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A special thank you to our partners: Dr. Abdou Aziz Kassé, Ligue Sénégalaise contre le Tabac (LISTAB) and the entire LISTAB team, and our colleagues at the World Health Organization Regional Office for Africa, Senegal Ministry of Health and Social Action and Campaign for Tobacco-Free Kids.


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What This Case Study Adds

- A social media campaign in tandem with traditional media can be a powerful set of public health communication tools to motivate people to stop smoking and bolster support for tobacco control legislation, which can help catalyze governments to act to implement tobacco control policies. The power of social media to change tobacco control policies is expanding as more countries and people use digital platforms.

- With rapid growth in the use of social media, campaigns through social media may be needed to reach more people, especially youth, who are frequent users of social media and are most vulnerable to social and environmental influences that encourage tobacco use.

- Offering a range of engagements, from very simple or low-effort engagement to more committed actions, is key to a successful social media campaign. Online activities can serve as a funnel to concentrate offline pressure on the government to back policy.

- Campaigns are most effective when they’re supported by multi-stakeholder teams that include ministries of health, local nongovernmental organizations and agencies, international experts, and advocacy champions, who together can offer faster and more effective efforts than any of these groups would be able to achieve on their own.
Introduction

In the early 2000s, Senegal struggled with a tobacco epidemic, with increasing rates of tobacco use and disease burden. However, the tobacco industry’s interference in policy challenged the passage and implementation of comprehensive tobacco control policy in the country. Despite such challenges, in 2014, the Parliament of Senegal adopted a new comprehensive tobacco control law, which introduced a set of highly effective measures to prevent and reduce tobacco use, including: enforcing restrictions on public smoking; regulating tobacco packaging and labeling; prohibiting interference by the tobacco industry in national health policy; and banning all forms of tobacco advertising, promotion and sponsorship.

How did advocates, public health leaders and policymakers achieve passage of such legislation? This case study provides insights into how a social media campaign can be a powerful public health communication tool to bolster support for tobacco control policies that help prevent and reduce tobacco use and secondhand smoke exposure.
The Tobacco Epidemic

Tobacco use is a leading driver of premature death and disability. In 2017, tobacco use killed more than 8 million people worldwide—more than 7 million active smokers and over 1 million nonsmokers exposed to secondhand smoke. Tobacco use is a major risk factor for many noncommunicable diseases, including cancer, cardiovascular disease, chronic respiratory disease and diabetes. Globally, 14% of all noncommunicable disease deaths among adults ages 30 years and over are attributable to tobacco. In addition to its grave health consequences, tobacco use creates substantial social and economic costs, including increased health care expenditures and lost labor productivity. Tobacco use also contributes to poverty by shifting household spending from basic needs, such as health care, food and housing, to tobacco. Though progress has been made in reducing tobacco use in some, mostly higher-income countries, the use of cigarettes, smokeless tobacco, water pipes, electronic nicotine delivery systems and other nicotine-delivery products remains a global problem. Tobacco marketing and advertising, product availability, social norms, and nicotine addiction are some factors that collectively contribute to tobacco being a leading cause of preventable death worldwide.

Many low- and middle-income countries are experiencing increasing rates of tobacco use and related disease burden, including several countries in Africa. More than 80% of the 1.3 billion tobacco users worldwide live in low- and middle-income countries, where the burden of tobacco-related disease and death is heavy: 80% of premature deaths from tobacco occur in these countries. Between 2002 and 2030, tobacco-attributable deaths are projected to double in low- and middle-income countries, including those in Africa. While smoking prevalence was historically low in Africa, higher rates of youth tobacco consumption coupled with economic growth, increased purchasing power and greater cigarette affordability suggest that there is a tobacco epidemic in many African countries. Between 1980 and 2016, cigarette consumption rose 52% in the WHO Africa region. Youth smoking rates, in particular, are significantly higher than other regions. If current trends persist and no tobacco control policy action is taken, it is projected that smoking prevalence will increase by nearly 39% by 2030—the largest expected regional increase globally—and that 26% of the world’s smokers will live in Africa by 2100. This trend is likely to be exacerbated because of the tobacco industry’s aggressive advertising and marketing of tobacco products and weak tobacco control policy in many African countries.
Many countries in Africa, especially in sub-Saharan Africa, now face a rising burden of noncommunicable diseases—many of which are caused by smoking.12 Over the past two decades, there has been a surge in the noncommunicable disease burden in Africa, and noncommunicable diseases are expected to overtake communicable diseases and become the leading cause of disability and mortality in sub-Saharan Africa by 2030.12

Historically, Senegal has struggled with rising rates of tobacco use and related non-communicable diseases. In 2015, approximately 6% of adults used tobacco products in the country (11% of men, 1.2% of women).13 Among youth, the prevalence of smoking and secondhand smoke is especially high—in 2013, up to 15% of boys and 6% of girls ages 13 to 15 used tobacco products in Senegal.14 Nearly 28% of Senegalese youth were exposed to secondhand smoke in their homes, and 45% were exposed to secondhand smoke in enclosed public spaces.14 In addition to tobacco use, Senegal also faces increasing rates of noncommunicable diseases. From 2009 to 2019, the number of deaths from heart disease increased by 25%, moving from the fifth to second leading cause of death in Senegal.15 Similarly, from 2009 to 2019, the number of people in Senegal who died from diabetes rose by 30%, moving diabetes from the twelfth to eighth leading cause of death.15

In Senegal, tobacco use and related noncommunicable diseases are major barriers to ensuring that people lead healthy lives and to promoting their well-being, and hence limit the government’s ability to advance many of the United Nation’s Sustainable Development Goals. Policies that introduce highly effective tobacco prevention and intervention strategies are needed to curb tobacco use and address the health and economic toll of noncommunicable diseases in Senegal.

**Efforts to Advance Tobacco Control Policy**

Substantial global efforts have been devoted to tackling the tobacco epidemic. In 2003, the World Health Organization (WHO) developed the Framework Convention on Tobacco Control (WHO FCTC), a global health treaty that compels its signatory countries to meet minimum standards in tobacco control measures. In 2008, WHO introduced the MPOWER package, a set of cost-effective and high-impact tobacco control strategies with measures that include raising taxes on tobacco products; comprehensively banning tobacco advertising, sponsorship, and promotion; mandating inclusion of large graphic health warnings on the packaging of tobacco products; prohibiting secondhand smoke in all indoor workplaces, public places, and public transportation; and sustaining communication activities to shift knowledge, attitudes, and behavior toward tobacco use.16 Studies have shown that these measures can help prevent initiation and reduce tobacco use and secondhand smoke exposure.16 With
this evidence, many countries are seeking to adopt, implement and strengthen tobacco control policies, but progress has been uneven.\textsuperscript{8,17}

Over the past four decades, Senegal has built a foundation for strong tobacco control action. In 1981, Senegal passed its first tobacco control bill, which prohibited tobacco advertising and required that some public places be smoke-free. However, soon after, tobacco control policy momentum was undermined: a lack of political will to implement tobacco control and heavy tobacco industry interference led to the passage of a second tobacco control bill in 1985, that weakened the earlier bill.\textsuperscript{18} Legislation in Senegal was limited to bans on television advertising for tobacco: there were no restrictions on other forms of tobacco advertising or smoking in public places. Despite this step backward, in 2000, the government made a commitment to shift its health policy focus to disease prevention as opposed to treatment, which helped pave the way for the introduction and strengthening of prevention policies, including tobacco control. Soon after, in 2005, Senegal became a party to the WHO FCTC, and from 2006 to 2010, the Ministry of Health made tobacco control a top priority, allocating both human and financial resources.\textsuperscript{18} But despite progress, the Ministry of Health’s efforts were not gaining the necessary support to move a strong tobacco control law forward. Comprehensive tobacco control legislation in line with the WHO FCTC had been drafted, but again, lack of political will and heavy tobacco industry interference, weakened and delayed passage of the tobacco control law.\textsuperscript{18}

In 2011, a broad coalition of 30 civil society organizations was formed to raise a unified voice for tobacco control. From 2011 to 2012, the Ligue Sénégalaise Contre le Tabac worked to generate political will for tobacco control, including by securing support for a national tobacco control law from the presidential candidate Macky Sall, who was publicly endorsed by the coalition and later elected president of Senegal. In 2013, with the support of the new president, advocates launched a multifaceted strategy to strengthen public support for tobacco control. A key component of this strategy was a mass media campaign. At the time of the campaign launch, the comprehensive tobacco control legislation was stalled in Parliament. After the campaign, in March 2014, Senegal adopted one of the strongest tobacco control laws in Africa.
How Mass Media Campaigns Bolster Support for Tobacco Control Policy

Mass media campaigns, including public service announcements (PSAs) on television, radio, in print, and on out-of-home channels such as billboards or posters, can play a critical role in advancing public health goals. Mass media campaigns are an effective public health communication strategy to deliver information, raise risk perceptions and shift attitudes about health issues.\textsuperscript{19,20} Evidence suggests that mass media campaigns, alone or in combination with other programs, can influence behaviors.\textsuperscript{19,20} In the context of tobacco control, there are decades of research on the outcomes of mass media campaigns, including on improving knowledge, increasing concern, and preventing or reducing tobacco use.\textsuperscript{21-24}

Mass media campaigns do not just affect people at the individual level; they can also influence social norms and foster public support for policies and environments that promote public health (Figure A).\textsuperscript{25,26} As described in the socio-ecological model of health behavior, social conditioning and the fundamental composition and operation of social norms can determine health behaviors and outcomes.\textsuperscript{26,27} Mass media campaigns can help advance public health policies by changing attitudes and channeling increased public concern into support for government action to address public health issues.\textsuperscript{25} Indeed, in tobacco control, evidence shows mass media campaigns have been effective in increasing public support for tobacco control policy.\textsuperscript{24,28} Thus, mass media campaigns may serve as a useful tool when public health leaders, civil society organizations, and other stakeholders need to bolster support for policies to advance public health goals.

Figure A. The Health Impact Model.


Mass media campaigns can create change through multiple pathways (see Figure B). In the direct pathway (1), knowledge, attitudes and behaviors change at the individual level. Indirect pathways (2, 3) include social conversations and reframed narratives that create supportive social norms and policies.

**Figure B. Multiple Pathways of Campaign Impact.**

Social Media as a Mobilization and Advocacy Vehicle for Tobacco Control

Social media continues to expand globally, with many countries, and particularly low- and middle-income countries, experiencing a social media boom in recent years. While traditional media channels—including television and radio—have been most commonly used for public health campaigns, use of social media is expanding rapidly. For instance, social media has been used for media campaigns to raise awareness about HIV prevention and treatment in sub-Saharan Africa.

Evidence of the utility of social media in helping to advance public health goals is increasing as experience with this new form of media grows. Studies suggest social media serves multiple purposes in health promotion and behavior change, including to: inform and educate people about an issue; disseminate critical information quickly; expand reach to include broader, more diverse audiences; personalize and reinforce messages for more targeted audiences; and facilitate interactive communication and public engagement. Research shows that social media is effective in improving knowledge and encouraging behavior change related to health issues. Social media, like traditional media methods, requires careful application and may not always achieve the desired outcomes.

Social media can serve as a low-cost communication channel to reach and engage large audiences across borders and sociodemographic groups. These online tools also encourage users to actively engage with material, providing opportunities for them to share, or contribute their own advocacy content for their social networks. Social media allows for rapid deployment and evaluation of materials and targeting to recruit supporters to online community platforms at very low cost. Through email and online communities, including the “Pages” function built into Facebook, campaigners can communicate with and mobilize large numbers of supporters at low cost. Despite concerns of “slacktivism,” where online supporters take little or no further action than “liking” or sharing a campaign message—new evidence shows that peripheral users who may not engage in core campaign functions are still important in contributing to the power of social media in gaining traction for social issues. Online engagement can also lead to offline action from some users.
In Senegal, a review of digital media penetration in 2013 showed the promise of using social media as a mobilization and advocacy vehicle: 28% of people accessed the internet at least occasionally or owned a smart phone and of those, 38% reported using the internet daily. As of 2012, 72% of internet users were on Facebook. In addition, 87% of adult internet users reported using social networking sites. In terms of online information, 54% of adult internet users in Senegal reported using the internet to get political news, and 39% reported using it to get health information. Among social networking site users, 41% said they used the sites to share views about politics.

This evidence suggested that social media could be a powerful tool for those promoting changes in behavior and policy.
Communication Activities, Community Engagement and Political Milestones Related to Tobacco Control in Senegal in 2013-2014

In 2013, Vital Strategies partnered with the Ministry of Health in Senegal to launch a traditional mass media campaign, followed by a social media campaign, to help build momentum and support for advancing tobacco control policy in the country. Vital Strategies’ campaign also centered on a partnership with Ligue Sénégalaise Contre le Tabac, a Senegalese coalition of civil society organizations led by physician and tobacco control champion Dr. Abdoul Aziz Kassé.

Figure C. Timeline of Communication Activities, Community Engagement and Political Milestones, 2013-2014.

Timeline for Tobacco Control in Senegal from 2013-2014

<table>
<thead>
<tr>
<th>Apr 2013</th>
<th>May</th>
<th>Jun</th>
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<td>April-May 2013: The traditional media campaign, consisting of television, radio, and billboard PSAs, airs from April 2 to May 31</td>
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<td>May 2013: Earned media activities take places, including news stories and speaking engagements on TV and radio</td>
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<td>April-August 2013: A social media campaign, using an online petition site, paid and shared Facebook content, and email, runs from April through August</td>
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| **COMMUNITY ENGAGEMENT** |
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| September 2013: By September 15, Senegal Sans Tabac Facebook community gains 6,937 “likes,” or supporters |
| October 2013: Senegal Sans Tabac Facebook community gains 6,937 “likes,” or supporters |

| **POLITICAL MILESTONES** |
| May 2013: Tobacco control bill is reintroduced and debated in the National Assembly |
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| March 2014: Senegal passes the Tobacco Control Law |
The “Sponge” Campaign

“Sponge,” an ad originally developed in Australia that has been used successfully in more than two dozen countries, was chosen for adaptation and use in Senegal for the traditional media campaign. The ad graphically portrays the cancer-producing tar that accumulates in smokers’ lungs and urges smokers to quit and to call a national quitline for help doing so. Rigorous message testing of the campaign material using an adaptation of the “Sponge” ad was conducted with smokers and nonsmokers in urban and periurban areas of Senegal.

This traditional media campaign, the first tobacco control campaign to be aired nationally over mass media in Senegal, comprised television, radio and billboards in French and Wolof from April 1 to May 31, 2013. The media plan was designed to reach at least 80% of Senegalese people, three times a day. The total campaign budget of USD $166,638 was apportioned for message delivery via television (76% of budget), radio (10%), and outdoor billboards in the capital, Dakar (8%).
Earned Media

In addition, Vital Strategies worked with civil society partners in Senegal to plan and implement an advocacy campaign using earned media coverage to capitalize on heightened public concerns about tobacco and create public calls for legislative action. The campaign generated significant earned media coverage. In particular, the campaign provided ammunition and point of reference to local nongovernmental organizations that were advocating in the media for passage of tobacco control legislation, which included a comprehensive smoke-free law.

In addition, campaign advocates partnered with Dr. Kassé for earned media opportunities. Dr. Kassé aimed to raise public awareness about the dangers of tobacco and to expose the economic, social and environmental harms of tobacco, in addition to the health harms. In his multiple television, radio and public appearances, Dr. Kassé became the voice of the campaign to engage key stakeholders and broaden support for tobacco control. During the press launch for the mass media campaign, Dr. Kassé introduced Idrissa Diallo, a tailor from Guinea-Bissau, who after years of smoking developed a devastating mouth cancer that left him in excruciating pain and unable to work and provide for his family. Dr. Kassé used pictures of Idrissa’s illness to illustrate
the horrors of tobacco use. This later led to the development of the first-ever regional anti-tobacco mass media campaign, which was launched across Francophone Africa, including a nationwide rollout in Côte d’Ivoire, Burkina Faso, Senegal and Benin. Images from the campaign were also used on pack warnings in several countries in Africa.

**Social Media**

The social media advocacy campaign used an independent petition site, Facebook and email to spotlight pending tobacco control legislation and demonstrate public support for its passage. Most campaign activities occurred from April through August 2013. The goal of the social media campaign was to demonstrate widespread public support for passing tobacco control legislation and to promote accountability for the Parliament and ultimately the president, who would need to sign the legislation to make it law. Drawing upon lessons from previous campaigns, Vital Strategies sought to use online advertising and peer-to-peer sharing to recruit a large supporter community to the online petition, email list and Facebook community. This community was engaged through frequent messages about tobacco’s harms and the progress, or lack thereof, of legislation, and given opportunities to advance the campaign by sharing content, recruiting peers or creating their own content. Vital Strategies and Ligue Sénégalaise Contre le Tabac worked to ensure that online activism translated to offline advocacy through periodic media events, a rally and television and radio interviews that trumpeted the growing number of supporters.

The online effort was launched at a press conference that called for the legislation to move from the Parliament to the president and later, the unveiling of an online petition website at SansTabac.sn calling for strong tobacco control legislation. A dedicated Facebook page, Facebook.com/SenegalSanTabac, and social media advertising efforts, were part of the effort. Members of the Ligue Sénégalaise Contre le Tabac were encouraged to alert their constituencies to the petition page and encourage them to sign.

For more details on the social media campaign, please see the Appendix.
Key Achievements From the Campaign: Building a Community

Facebook Page

The Senegal SansTabac Facebook community had earned 8,972 “likes,” or supporters, by Sept. 15, 2013. These supporters had networks that numbered 1,414,026 unique users—a substantial potential reach. Most supporters were within Senegal: 8,266. The community primarily comprised men (73%) and people between the ages of 18 and 34 (72%). To engage and recruit from this network, Ligue Sénégalaise Contre le Tabac posted at least one story to the page every couple of days, with most posts also linking to the petition so that as page fans engaged with content, the petition link would be promoted to their news feed and reach people within their networks. Over a 28-day period, which at the time was the longest engagement period that Facebook measured, the largest number of unique fans engaged was 7,443, with 13,075 stories generated about the page and a unique reach of 549,641 at its peak. Over the course of the campaign, the Facebook page grew to attract more than 11,000 supporters.

Facebook Advertising

Online ads were targeted at Senegalese adults ages 18–60. Facebook ads reached 3,560,642 people—or approximately a quarter of the total population—and garnered 59,970,589 impressions. Of these, 59,551 people clicked on the ad. This cost USD $0.042 per unique click, with desktop news feed ads costing about 61% of column ads.
In addition to Facebook ads for the general population, the campaign posted ads targeting specific groups of users in order to create new stakeholders. In particular, the campaign posted Facebook ads featuring images of children smoking with the tagline "Will your son be a smoker? Protect youth and sign the petition today," which aimed to garner support from parents.

**Petition Site**

Over the period of April 25–Oct. 1, 2013, some 43,453 unique users visited the SansTabac.sn website, of which 82% were new visitors to the site. There was a total of 53,124 user sessions, indicating that some users returned multiple times. In this time frame, 8,128 people signed the online petition. Once a petitioner signed the online petition, a pop-up survey requested some demographic information and asked them how they heard about the campaign. Facebook was by far the largest single reported source, with more than 51% of signers. The next largest source was “friend” with 9%, which suggests that a significant number of people were referred by friends.

**Survey**

A separate online survey conducted through SurveyMonkey recruited people to sign the petition via email. The most engaged segment of people, those who took steps to support passage of the law offline such as attending rallies or writing a letter to Parliament, was lower at 5% compared with the simplest level of engagement of signing the petition online and taking no further action, at 56.4%. This demonstrates that actions that took a higher level of personal effort had fewer users engage in them.

**Emails**

Vital Strategies also leveraged global networks of civil society tobacco control advocates to reach a wider audience. Regional and global tobacco control partners were informed of the advocacy effort and invited to share the petition with relevant stakeholders.
Earned Media

In addition, Vital Strategies engaged an earned media expert to generate news media interest in the advocacy efforts. This consultant helped to identify speaking engagements, including television interviews, and to generate news stories.

The earned media strategies resulted in numerous television interviews, four print and 11 online news stories. These earned media efforts—several of which also mentioned the SansTabac.sn online petition effort—reached more than 3.2 million people out of a population of 15 million across Senegal.

In addition to television and radio appearances reaching millions of viewers, Kassé held an event on Gorée Island, a former center of the transatlantic slave trade. During the event, Kassé called for national comprehensive tobacco control legislation and urged the public to sign on to the petition. The event generated significant news coverage reaching millions of people.

Community Activities

The social media campaign promoted community activities on tobacco control, including the rally in Gorée, which brought people off their computers and into the street and secured significant press attendance. The rally was promoted extensively through the social media networks to help ensure attendance. This offline event, paired with the press coverage it generated, was a tipping point in creating the momentum necessary to push the tobacco control law forward.
The experience and evidence from the Senegal social media campaign suggest that strategic traditional and social media activities can have wide reach and play an important role in pushing a policy agenda. In total, at least 3.5 million people were reached online and 3.2 million people were reached through earned media messages spawned by the campaign. More than 8,000 signatures on the petition were garnered, at least half a dozen television interviews were completed, a rally was organized and numerous stories were published. Shortly after this intense social media campaign, in March 2014, Senegal passed the tobacco control law that had been languishing for years. Given this timing, the social media campaign likely played an important role in elevating the issue to public consciousness and creating citizen advocates, enabling the legislation to pass. Senegal’s tobacco control bill was the most comprehensive tobacco control bill in Africa and included: legislation on smoke-free areas; a ban on tobacco advertising, promotion and sponsorship; increased taxes; and graphic health warnings required to cover 70% of cigarette packaging.45

A number of factors in this campaign may have contributed to its success. Social media is particularly powerful in tandem with traditional mass media campaigns. In addition, social media offers a direct call to action for users to participate online in ways that can have an effect offline, such as signing a petition.

For this campaign we were able to offer a range of social engagements from very simple or low-effort engagement, such as liking an anti-smoking image, to more committed actions, such as writing a letter to Parliament. Offering this range of choices may have been one of the successful characteristics of this campaign, with online activities serving as a funnel to concentrate offline pressure on the government.46 Engaging people in these ways seemed to work with little effort because the engagement happened mostly where people are already spending time, such as on their phones and computers. In this case, we designed a campaign with built-in choices that left the level of commitment up to the user. Our goal was to engage as many people as possible in whatever way they felt comfortable.

Overall, the design of this campaign offered people a choice of various levels of engagement. On our end, the variety of social media actions offered a low-cost, simple way to engage people online, where even smaller actions, such as liking a Facebook post, ultimately contributed to something extremely useful: actions that were
part of bringing about legislative change.

While the findings presented here suggest that the social media campaign may have contributed to the passage of the legislation, we cannot definitively determine whether the campaign is what caused legislators to move the bill forward. Indeed, the inability to prove causality and demonstrate direct impact is a limitation of policy advocacy campaigns.\textsuperscript{47,48} Nonetheless, the timing of events, in particular the fact that the legislation had been stalled for years and swiftly passed soon after the campaign, suggests that it may have played a pivotal role.

The results from this campaign suggest that social media campaigns should be considered as a critical component in planning advocacy campaigns, including in low- and middle-income countries. In contexts where there is sufficient internet access and social media use, social media campaigns have powerful potential in advocacy—particularly in countries where people are willing to show support for social and political issues online.
Appendix:
Additional Details on the Social Media Campaign

Facebook Page
To foster engagement and mobilize the community, 263 posts, which included a combination of image, web links and textual status content, were posted to the page, primarily by a dedicated communication staff member of the Ligue Sénégalaise Contre le Tabac.

Online and Social Media Advertising
The campaign used both Facebook advertising and Google network advertising, dropping Google soon after launch due to low overall recruitment numbers. Clicking on ads brought users to the SansTabac.sn petition site where they could sign the petition, “like” the Facebook page (thereby joining the page community), and answer an optional short survey about the campaign. For Facebook advertising, the campaign used both side column ads and promoted news feed posts. These appeared on both mobile and desktop platforms to drive people to the website. A total of USD $2,527 was spent on Facebook advertising.

Petition Site
Vital Strategies created a simple one-page online petition at SansTabac.sn. The site hosted some background information about the harms of tobacco and the benefits of tobacco control, a video of the campaign public service announcement, a box where people could submit their name and email to sign the petition, a live “counter” of the number of signatures, a “like” button for the Facebook page, and an “Add This” toolbar to share the campaign website through almost any social network. Once a user signed the petition, a pop-up survey would allow them to submit additional information on the campaign and site animations would urge them to take the next step by sharing the campaign page and “liking” the Facebook page. Users were also allowed to submit a comment directly on the page.

Measurement of Reach and Impact
The social media campaign data analysis across platforms was conducted from the campaign launch on April 27, 2013, through mid-October of the same year, to capture trailing impact. Online and social media advertising were measured with Facebook’s internal “Page Insights” and “Ads Manager” tools for monitoring user engagement. These built-in tools measure daily reach and engagement for specific posts as well as overall campaigns, making it simple to discern which ads are working best to garner interest in the campaign.
References


