

Tobacco Control Leadership Workshop Participant's Workbook Examples

EXAMPLE 1: PAHO

Source: 2019 Latin America TC Leadership Program

Lima, Peru

Group 4

Focus: COUNTERING TOBACCO INDUSTRY (TI) INTERFERENCE (WHO FCTC Article 5.3)

Where do we want to go?

A shared vision for tobacco control

We look forward to living in a healthy, tobacco-free country
where one day this will be said:

“Once upon a time there was a country where people harmed themselves using
tobacco...”

And the children will answer:

“Grandpa, why on earth would somebody do that?”

Tobacco use is recognized for what it truthfully is: an unwholesome behavior
that destroys the health of individuals and families.

The Government promotes and enforces tobacco-free policies.

The tobacco industry is unmasked and is no longer able to fool anyone.



Where are we at present in relation to tobacco control?

Current Situation

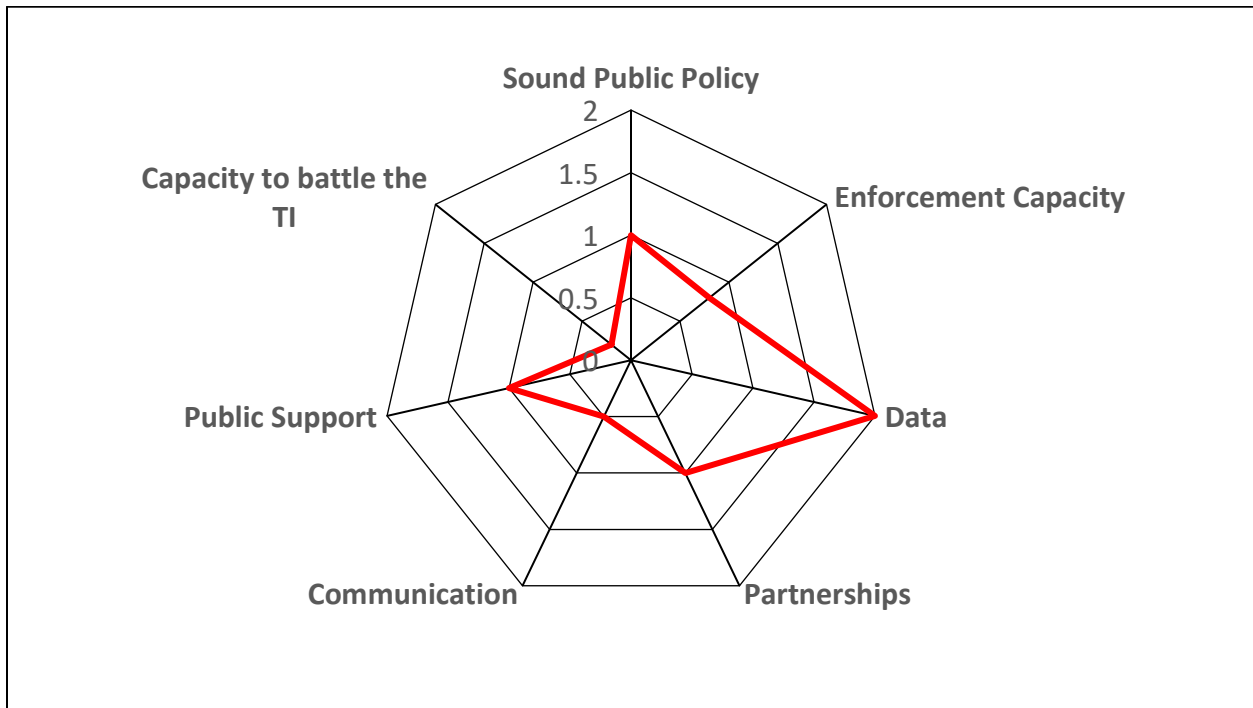
What is my country's CURRENT SITUATION in relation to tobacco control?

- Today, in my country, adolescents begin using tobacco between 13 and 15 years.
- 18% use tobacco, ENDS or HTPs.
- 30% of deaths are related to tobacco use.
- The cost of the diseases related to tobacco use amounts 2% of the GDP.
- Even if we are a Party to the WHO FCTC, strong tobacco industry (TI) lobby prevents the enforcement of existing laws, as well as the adoption of new ones.

Which tobacco control area/issue will we work on?

Countering the tobacco industry

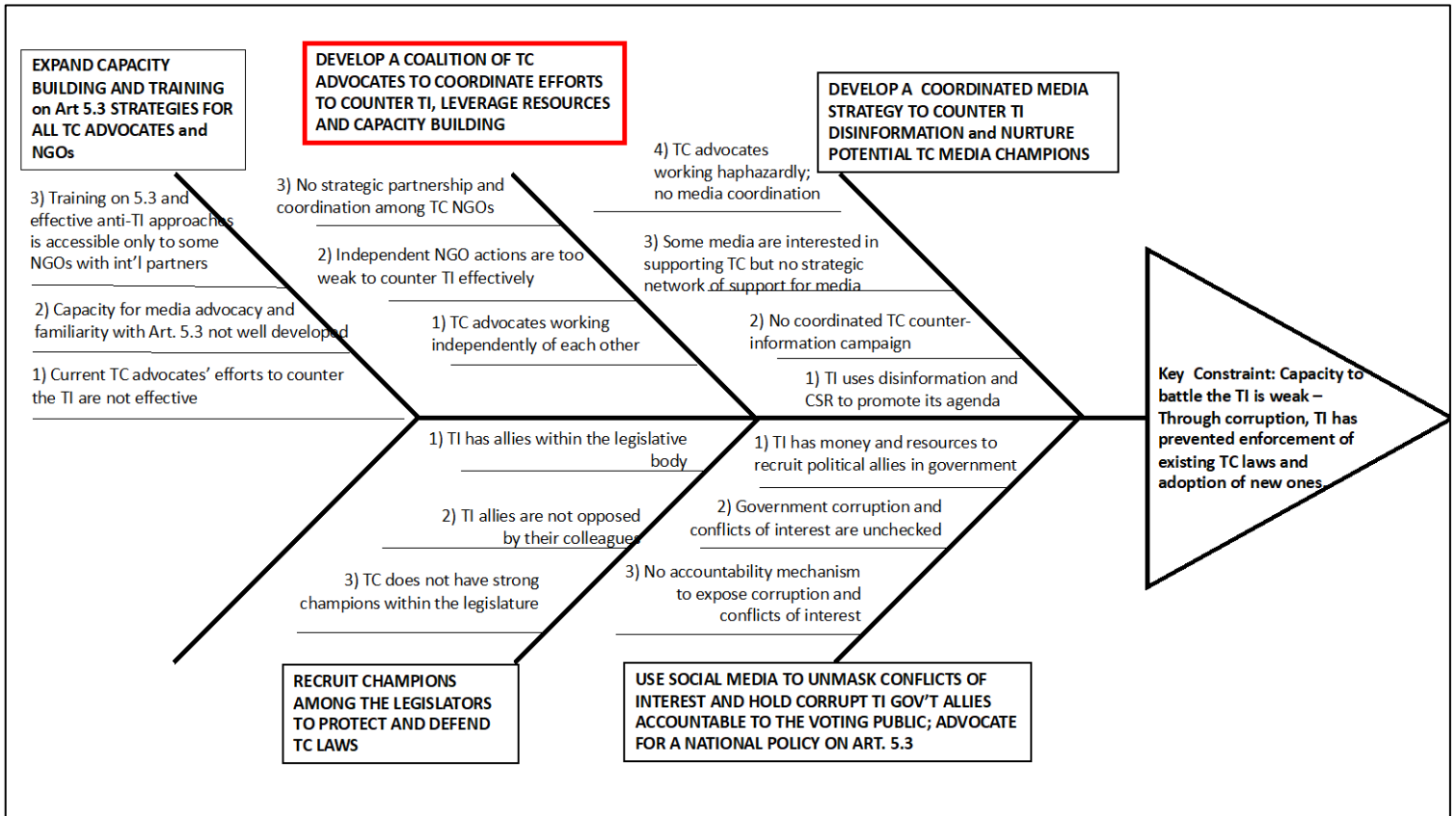
Why is there a difference? Countering the TI The Spidergram



Priority (Key constraint/barrier) – the “weakest leg”: Capacity to battle the Tobacco Industry

Specific problem related to the key constraint or barrier: Through corruption, the TI has prevented the enforcement of existing regulations on tobacco control, as well as the adoption of new policies consistent with the WHO FCTC. Because of the tobacco control community’s inability to effectively counter the TI, the full benefits of tobacco control laws and regulations cannot be achieved. This prevents us from achieving our vision.

Why is there a difference? Root cause analysis – Fishbone

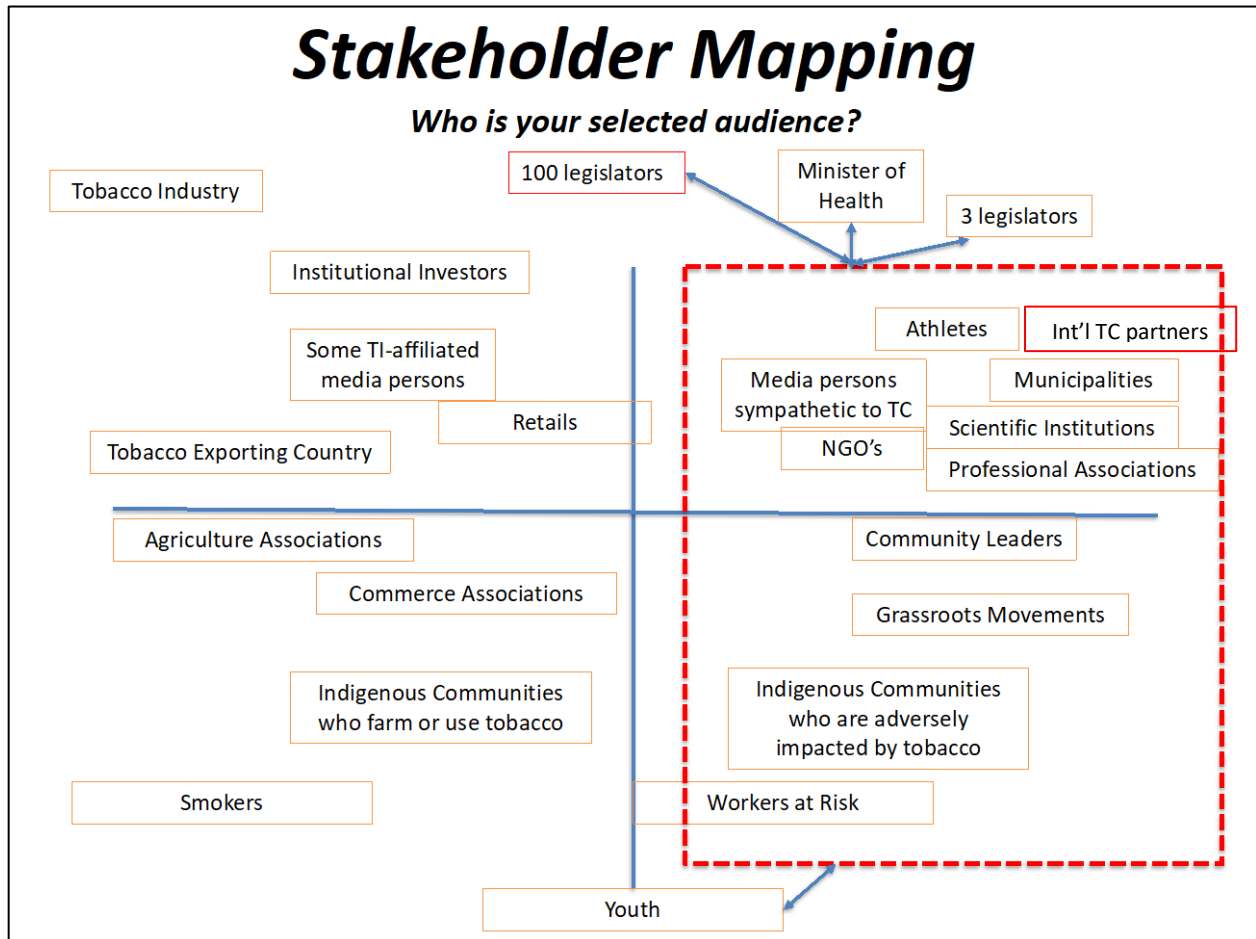


Strategic move to address an actionable root cause and start the process of change to overcome the key constraint: **NETWORKING** to create a coalition of TC advocates to coordinate efforts, leverage resources and capacity building, and increase influence

We will work to connect and collaborate across all legitimate TC stakeholders and create a coalition for tobacco control. This will facilitate the sharing of resources, including access to capacity building opportunities, to strengthen and coordinate strategies to counter the TI influence on government officials. By working in a unified and coordinated manner, TC stakeholders can elevate their power and influence on key government officials, safeguarding TC policies.

Who do we need to bring on board to create the desired change to strengthen tobacco control?

Stakeholder map



Who is your critical stakeholder audience? Describe a representative member of that audience.

TOBACCO CONTROL ADVOCATES in diverse organizations – Passionately committed to tobacco control but not very powerful in influencing government policy. Motivated by service, justice, protecting the community from tobacco's harms. Recognize that individually, their organizations are relatively weak and not very effective, and resources are limited, but concerned about not losing their identity and turf within a broader network. May have concerns about sharing contacts and resources. Want to have an image of being honourable, pro-community, pro-social justice and pro-development. Good networks with media, community leaders, business sector and some politicians. Media-savvy with a strong social media presence. View the TI as an enemy. Some may have "activist" leanings and are generally not afraid to speak out and expose injustice.

How do we advocate to the critical stakeholders to promote our strategic move for tobacco control?

<p>Who is your primary stakeholder audience?</p>	<p>Heads of tobacco control advocate groups</p>
<p>What do you want him/her/them to do?</p>	<p>Unite and work together to form a coalition of tobacco control advocates who can collaborate on a consolidated strategy to counter the TI</p>
<p>What will move them to act and do what you want? Identify the key benefit for your audience.</p> <p style="text-align: center;">“The power of Many”</p>	<p style="text-align: center;">“Individually, we are weak. Together, we are strong.”</p> <p>By joining forces, TC advocates can be strategic about countering the TI--- leverage resources, coordinate capacity building on counter-TI tactics, broaden the TC network, consolidate media reach and collectively increase our power and influence to fight and thwart industry tactics.</p>
<p>How will you reach them? What communication channels will you use?</p>	<p>Peer-to-peer networks, social media channels, formal letters of invitation</p>
<p>How will you know if your advocacy and communication to your selected audience has been successful?</p>	<p>The creation and launch of a Coalition for a Tobacco-free Nation, with broad and diverse membership across legitimate TC advocates. This becomes the jump-off point for strategic capacity building to counter the TI, followed by a multi-media strategy to expose TI links and conflicts of interest within the government. Eventually, the coalition will work towards the establishment of a national policy that embodies the WHO FCTC Article 5.3.</p>

EXAMPLE 2: AFRO

(Note: This is modeled on a presentation made at the 2018 Bangladesh TC Leadership Program
Source: PPT presentations by Farida Akhter and CTFK)

Focus: PROMOTING ALTERNATIVE LIVELIHOOD FOR TOBACCO FARMERS (WHO FCTC Article 17)

Where do we want to go?

A shared vision for tobacco control

Our country is healthy and on the road to sustainable, tobacco-free, and healthy development.

We grow enough food to feed our people. Our soil is free from toxins and pesticides. All tobacco farms have been converted to grow food crops.

Our farmers earn a comfortable living.

Our children are well-fed and healthy.

Our people are free from tobacco addiction.

Our farms are free from tobacco reliance.

The world wants our food, and we produce more than enough to supply our domestic needs and meet global demands. Thus, our economy is growing.

We are tobacco-free and prosperous.



Where are we at present in relation to tobacco control?

Current Situation

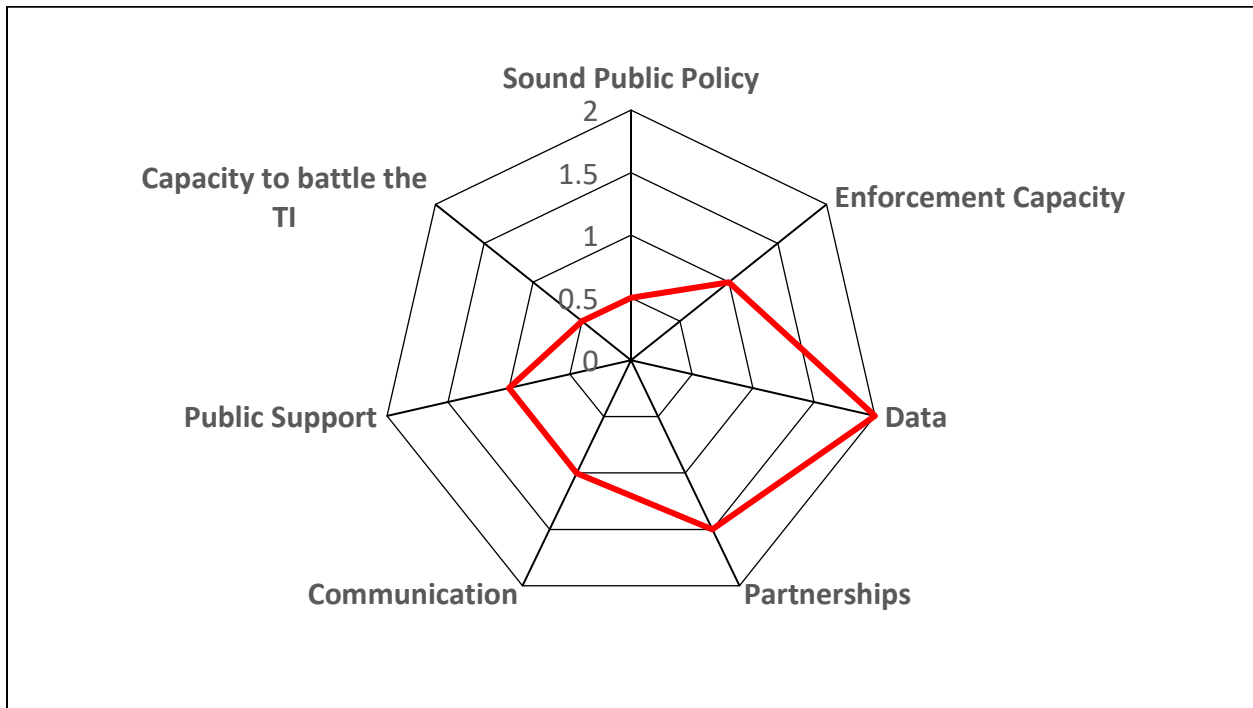
What is my country's CURRENT SITUATION in relation to tobacco control?

- Today, in my country, 43% of adults and 9% of youth use tobacco in various forms.
- Tobacco cultivation covers over 108,000 hectares of land, concentrated mostly in 3 districts, where it accounts for ~60-82% of arable land. Tobacco has replaced food crops in these areas.
- Overall, agricultural land is decreasing by 1% annually.
- 30% of tobacco farmers reported they did not have enough food for their families for 3 months or more in the past year.
- Tobacco farmers are trapped into subsistence living by tobacco companies' system of credit and loans. 20% of farmers are unable to repay their loans to the tobacco companies.
- Tobacco companies are the only market for tobacco leaves and exert unilateral control over the price.
- The income from tobacco exports in a year is about \$50 million, BUT the income from food exports is higher, at \$100 million. Yet, tobacco is more labor-intensive, requiring 415 person-days for one harvest, compared to 231 person days for food crops.
- Heavy pesticide use for tobacco crops degrades the soil and contaminates the water supply. Farmers and their families have constant occupational exposure to these chemicals.
- The government has imposed an export duty on tobacco to discourage production, but the tobacco industry is exerting its influence on government to reduce the amount of export duty.

Which tobacco control area/issue will we work on?

Promoting alternative crops for tobacco farmers

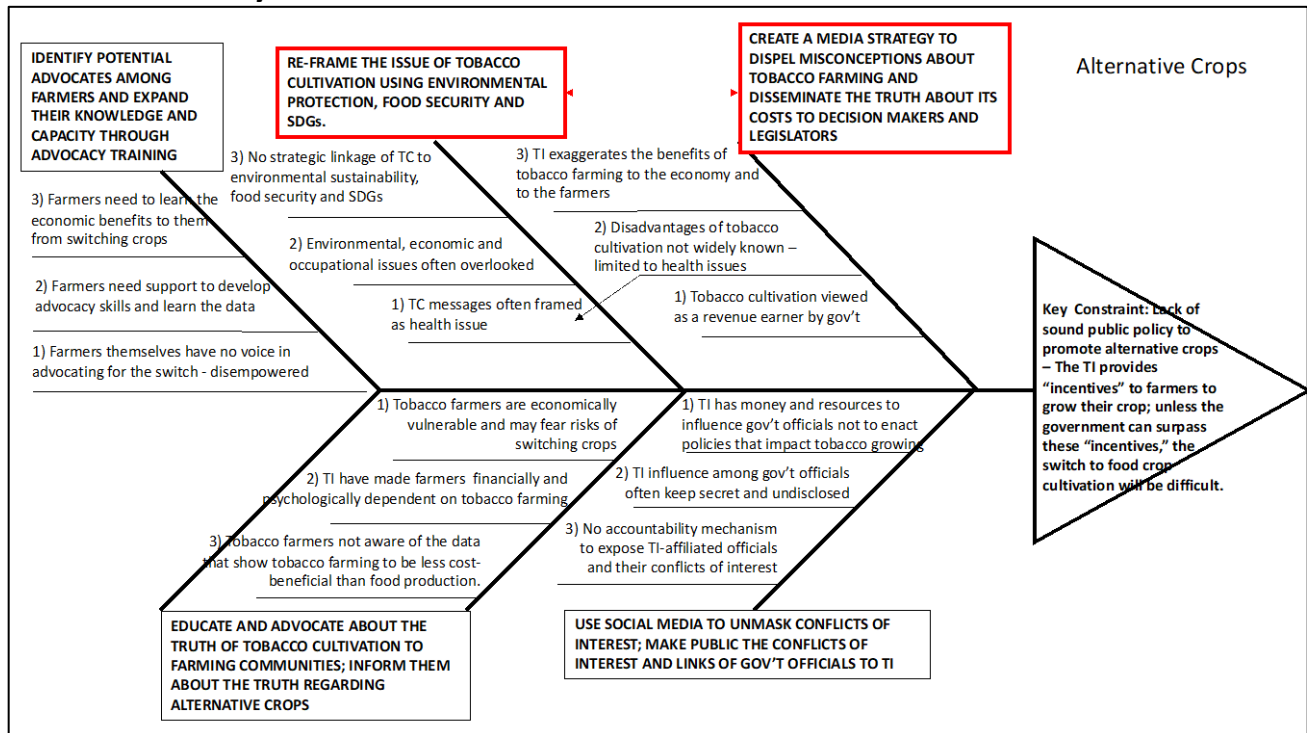
Why is there a difference? Promoting alternative crops for tobacco farmers The Spidergram



Priority (Key constraint/barrier) – the “weakest leg”: Lack of sound public policy to promote alternative crops

Specific problem related to the key constraint or barrier: The lack of good policies delineating government support to tobacco farmers for switching to alternative food crops is the major hurdle to reducing tobacco production. The TI provides “incentives” to farmers to grow their crop; unless the government can surpass these “incentives,” the switch to food crop cultivation will be difficult.

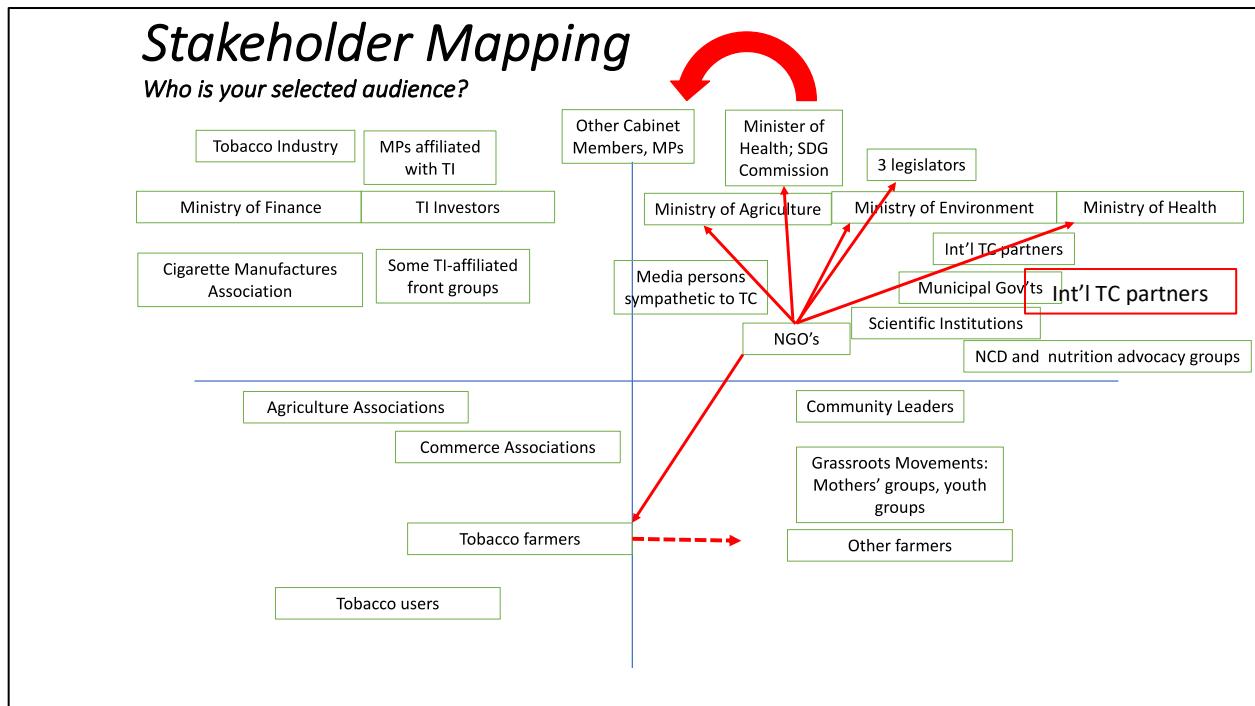
Why is there a difference? Root cause analysis – Fishbone



Strategic move to address an actionable root cause and start the process of change to overcome the key constraint: MEDIA ADVOCACY to re-frame tobacco growing as an environmental degradation and food security issue that impedes achievement of SDGs and dispel the economic myths about its ability to generate revenue for the economy.

We will create a media strategy that breaks apart the misconception that tobacco farming is an efficient revenue-earner for the government. Instead, we will highlight the data that shows how it forces farmers into penury, reduces arable land for food production, degrades the environment and exposes farmers and their families to occupational hazards, while earning only half the revenues that food crops could potentially generate. We will leverage our government’s passion and stated commitment to the SDGs by positioning tobacco farming as a barrier to the successful achievement of the SDGs, using local data.

**Who do we need to bring on board to create the desired change to strengthen tobacco control?
Stakeholder map**



Who is your critical stakeholder audience? Describe a representative member of that audience.

CABINET MEMBERS AND MPs who are neutral on tobacco farming – Want to be perceived as dutiful and committed civil servants working for the nation’s welfare and future. They are interested in increasing government revenue, alleviating poverty and ensuring that the country is on track to meet its SDGs. Popularity and political longevity are important to them. They track their popularity on social media, but also pay attention to traditional media. For MPs, ensuring that their constituents vote for them in the next election cycle is a priority. They want to be perceived as pro-poor, pro-community. If the message on switching agricultural crops from tobacco to food comes from the farmers themselves, they are very likely to give it serious consideration.

How do we advocate to the critical stakeholders to promote our strategic move for tobacco control?

<p>Who is your primary stakeholder audience?</p>	<p>Cabinet members and MPs who are neutral in tobacco farming</p>
<p>What do you want him/her/them to do?</p>	<p>Create and enact a national policy that disincentives tobacco farming and supports and rewards the switch in agriculture to more economically viable food crops</p>
<p>What will move them to act and do what you want? Identify the key benefit for your audience.</p>	<p>“Let’s feed the people, not the addiction.” Framing the tobacco farming issue as being anti-environment, anti-food security and anti-SDGs will catch their attention and make them receptive to drafting legislation that will support tobacco farmers to make the switch to food production. Demonstrating that this switch is also economically favorable for the farming community and for the country will enhance their support for this legislation.</p>
<p>How will you reach them? What communication channels will you use?</p>	<p>Social media campaigns using community influencers, traditional media through print and radio “info-mercials”/opinion editorials/interviews; working with the tobacco farmers to empower them to advocate for this legislation themselves increases the appeal</p>
<p>How will you know if your advocacy and communication to your selected audience has been successful?</p>	<p>Successful enactment of national legislation consistent with Article 17 of the WHO FCTC</p>

EXAMPLE 3: WPRO

Source: PPT presentations by CTFK and F Chaloupka, 2018 Indonesia TC Leadership Program

Focus: R – RAISING TOBACCO TAXES

WHO FCTC Article 6

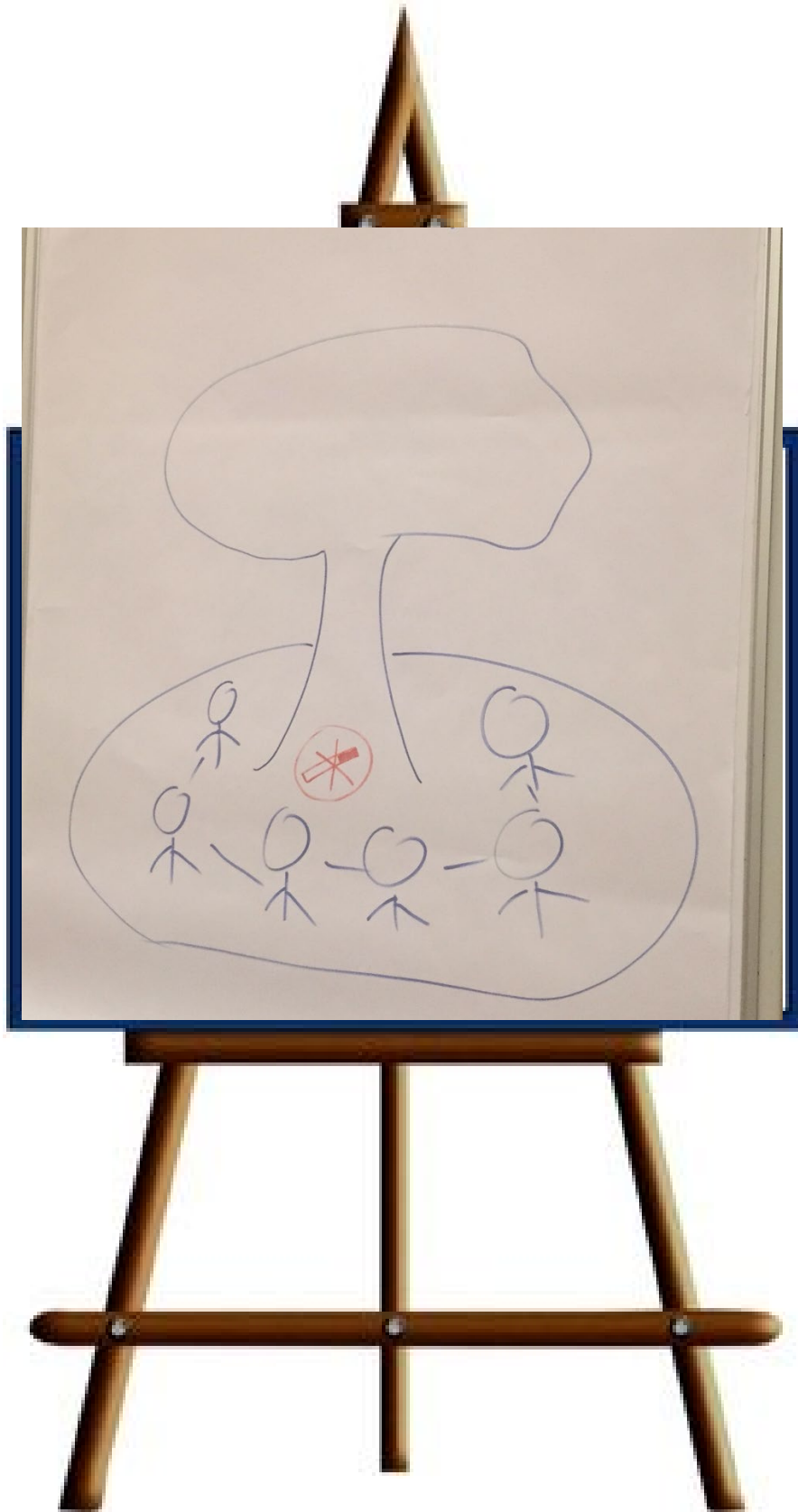
Where do we want to go?

A shared vision for tobacco control

We envision a strong nation where
families, communities, and the government
are working together
so that families are healthy and tobacco-free.

Everyone understands the harm generated by tobacco use
and no one can recall when tobacco was popular.

People live a healthy lifestyle.
Everyone has access to health care.
The country is prosperous.
The environment is protected from harm.



Where are we at present in relation to tobacco control?

Current Situation

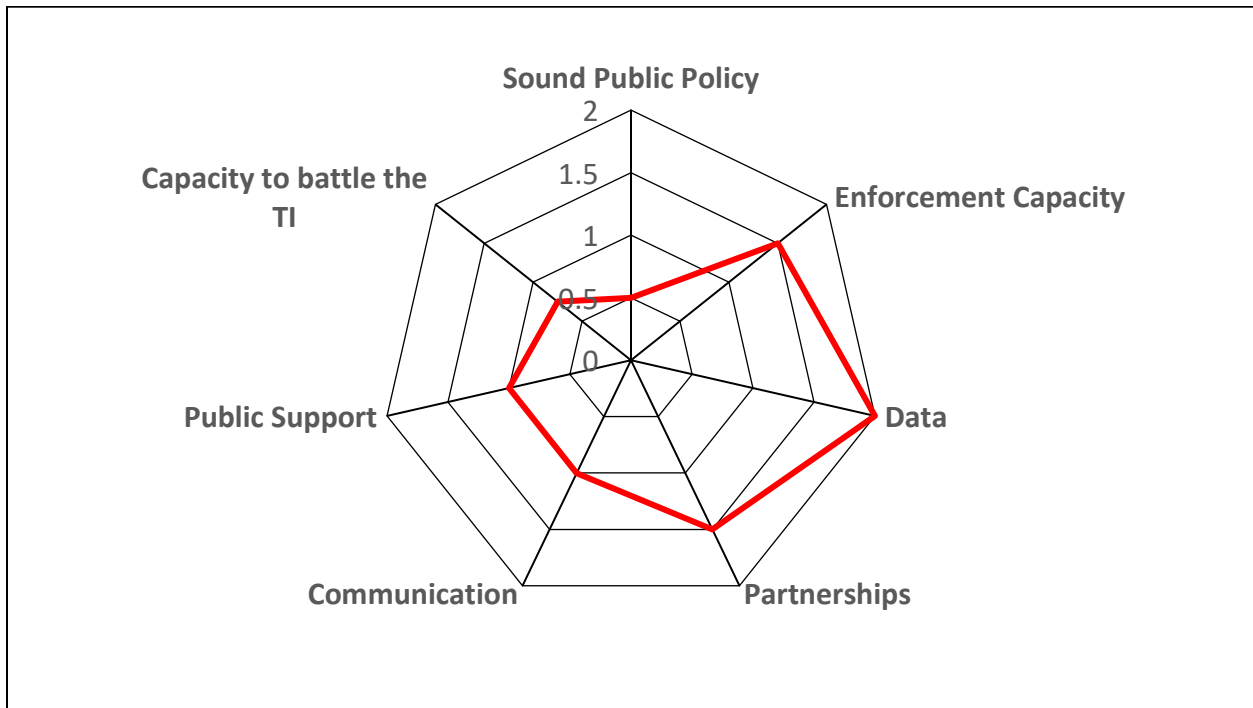
What is my country's CURRENT SITUATION in relation to tobacco control?

- 1 in 4 adults smokes tobacco---about 42% of men and 6% of women are smokers.
- 16% of youth are tobacco users.
- E-cigarette use is rising.
- Nearly 1 in 5 deaths is caused by tobacco; noncommunicable diseases are rising and causing an escalation of health care costs.
- Many of the poor are unable to afford health care to address tobacco-related illnesses.
- Tobacco products remain cheap and smuggling across the borders occurs.
- Tax structure is complex and multi-tiered, but the taxes on tobacco products are among the lowest in the world, with excise taxes accounting for < 25% of retail prices, and total taxes comprising <36% of retail prices.
- The tobacco industry exerts significant influence over several political leaders. The tobacco lobby is strong, with deep business and political connections.
- The government recently prioritized Universal Health Coverage (UHC) as a key part of its social contract with the people.

Which tobacco control area/issue will we work on?

Raising tobacco taxes

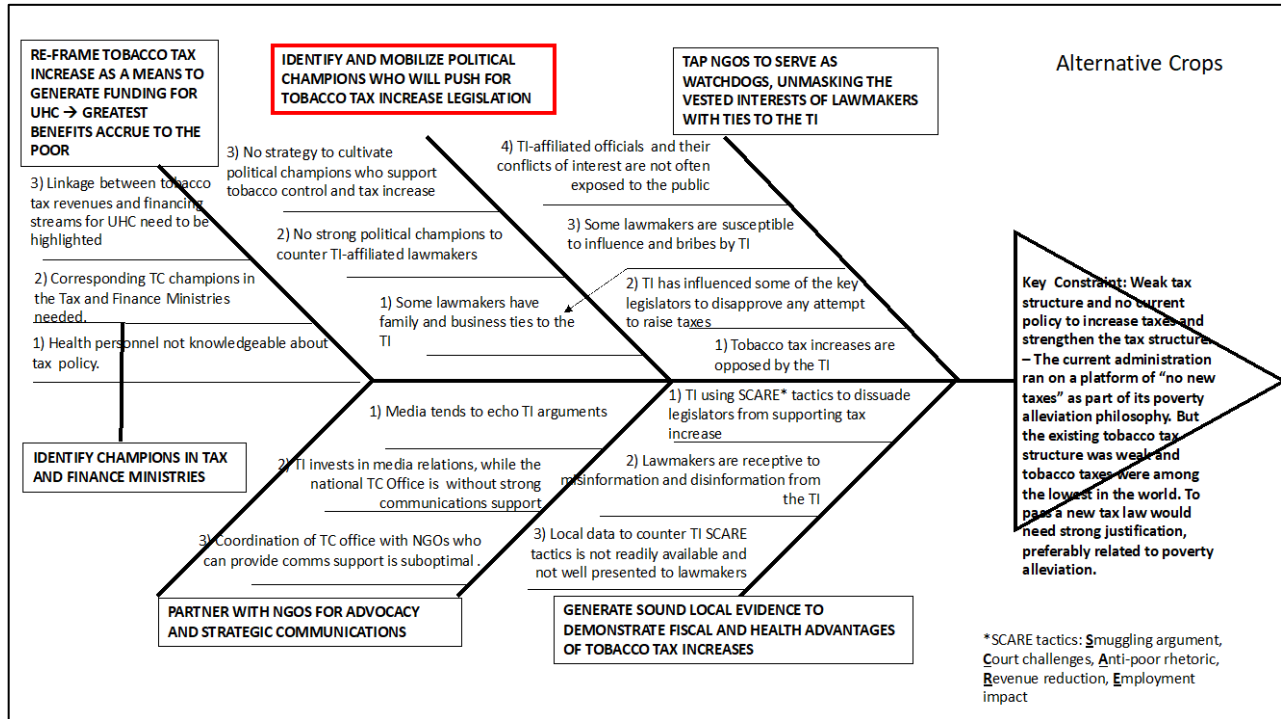
Why is there a difference? Raising tobacco taxes The Spidergram



Priority (Key constraint/barrier) – the “weakest leg”: Weak tax structure and no current policy to increase taxes and strengthen the tax structure.

Specific problem related to the key constraint or barrier: The current administration ran on a platform of “no new taxes” as part of its poverty alleviation philosophy. But the existing tobacco tax structure was weak and tobacco taxes were among the lowest in the world. To pass a new tax law would need strong justification, preferably related to poverty alleviation.

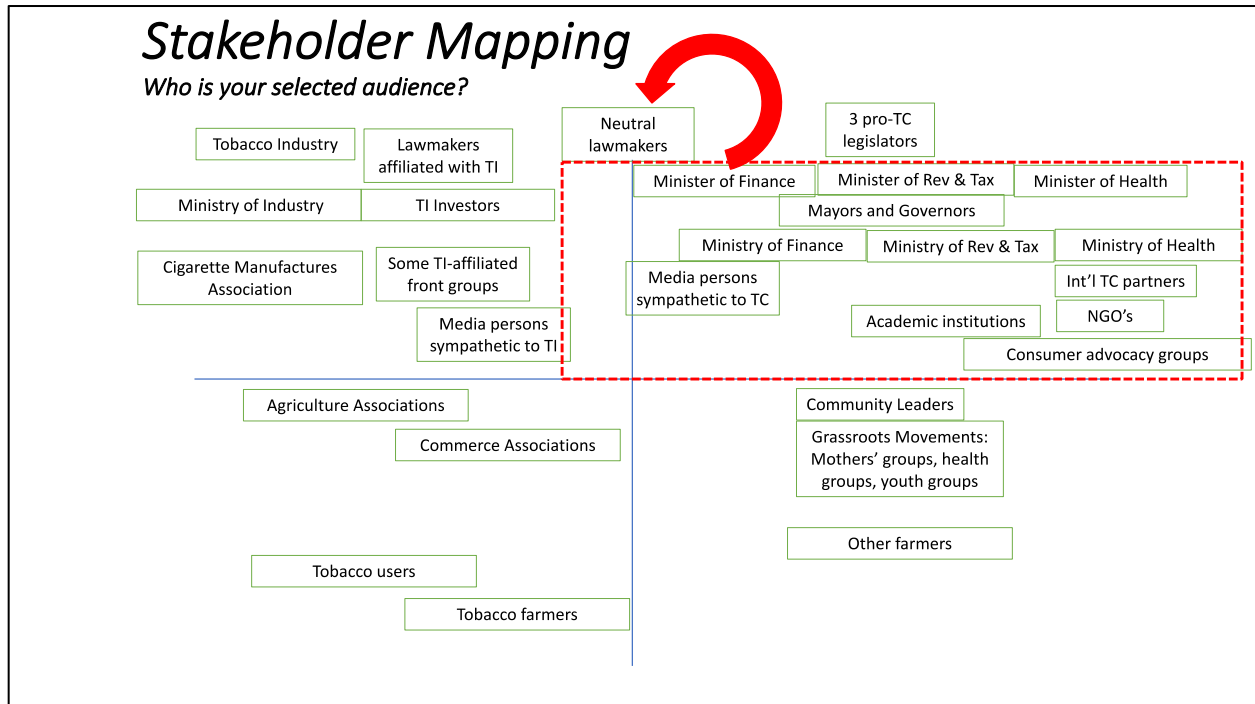
Why is there a difference? Root cause analysis – Fishbone



Strategic move to address an actionable root cause and start the process of change to overcome the key constraint: MOBILIZING INFLUENCERS among legislative decision-makers to counter the TI and TI-affiliated lawmakers within the legislature through advocacy, partnerships, networking

We intend to mobilize lawmakers who are currently neutral to TC towards the tobacco tax increase and transform them into champions of TC within the Legislature through continuous advocacy, strong data, networking and partnerships. We will partner with like-minded colleagues in the Tax and Finance Ministries, academic institutions and NGOs to generate strong data that compel support for tobacco tax increases, and widely disseminate these data to our political champions, the media and the public. BY re-framing tobacco tax increases as a “sin tax” intended to generate revenue for UHC, we will position the tax increase as a pro-people, pro-health, pro-poor strategy.

**Who do we need to bring on board to create the desired change to strengthen tobacco control?
Stakeholder map**



Who is your critical stakeholder audience? Describe a representative member of that audience.

LAWMAKERS WHO ARE NEUTRAL ABOUT TOBACCO TAX INCREASES:

- Very keen about being re-elected. Motivated by either recognition, power, service, or social justice; neutral on tobacco control and on tax increases.
- Wants to ensure that his/her district constituents will benefit from the proposed tobacco tax increase either through more jobs, infrastructure and/or better delivery of services.
- Wants to have an image of being honorable, pro-health; pro-poor, pro-elderly, and pro-development. Maintaining his/her public reputation is a priority.
- Desires credit for popular legislation that the public will welcome.
- Relies on traditional surveys and social media to gauge popularity.

How do we advocate to the critical stakeholders to promote our strategic move for tobacco control?

<p>Who is your primary stakeholder audience?</p>	<p>Lawmakers who are neutral on tobacco tax increases</p>
<p>What do you want him/her/them to do?</p>	<p>Pass national legislation that simplifies the tax structure and raises tobacco taxes in line with the recommendations from the WHO FCTC</p>
<p>What will move them to act and do what you want? Identify the key benefit for your audience.</p>	<p>“Raising tobacco taxes is good for our nation’s health. It’s a win for the economy and a win for our people’s health.”</p> <p>By emphasizing that tax revenues will be used to fund universal health care for all citizens, supporting the tax increase becomes a popular choice for legislators. Using data that demonstrates the increase in government revenue, while dispelling the disinformation from the TI can convince lawmakers that this tax law is pro-people and will allow for broader health care access.</p>
<p>How will you reach them? What communication channels will you use?</p>	<p>Social media campaigns using locally generated data showcasing the anticipated revenues from higher taxes and the enhanced health care service availability, especially for the poor, radio and print media advocacy, person-to-person visits with lawmakers to disseminate information; utilize international and national experts to amplify the “win-win” message</p>
<p>How will you know if your advocacy and communication to your selected audience has been successful?</p>	<ol style="list-style-type: none"> 1. Support for tobacco tax increases within the Legislature leads to the passage of the “Sin Tax Law”, which in turn increases government revenues to fund UHC. 2. Economic data to track revenues from sin taxes 3. Health data to monitor changes in tobacco use prevalence and tobacco-induced disease incidence 4. Health quality assurance data measuring health care access after UHC is launched

EXAMPLE 4: EURO

Sources:

- Group presentations, 2017 Ukraine TC Leadership Program
- Qi F, Liu JS, Lin SX, et al. Smoking Cessation: A Case Study of a Pilot Integrated Programme in Qingdao, China. 2016, 2:2
- WHO EURO, “Ukraine launches professional smoking cessation service” at <https://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2017/07/ukraine-launches-professional-smoking-cessation-service>

Focus: O – OFFER HELP TO QUIT

WHO FCTC Article 14

Where do we want to go?

A shared vision for tobacco control

In our country, tobacco addiction is a thing of the past.

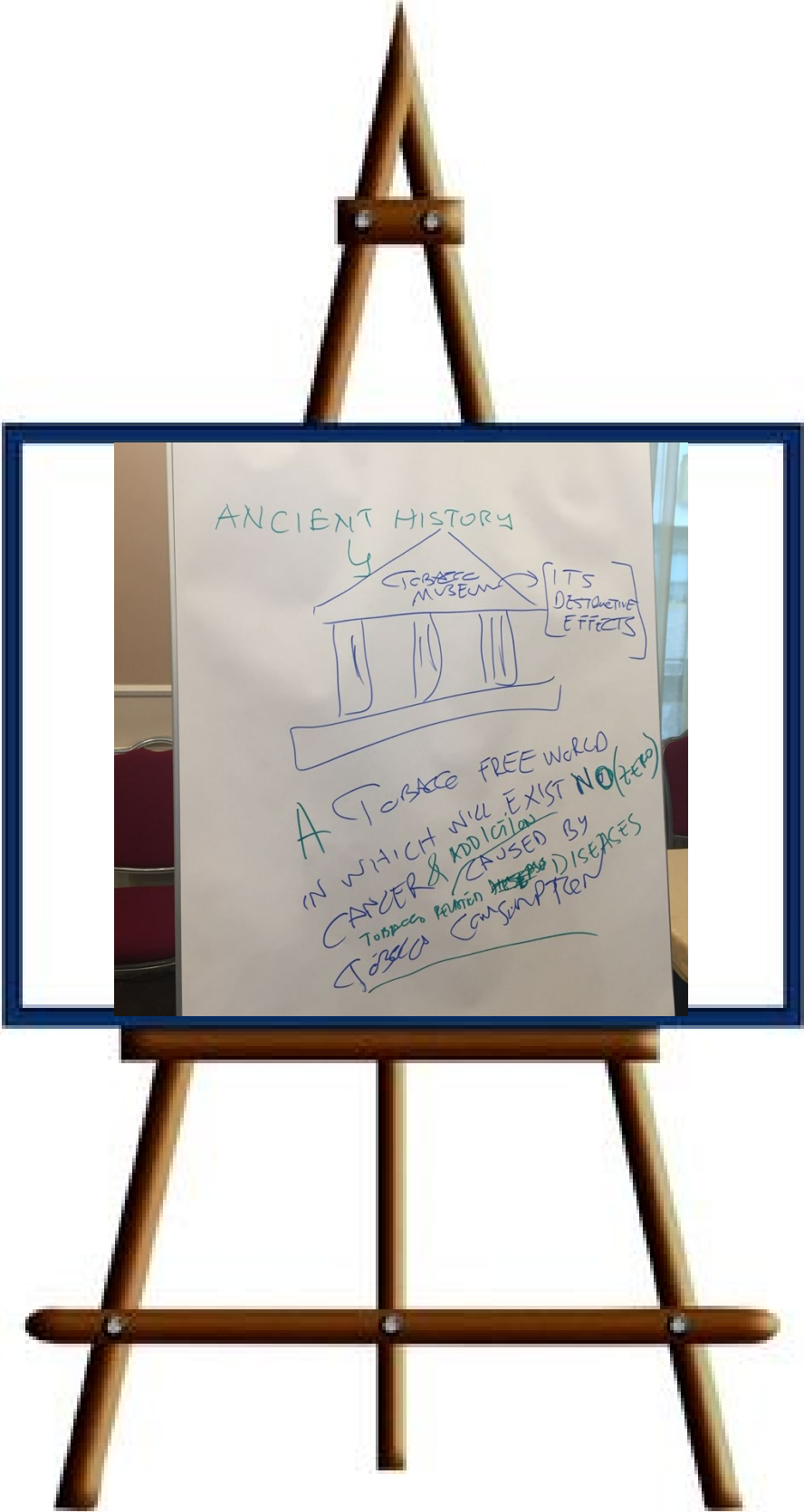
Cancer, other tobacco-related diseases
and addiction caused by tobacco and other related products
no longer exist.

Our communities are 100% smoke-free.
Our society values healthy, tobacco-free living.

All the previous tobacco users had access to cessation services.

No one was turned away.

Therefore, today, tobacco consumption is ancient history.



Where are we at present in relation to tobacco control?

Current Situation

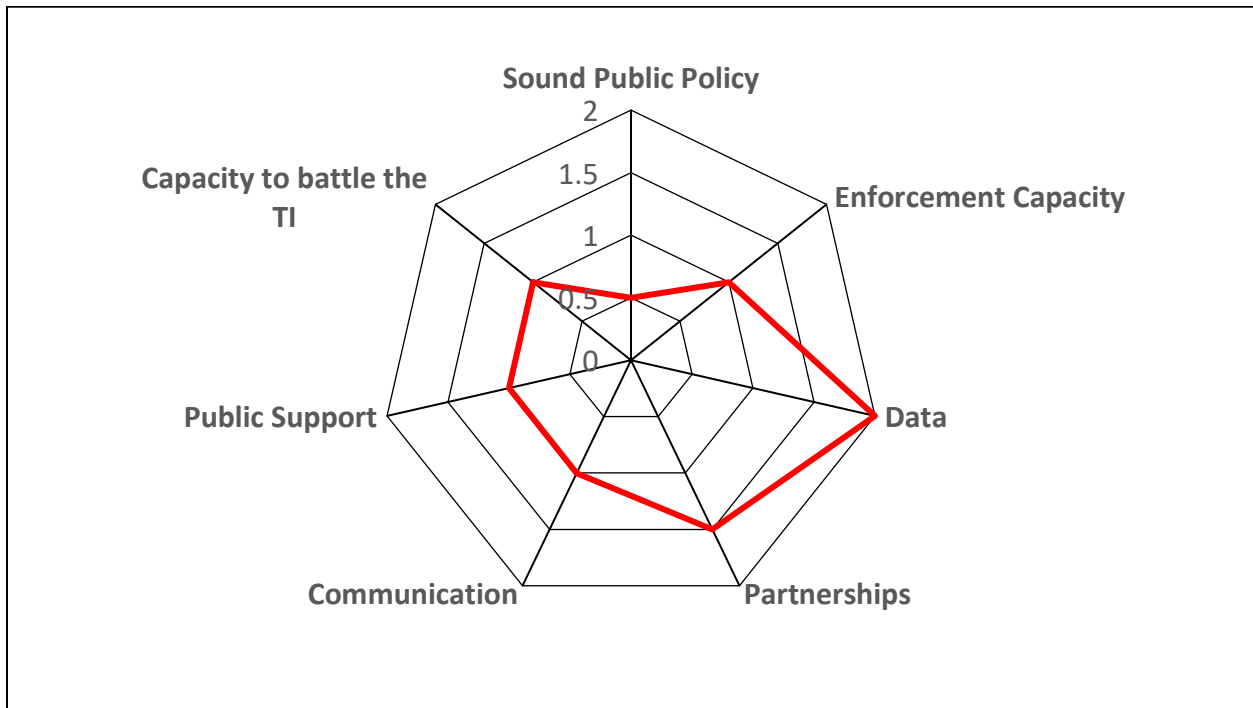
What is my country's CURRENT SITUATION in relation to tobacco control?

- In a country of 44 million people, over 8 million adults smoke cigarettes.
- 40% of men and 18% of boys are tobacco users.
- While 9% of adult women use tobacco, over 12% of young girls are current users. If this trend continues, the reproductive health of our youth will be significantly and adversely impacted by tobacco use.
- Last year, over 96,500 deaths were caused by tobacco.
- Tobacco-related cancer is quickly rising and is a major cause of death.
- In 2012, the government banned smoking in all public places. As a result, secondhand smoke exposure in public places dropped from over 58% to 21.2% over the past decade.
- Tobacco prices are rising as tobacco taxes are raised periodically in conjunction with inflation.
- Nearly 70% of tobacco users state they are interested in quitting but less than 39% made a quit attempt in the past 12 months.

Which tobacco control area/issue will we work on?

Promoting cessation services to all tobacco users

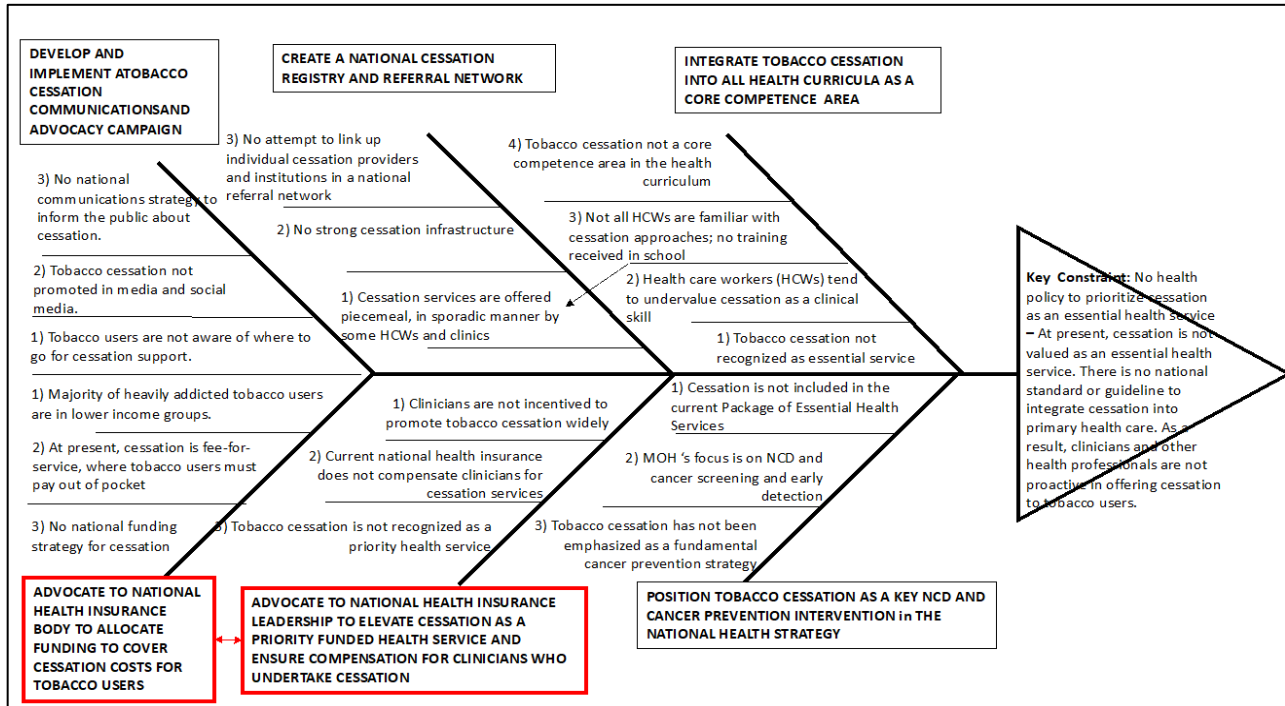
Why is there a difference? Promoting cessation services to all tobacco users The Spidergram



Priority (Key constraint/barrier) – the “weakest leg”: No health policy to prioritize cessation as an essential health service

Specific problem related to the key constraint or barrier: At present, cessation is not valued as an essential health service. There is no national standard or guideline to integrate cessation into primary health care. As a result, clinicians and other health professionals are not proactive in offering cessation to tobacco users.

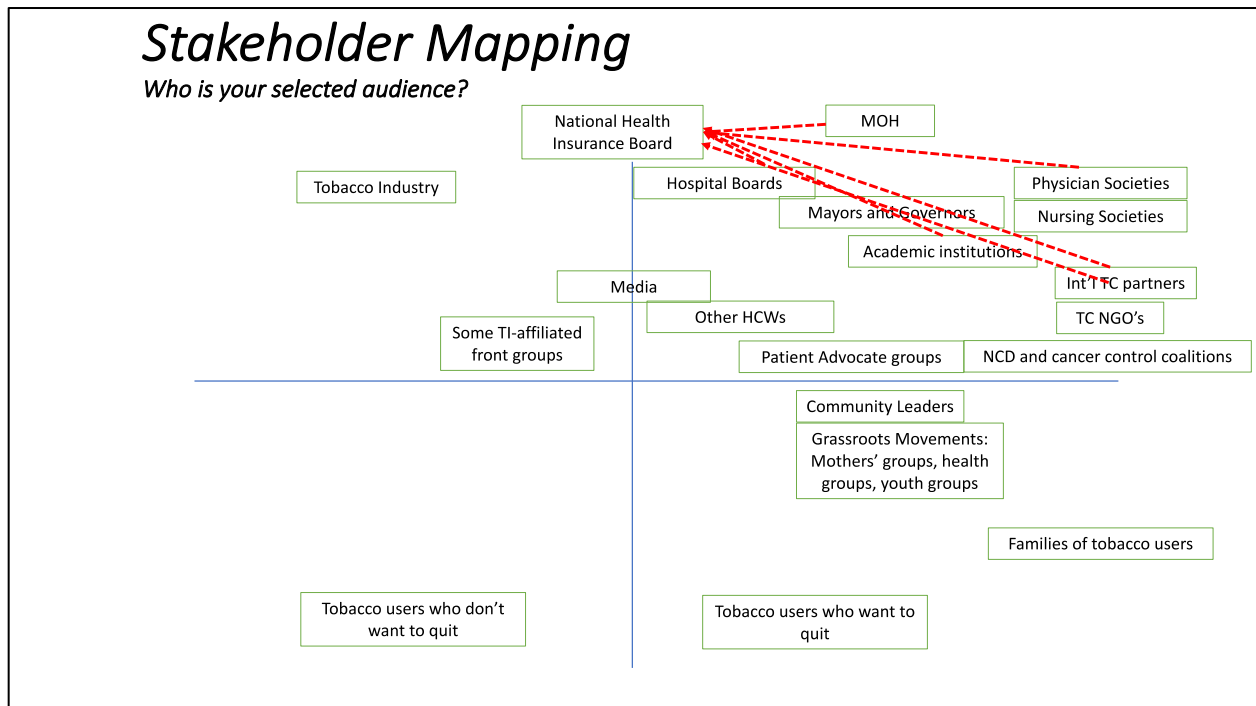
Why is there a difference? Root cause analysis – Fishbone



Strategic move to address an actionable root cause and start the process of change to overcome the key constraint: POSITION tobacco cessation as an essential funded health service with guaranteed compensation for clinicians

We will strategically leverage the National Health Insurance's interest in NCD and cancer prevention and control by re-framing tobacco cessation as an essential health service to reduce NCD and cancer morbidity and mortality. We will partner with HCW associations and societies, the TC community, NCD advocates and hospital boards to advocate to the National Health Insurance Board. Our advocacy will include 1) the provision of funding to pay for cessation services so that tobacco users are not unduly burdened when they access cessation services, and 2) the corresponding provision of compensation for clinicians so they have an incentive to actively promote cessation to all individuals accessing the health care system.

**Who do we need to bring on board to create the desired change to strengthen tobacco control?
Stakeholder map**



Who is your critical stakeholder audience? Describe a representative member of that audience.

MEMBERS OF THE NATIONAL HEALTH INSURANCE BOARD:

- Concerned about rising mortality and associated health care costs of NCDs, especially cancer.
- Not very knowledgeable about tobacco control and about tobacco cessation as a key intervention to reduce NCDs and cancer.
- Very aware of the need to be fiscally responsible about health care costs.
- Value quality assurance and continuous monitoring to improve health care services.
- Desire credit and recognition from media and the public.
- Place importance on network of relationships with other government agencies and professional associations of health care professionals.
- As older individuals, rely on traditional communication channels rather than on social media.

How do we advocate to the critical stakeholders to promote our strategic move for tobacco control?

<p>Who is your primary stakeholder audience?</p>	<p>Members of the National Health Insurance Board</p>
<p>What do you want him/her/them to do?</p>	<p>Elevate tobacco cessation as an essential health service with allocating funding to cover cessation costs and fiscal incentives for clinicians to deliver the cessation service</p>
<p>What will move them to act and do what you want? Identify the key benefit for your audience.</p>	<p>“Tobacco cessation is pivotal to reducing NCD and cancer deaths and costs. Investing in cessation is investing in a healthier nation.”</p> <p>Positioning cessation as a fundamental strategy to reduce NCD/cancer costs and mortality will align it to the stated priorities of the National Insurance Board. Thus, cessation becomes a means to achieve the Board’s mission of reducing the NCD/cancer burden. Using data to make the investment case for cessation will demonstrate that cessation ultimately is a cost savings for the country.</p>
<p>How will you reach them? What communication channels will you use?</p>	<p>Since the Board values its network of professional relationships, we will partner with professional associations, academic institutions and hospital Boards to reach out to the National Insurance Board Members. Simultaneously, we will increase media coverage on the critical importance of cessation to stem the rising NCD/cancer burden of the country and direct public support for cessation towards the National Insurance Board Members through petitions and signature campaigns.</p>
<p>How will you know if your advocacy and communication to your selected audience has been successful?</p>	<ol style="list-style-type: none"> 1. National cessation guidelines adopted. 2. Tobacco cessation integrated into the Package of Essential Covered Health Services. 3. Funding allocated to cover costs of cessation. 4. Health care workers and clinics compensated for providing cessation services. 5. National cessation quitline established.

EXAMPLE 5: SEARO

Sources:

- Group presentations, 2017 Nepal and 2018 Indonesia TC Leadership Programs
- Shafey O, et. al. Case studies in international tobacco surveillance: Cigarette smuggling in Brazil. *Tobacco Control* 2002;11:215–219.
- WHO SEARO. The Big Ban: Bhutan’s journey towards a tobacco-free society. Thimphu: World Health Organization, Country Office for Bhutan; 2019. License: CC BY-NC-SA 3.0 IGO.

Focus: STOPPING ILLICIT TRADE IN TOBACCO PRODUCTS

WHO FCTC Article 15

Where do we want to go?

A shared vision for tobacco control

The sun rises with a smile on our exemplary nation, where the use of and exposure to all forms of tobacco products are things of the past.

Our people are leading healthy and happy lives with the complete eradication of tobacco use.

We all are committed to combat all forms of tobacco menace to ensure an environment free of tobacco for all future generations.

Never again will we permit the plantation, production, promotion, importation or smuggling of tobacco inside our borders.



Where are we at present in relation to tobacco control?

Current Situation

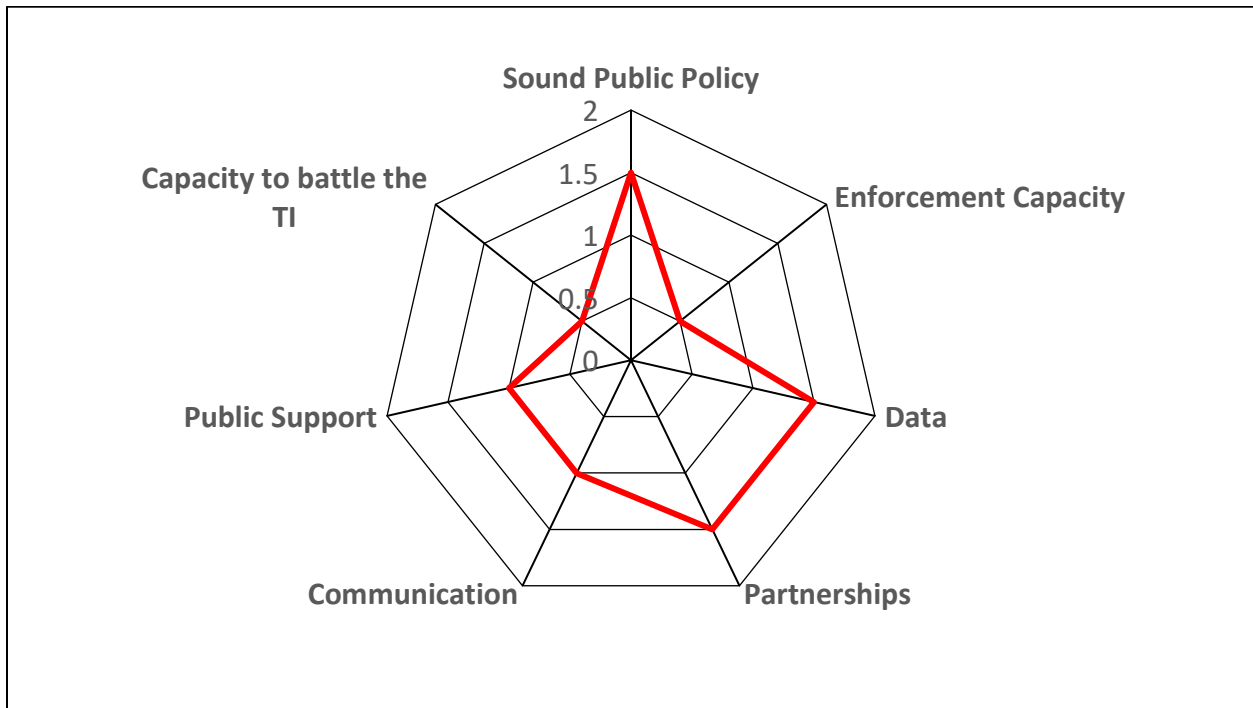
What is my country's CURRENT SITUATION in relation to tobacco control?

- With a population of only 808,000 people, over 120,000 are either tobacco users or exposed to secondhand tobacco smoke.
- 34% of men and 12% of women are tobacco users.
- Most tobacco users started at the age of 18 years.
- Last year, over 5.7% of all deaths were caused by tobacco.
- Heart disease and stroke are the most common ways that tobacco kills people.
- The largest health expenditure is on NCDs, majority of which are tobacco related.
- A pack of 20 cigarettes is equivalent to the cost of a tray of eggs. Ten grams of chewing tobacco costs the same as a large glass of milk.
- In 2012, the country banned the sales of tobacco. However, smuggling and sales on the black market are rampant.

Which tobacco control area/issue will we work on?

Stopping the illicit trade in tobacco products

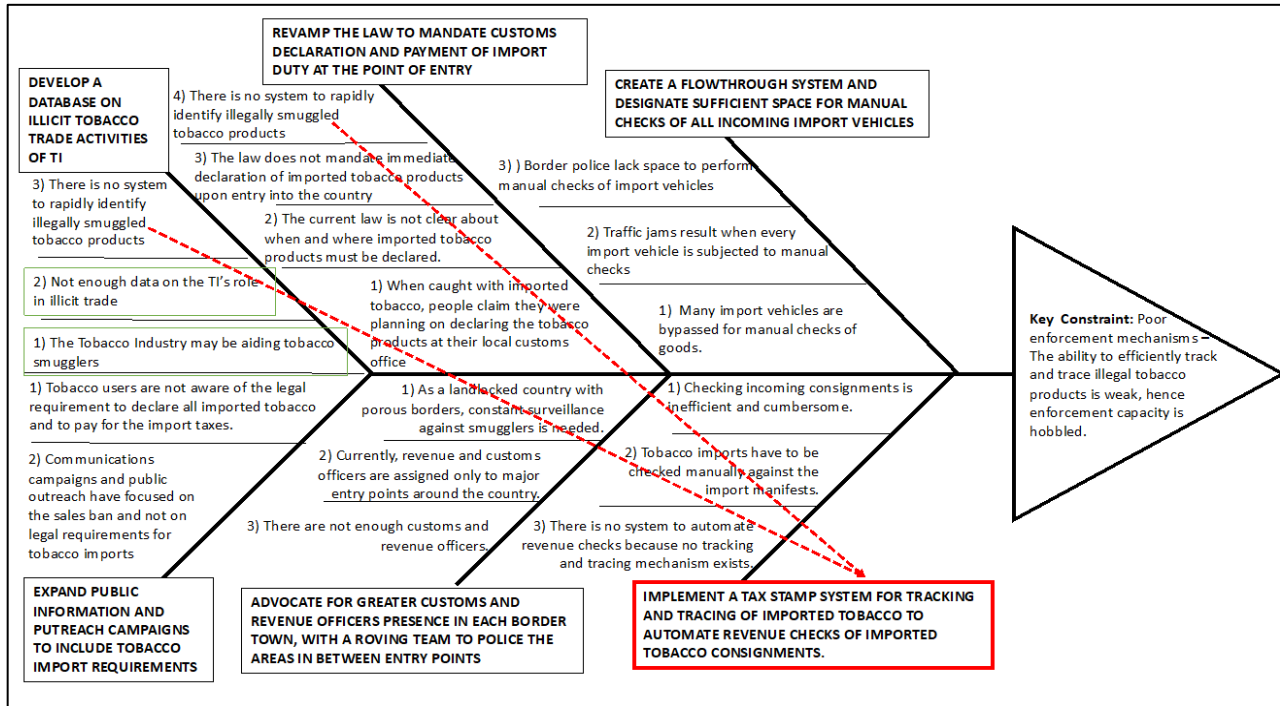
Why is there a difference? Stopping the illicit trade in tobacco products The Spidergram



Priority (Key constraint/barrier) – the “weakest leg”: The ability to efficiently track and trace illegal tobacco products is weak, hence enforcement capacity is hobbled.

Specific problem related to the key constraint or barrier: The national law bans the sales but not the importation of tobacco products. However, there is no system to track and identify imported tobacco and no system to ensure that import duties have been paid. Thus the market of illegal/smuggled tobacco products is flourishing.

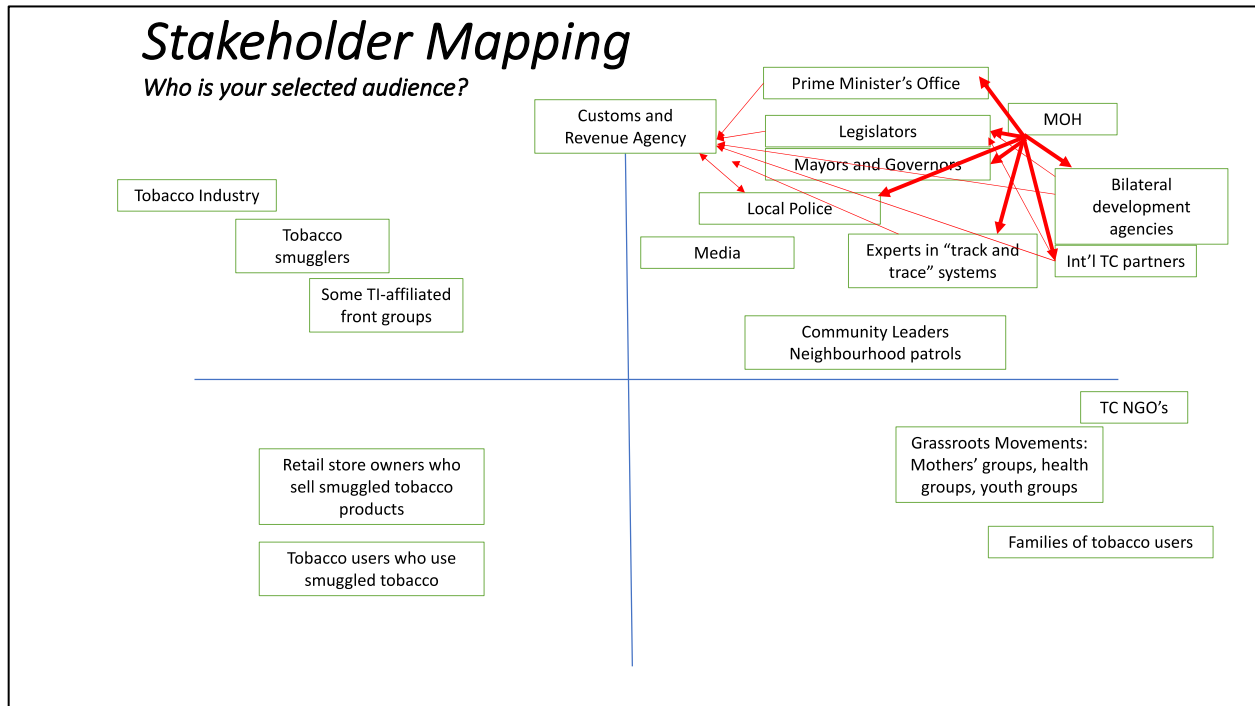
Why is there a difference? Root cause analysis – Fishbone



Strategic move to address an actionable root cause and start the process of change to overcome the key constraint: **IMPLEMENT** a tax stamp system for tracking and tracing of imported tobacco

We will facilitate technical and logistical assistance to the Customs and Revenue Agency to develop and implement a tax stamp system to track and trace imported tobacco so that it will be easy to 1) automate revenue checks of tobacco consignments and 2) quickly identify illegal/smuggled tobacco product imports. By networking with and linking customs and revenue officers to police, local government leaders and experts in combatting illicit tobacco trade, and using technology to expedite tracking and tracing, we intend to expand the enforcement capacity to counter the rampant smuggling of tobacco products.

**Who do we need to bring on board to create the desired change to strengthen tobacco control?
Stakeholder map**



Who is your critical stakeholder audience? Describe a representative member of that audience.

CUSTOMS AND REVENUE AGENCY:

- Prioritize collection of all import taxes to enhance government revenue; generally patriotic
- Want to be recognized as an exemplary gov't agency
- Neutral on tobacco control; against all forms of smuggling.
- Mostly young and progressive-minded; receptive to utilizing technology to enhance efficiency.
- Overworked and desirous of systems to reduce workload.
- Some members may be involved in corruption schemes, taking payback from smugglers.
- Welcoming of foreign experts as technical consultants to enhance their capacity and competencies; value certifications from international trainings as these can affect their chances for promotion.
- Rely more on new communication channels rather than traditional media.

How do we advocate to the critical stakeholders to promote our strategic move for tobacco control?

Who is your primary stakeholder audience?	Customs and Revenue Agency
What do you want him/her/they to do?	Develop and implement a tax stamp system to track and trace imported tobacco so that it will be easy to 1) automate revenue checks of tobacco consignments and 2) quickly identify illegal/smuggled tobacco product imports.
What will move them to act and do what you want? Identify the key benefit for your audience.	“Every smuggled tobacco product represents revenue stolen from the government.” Using technology to create a track and trace system for imported tobacco products will make revenue checks faster and easier, reduce the agency’s workload and enhance its ability to perform its patriotic duty by maximizing collections for the government.
How will you reach them? What communication channels will you use?	We (MOH) will leverage the network with international partners and global experts to provide assistance to the Agency in implementing a track and trace system. In tandem, we will develop a social media campaign to mobilize public support for combatting the illicit trade in tobacco products.
How will you know if your advocacy and communication to your selected audience has been successful?	<ol style="list-style-type: none"> 1. Track and trace system successfully adopted and operational. 2. Volume of illicit tobacco products available in black market markedly reduced from baseline 3. Import duty collections from tobacco products increased from previous years 4. No tobacco products without the tobacco tax stamp observed

EXAMPLE 6: EMRO

Sources:

- Group presentations, 2018 Bangladesh and Indonesia TC Leadership Programs
- Harizi C, El-Awa F, Ghedira H, Audera-Lopez C, Fakhfakh R. Implementation of the WHO Framework Convention on Tobacco Control in Tunisia: Progress and challenges. *Tob. Prev. Cessation* 2020;6(December):72
- El-Awa F, Abou El Naga R, Labib S, Latif N. Tobacco advertising, promotion and sponsorship in entertainment media: a phenomenon requiring stronger controls in the Eastern Mediterranean Region. *East Mediterr Health J.* 2018;24(1):72–76. <https://doi.org/10.26719/2018.24.1.72>

Focus: BANNING TOBACCO PRODUCT ADVERTISING, PROMOTIONS AND SPONSORSHIPS (TAPS)

WHO FCTC Article 13

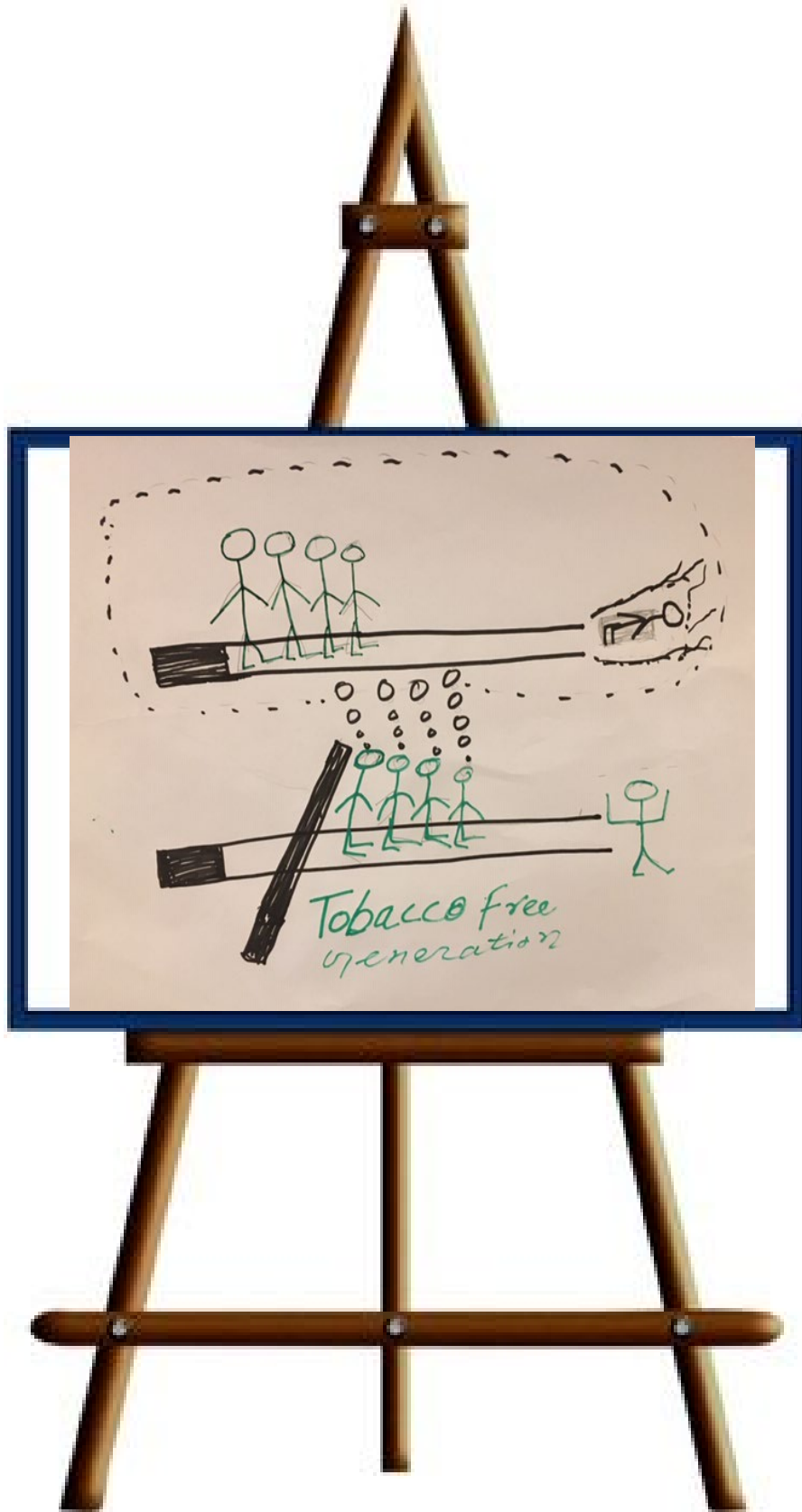
Where do we want to go?

A shared vision for tobacco control

From today, every child is my child.
All my children are fully tobacco-free.

Free from exposure to secondhand smoke,
Free from tobacco consumption and all its harms,
Free from exposure to tobacco advertising and marketing, and
Free from the grip of the tobacco industry.

“Zero tobacco” is good for health.
Good health is good politics.
“Zero tobacco” creates sound minds.
Sound minds create sound policies.
Sound policies create a healthy country.



Where are we at present in relation to tobacco control?

Current Situation

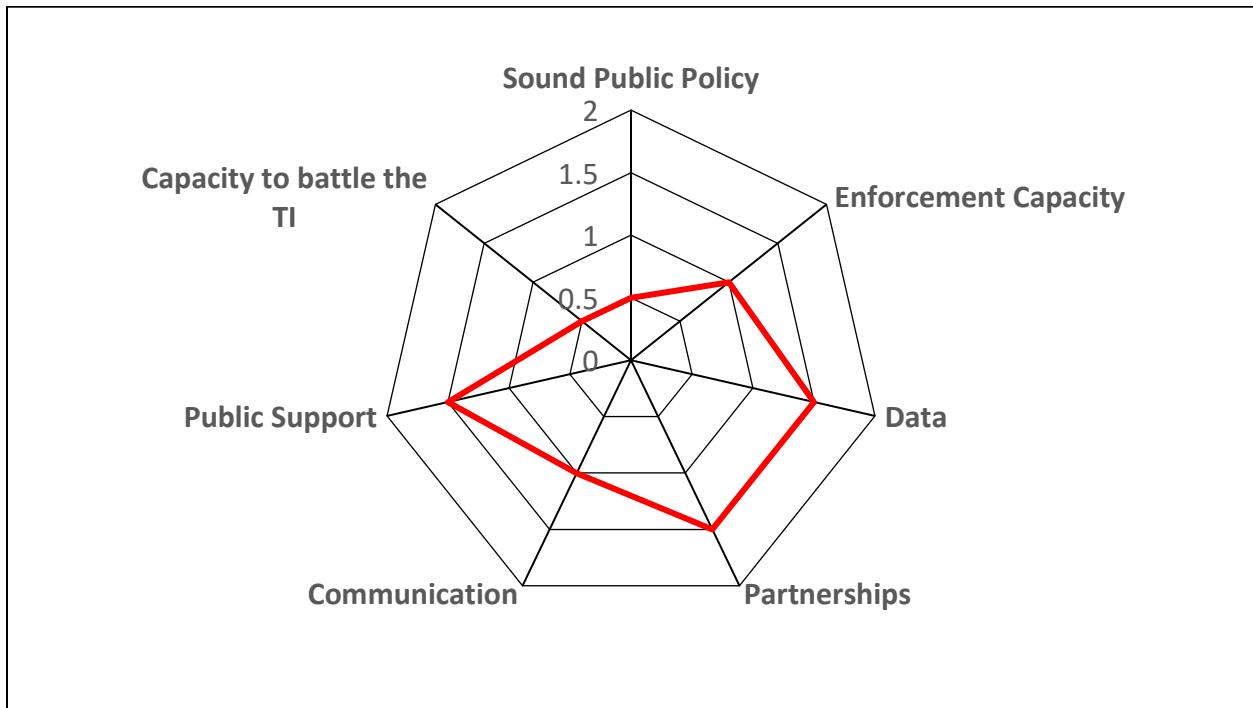
What is my country's CURRENT SITUATION in relation to tobacco control?

- The tobacco use prevalence among men is one of the highest in the world; 53% of adult men smoke and/or use other tobacco products.
- Prevalence of tobacco use among women ranges from 1-8%
- 12% of youth aged 13-15 years use tobacco. The prevalence of youth tobacco use is rising over time.
- Smoking-attributable deaths among men accounted for 25% of total mortality.
- Cancer, cardiovascular and respiratory diseases accounted for 76% of premature deaths attributable to smoking.
- The tobacco control law prohibits direct advertisement for tobacco and tobacco products. However, the ban does not cover tobacco use in entertainment media products.
- Nearly 80% of students saw smoking on television, movies or videos.
- In 2017, during the month of Ramadan, 13% of total TV airtime depicted the use of tobacco products by actors and actresses. 74% of smoking scenes featured cigarette use, 16.7% showed waterpipe use, 9% showed cigar use and 2.3% showed electronic cigarette use. The use of more than one tobacco product was sometimes shown in the same scene.

Which tobacco control area/issue will we work on?

Closing the loopholes in TAPS bans

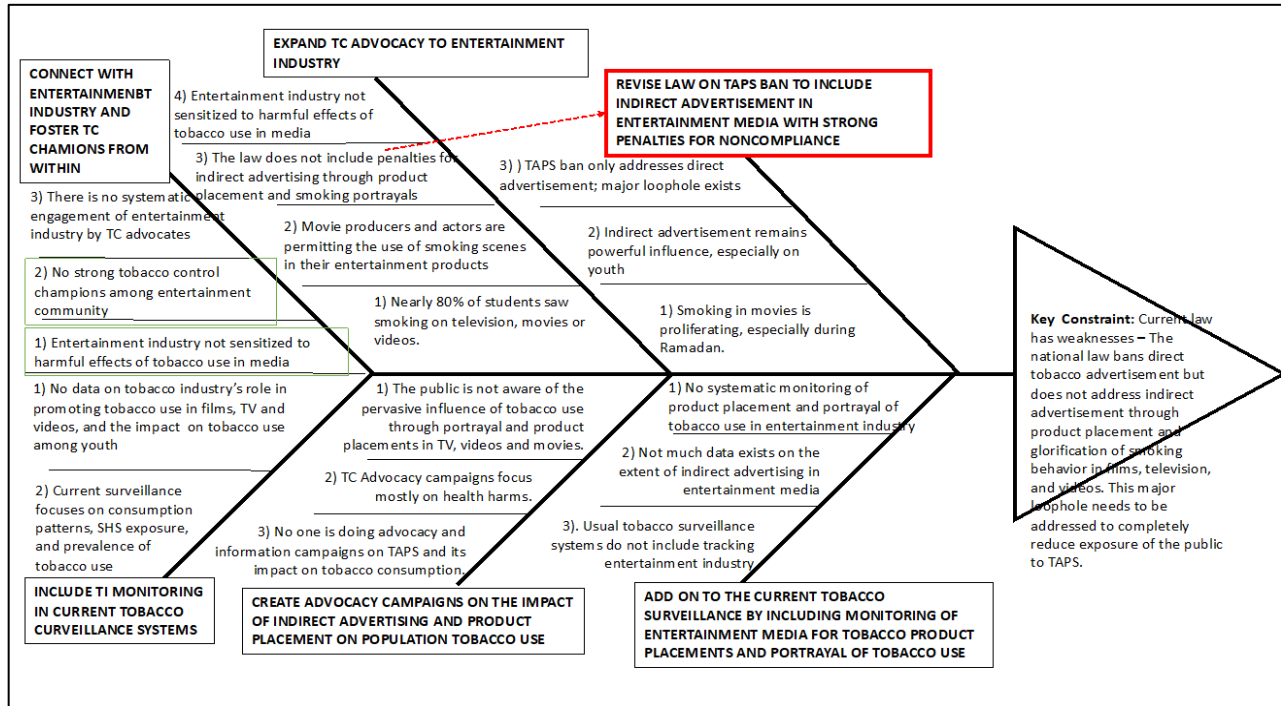
Why is there a difference? Closing the loopholes in TAPS bans The Spidergram



Priority (Key constraint/barrier) – the “weakest leg”: The loophole in the current TAPS ban needs to be addressed to completely reduce exposure of the public to TAPS.

Specific problem related to the key constraint or barrier: The national law bans direct tobacco advertisement but does not address indirect advertisement through product placement and glorification of smoking behavior in films, television, and videos.

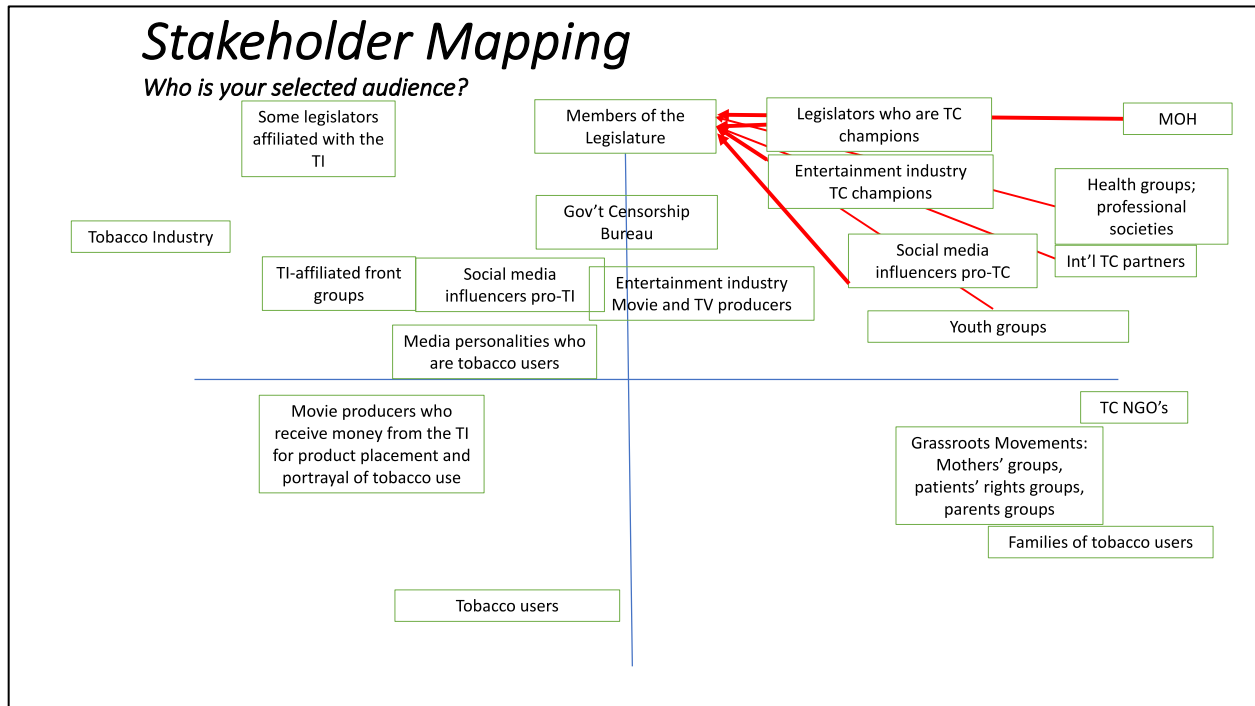
Why is there a difference? Root cause analysis – Fishbone



Strategic move to address an actionable root cause and start the process of change to overcome the key constraint: REVISE law on TAPS ban to include a ban on indirect advertisement (product placement and portrayal of tobacco use) in entertainment media with strong penalties for noncompliance

The loophole in the TAPS ban that allows indirect advertisement of tobacco and tobacco products to proliferate is a “broken window” that must be fixed. We aim to mobilize legislators to revamp the current law on TAPS bans by extending the ban to include prohibiting the portrayal of tobacco use and tobacco product placement in movies, TV, and videos. Working with the entertainment industry and empowering entertainment personalities to serve as champions and spokespersons for tobacco control, we seek to convince our lawmakers to close this loophole that circumvents and weakens our current TAPS ban.

**Who do we need to bring on board to create the desired change to strengthen tobacco control?
Stakeholder map**



Who is your critical stakeholder audience? Describe a representative member of that audience.

LEGIUSLATURE MEMBERS NEUTRAL ON TAPS BAN:

- Want to be perceived as dutiful and committed leaders working for the youth's welfare and future.
- Interested in perceptions of popularity and will side with issues perceived to be supported by the majority.
- Popularity and political longevity are important to them.
- Track their popularity on social media, but also pay attention to traditional media. They are very conscious of being perceived as "good" by social media influencers who have a strong following.
- For MPs, ensuring that their constituents vote for them in the next election cycle is a priority. They want to be perceived as pro-youth, pro-health, pro-community.
- Desirous of media opportunities to gain traction and airtime.

How do we advocate to the critical stakeholders to promote our strategic move for tobacco control?

<p>Who is your primary stakeholder audience?</p>	<p>Legislators who are neutral on the expansion of the TAPS ban</p>
<p>What do you want him/her/they to do?</p>	<p>Revise the current law on TAPS bans by extending the ban to include prohibiting the portrayal of tobacco use and tobacco product placement in movies, TV and videos</p>
<p>What will move them to act and do what you want? Identify the key benefit for your audience.</p>	<p>“If you care for our youth, stop exposing them to tobacco advertising and promotion on TV, internet and movies.” Supporting a stronger TAPS ban that closes the loopholes in the law positions you as someone who cares deeply about our youth and their future. By protecting our youth’s health, you are demonstrating a deep commitment to our country.</p>
<p>How will you reach them? What communication channels will you use?</p>	<p>We will mobilize champions among the legislature and entertainment industry, as well as among youth, to convey the message to our selected audience, using a mix of person-to-person outreach, traditional media and social media channels.</p>
<p>How will you know if your advocacy and communication to your selected audience has been successful?</p>	<ol style="list-style-type: none"> 1. Tobacco control law revised to include an expanded TAPS ban that prohibits product placement and portrayals of tobacco use in TV, movies, and internet videos. 2. Marked reduction in airtime with tobacco product placement and portrayals that glamorize tobacco use 3. Decrease in percentage of youth reporting they saw pro-tobacco advertising in media