 65 Cowling D, Modayil M, Stevens C. Assessing the Relationship Between Ad Volume and Awareness of a Tobacco Education Media Campaign. *Tob Control*. 2010;19:i37–i42 doi:10.1136/tc.2009.030692
- 66 Turk T, Murukutla N, Negi N, et al. Population Level Tobacco Control Communication Program 'Best Buys' to Support the Changing Public Health Landscape in Low -and Middle-Income Countries. Oral Abstract Presentation: 46th Union Conference on Lung Health. 4th December 2015. Cape Town, South Africa.
- 67 Cotter T, Perez DA, Dessaix AL, Bishop JF. Smokers Respond to Anti-Tobacco Mass Media Campaigns in NSW by Calling the Quitline. *NSW Public Health Bulletin* 2008;19(3–4):68–71.
- 68 Levy, D. T., K. Blackman, L. M. Currie and U. Mons (2013). "Germany SimSmoke: the Effect of Tobacco Control Policies on Future Smoking Prevalence and Smoking-Attributable Deaths in Germany." *Nicotine Tob Res* 15(2): 465–473.
- 69 Lane, Ch'uyasongo H., and Marina I. Carter. "The Role of Evidence-Based Media Advocacy in the Promotion of Tobacco Control Policies." *Salud Pública de México* 54.3 (2012): 281–288. SciELO. Web. 9 July 2015.
- 70 Turk T, Chaturvedi P, Murukutla N, Mallik V, Sinha P, Mullin S. Special communication:Raw and Real: an Innovative Communication Approach to Smokeless Tobacco Control Messaging in Low and Middle-Income Countries. *Tob Control tobaccocontrol-2016-052968*. Published Online First: 18 July 2016. doi:10.1136/tobaccocontrol-2016-052968
- 71 Asfar T, Ward KD, Eissenberg T, et al. Comparison of Patterns of Use, Beliefs, and Attitudes Related to Waterpipe Between Beginning and Established Smokers. *BMC Public Health* 2005 (5):19. DOI: 10.1186/1471-2458-5-19
- 72 Turk, T., Newton, F. (2016) *Advocacy, Communication and Social Mobilization – Challenges Moving Forward*. (Article under review – *Journal of Infectious Diseases*).
- 73 Dick B. Preventing HIV/AIDS In Young People: A Systematic Review of The Evidence From Developing Countries. Ross DA, Ferguson J, editors. Geneva: World Health Organization; 2006.
- 74 Durkin, S., & Wakefield, M. (2010). Comparative Responses to Radio and Television Anti-Smoking Advertisements to Encourage Smoking Cessation. *Health Promotion International*, 25(1), 5–13. <http://doi.org/10.1093/heapro/dap044>

Acknowledgements

Vital Strategies acknowledges and appreciates the contribution of many individuals. Mr. Francis Thompson (Framework Convention Alliance) and Dr. Alexey Kotov (Vital Strategies) led the group, which included Christina Curell, Johnny Hsu, Nandita Murukutla, Nalin Negi, Rebecca Perl, Karen Schmidt, Shuo Wang and Tahir Turk. Editorial support was provided by Lynn Love and Sally Chew. Sandra Mullin and Stephen Hamill edited and reviewed the final version of the paper.

We thank all contributors from the international organization, including Dr. Ehsan Latif and Anne Jones (International Union Against Tuberculosis and Lung Disease), Mark Hurley (Campaign for Tobacco-Free Kids), Dr. Kerstin Schotte and Dr. Luminita Hayes (World Health Organization), Dr. Vera Luiza da Costa e Silva and Dr. Tibor Zoltan (Secretariat of the WHO Framework Convention on Tobacco Control).

The paper was supported by a grant from Bloomberg Philanthropies to Vital Strategies. Bloomberg Philanthropies was not involved in any aspect of the policy analysis or in the writing of this paper, and Vital Strategies is solely responsible for the content.



An affiliate of The Union

61 Broadway, Suite 1010

New York, NY 10006

www.vitalstrategies.org