

Elaboration of guidelines for implementation of Article 12 of the Convention (decision FCTC/COP2(14))

Progress report of the working group

1. At its second session (30 June to 6 July 2007), the Conference of the Parties decided to establish a working group to elaborate guidelines for implementation of Article 12 of the Convention (decision FCTC/COP2(14)). The working group is to present a progress report to the Conference of the Parties at its third session.
2. This document outlines the progress made by the working group in elaborating guidelines for implementation of Article 12 of the Convention and presents the agreed outline of those guidelines.
3. The following Parties expressed a wish to participate in the working group: as Key Facilitators: Germany, Palau, Sweden and Turkey; as Partners: Algeria, Bahrain, Barbados, Benin, Cameroon, Canada, Chad, Congo, Estonia, Guatemala, Honduras, Hungary, India, Ireland, Kenya, Malaysia, Mauritius, Namibia, Republic of Korea, Spain, Sri Lanka, Swaziland, Thailand, Togo, United Republic of Tanzania, and Uruguay.
4. Pursuant to decision FCTC/COP2(14), a preparatory meeting of the Key Facilitators and the Convention Secretariat was convened in Geneva, on 16 and 17 October 2007. At this meeting, the Key Facilitators prepared a draft outline for the guidelines, a workplan and a timetable for elaborating the guidelines and the progress report.
5. The first meeting of the working group was held on 21 to 23 February 2008 in Berlin, hosted by the Government of Germany. The meeting was attended by representatives of the Key Facilitators and Partners of the working group. The participants also included invited experts in the fields of education, communication and training, representatives of civil society, the Convention Secretariat and WHO's Tobacco Free Initiative.

6. The working group agreed to use the draft outline elaborated by the Key Facilitators before the meeting as the basis for its discussions. The working group reviewed and amended the draft outline (contained in the Annex to this document), parts of which still remain in draft stage.
7. The working group decided that the main elements of the guidelines shall be: purpose, objectives and underlying considerations; statement of principles; scope of public awareness and means of education, communication and training, focusing on social change and denormalization; providing a public awareness infrastructure; public awareness: the three pillars (education, communication and training); the role of civil society; and access to information on the tobacco industry.
8. With regard to the purpose and objectives, the working group agreed that the guidelines are intended to assist Parties in meeting their obligations under Article 12 and in identifying key legislative, executive, administrative and other measures that will facilitate implementation of Article 12.
9. The working group also reached agreement on the underlying considerations for the guidelines, which include: protection from threats to fundamental rights and freedoms, a comprehensive multisectoral approach, reliance on research-based evidence and best practices, and independence from the tobacco industry.
10. Further, there was common acceptance among working group members of the 10 key principles on which the guidelines should be based. These include: denormalization of tobacco production, sale, marketing and consumption and of exposure to tobacco smoke; the need for comprehensive, sustainable national tobacco control programmes; the need to offer different measures to different population groups and, in particular, to address gender-specific risks; the crucial role of national coordinating mechanisms or focal points for tobacco control; and the central and active role of civil society.
11. The working group also agreed in general that the guidelines should recognize that a certain amount of social change is necessary in order to denormalize tobacco use. Denormalization strategies seek to change the social norms concerning tobacco consumption and exposure to tobacco smoke by informing the public about their negative consequences on health, society, the economy and the environment.
12. Additionally, the working group accepted that education, communication and training are three interrelated tools for promoting and strengthening public awareness for tobacco control (“the three pillars”). Further issues to be addressed have been identified for each of these three elements.
13. It was the sense of the working group that the outline presented in the Annex summarizes the progress made and could serve as a basis for further work of the working group in elaborating draft guidelines for implementation of Article 12 of the Framework Convention.
14. Comments received after the draft report was made available to the Parties through a protected web site in May 2008 were carefully reviewed by the Key Facilitators and will be considered during the next stages of the elaboration of guidelines.
15. The Conference is invited to note the report and provide further guidance.

ANNEX

**OUTLINE OF DRAFT GUIDELINES FOR IMPLEMENTATION OF ARTICLE 12
OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS****PART 1. PURPOSE, OBJECTIVES AND UNDERLYING CONSIDERATIONS OF
THE GUIDELINES****Purpose**

1. Consistent with other provisions of the WHO Framework Convention on Tobacco Control (FCTC) and the intentions of the Conference of the Parties, these guidelines are intended to assist Parties in meeting their obligations under Article 12 and other related articles of the Convention. They draw on available best practices and experience of Parties to establish a high standard of accountability for treaty compliance and to assist Parties in promoting the highest attainable standard of health through education, communication and training to ensure public awareness of tobacco control issues.
2. The guidelines contain agreed statements of principles and definitions of relevant terms, as well as agreed recommendations for the steps required to satisfy the obligations of the Convention. In addition, the guidelines identify the measures necessary for effective education, communication, training and raising of public awareness about tobacco. Parties are encouraged to use these guidelines, not only to fulfil their legal duties under the Convention, but also to follow best practices in protecting and promoting public health.

Objectives

3. These guidelines have two main objectives in protecting and promoting public health:

to assist Parties in meeting their obligations under Article 12 of the WHO FCTC, in a manner consistent with evidence on risks associated with tobacco use, the devastating health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke; and

to identify key legislative, executive, administrative, fiscal and other measures necessary to:
 - (a) effectively educate, communicate and train people on the health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke; and
 - (b) provide a tobacco control infrastructure that includes sustainable resources to ensure the highest level of public awareness on tobacco control issues.

Underlying considerations

4. *Fundamental rights and freedoms*: The duty to effectively educate, communicate, train and ensure public awareness about tobacco control, embodied in Article 12, is grounded in fundamental human rights and freedoms.

(a) Given the unequivocal scientific evidence about the dangers of tobacco consumption and exposure to tobacco smoke and about the deceptive practices of the tobacco industry, this duty is implicit in, inter alia, the *right to life* and the *right to the highest attainable standard of health*. These rights are recognized in many international legal instruments (including Articles 3 and 25 of the Universal Declaration of Human Rights, the Preamble to the Constitution of the World Health Organization, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the Covenant on Economic, Social and Cultural Rights), as formally incorporated into the preamble of the WHO FCTC and as recognized in the constitutions of many countries. The obligation to inform the public and educate and train all those concerned arises from the fundamental *right to education in health*, its role in the community and its final aim of achieving social change, highlighted by UNESCO in *Fundamental education: a description and programme* (UNESCO, 1949).

(b) The duty to inform, educate and train with regard to the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke and to enact effective legislative, executive, administrative or other measures to address tobacco-related issues is reflected in the following articles of the WHO FCTC: Article 2 (Relationship between this Convention and other agreements and legal instruments), Article 3 (Objective), Article 4 (Guiding principles), Article 5 (General obligations), Article 8 (Protection from exposure to tobacco smoke), Article 10 (Regulation of tobacco product disclosure), Article 11 (Packaging and labelling of tobacco products), Article 12 (Education, communication, training and public awareness), Article 14 (Demand reduction measures concerning tobacco dependence and cessation), Article 18 (Protection of the environment and the health of persons), Article 19 (Liability), Article 20 (Research, surveillance and exchange of information), Article 21 (Reporting and exchange of information), and Article 22 (Cooperation in the scientific, technical and legal fields and provision of related expertise).

5. *Protection from threats to fundamental rights and freedoms*: The duty to educate and communicate effectively to the public and to train health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons about the health, socioeconomic and environmental consequences of tobacco production and consumption and exposure to tobacco smoke and the deceptive strategies and practices of the tobacco industry corresponds to an obligation by governments to enact legislation to protect individuals against threats to their fundamental rights and freedoms. This obligation extends to all persons and not only certain populations. Special attention should be paid to frequently neglected groups such as those who are illiterate, uneducated or undereducated; women; the poorest of the poor; children; and persons who are mentally disabled.

6. *Comprehensive multisectoral approach*: Articles 4.7 and 5.2 of the WHO FCTC outline the need for establishing, reinforcing and financing a national coordinating mechanism or focal point for tobacco control and to adopt and implement effective legislative, executive, administrative or other measures, as well as to cooperate with other Parties and civil society. Article 14 describes the need for elaborating and disseminating appropriate, comprehensive, integrated guidelines for reducing tobacco dependence and for cessation, and for taking effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence. All measures should address gender-specific risks and take into consideration local cultural, social, economic, political and legal factors, as specified in Articles 4.2 and 4.3 of the Convention. These measures include and should be included in education, communication, training and public awareness.

7. *Independence from the tobacco industry*: The obligation to protect the setting and implementing of public health policies from commercial and other vested interests of the tobacco industry is

embodied in Article 5.3 of the WHO FCTC. The tobacco industry is defined as tobacco manufacturers, wholesale distributors and importers of tobacco products in Article 1 of the Convention.

8. *Reliance on research-based evidence and best practices:* The requirement to base tobacco control on current, relevant scientific, technical and economic considerations is grounded in the preamble of the WHO FCTC and reiterated in Article 4.1, which calls for effective legislative, executive, administrative and other measures. Parties are committed to undertaking national research and to coordinating research programmes at regional and international levels, as laid down in Article 20 of the Convention, and also to cooperating scientifically in training or sensitization programmes for appropriate personnel, as highlighted in Article 22.1(c). Awareness of the results of research on effective methods of education, communication and training is important for making decisions about programme content and delivery based on best practice. Sound research demonstrates that education, communication and training can be cost-effective tobacco control measures. When evidence is not available in a country, that collected in and shared by other countries can be a starting-point for programme development, as highlighted in Articles 20 and 21 of the Convention.

9. *International collaboration:* International collaboration and mutual support and facilitation of sharing of information, knowledge and relevant technical capacity are vitally important to strengthen Parties capacity to meet the obligations of Article 12 and other related obligations of the WHO FCTC. The duty to cooperate in the formulation of proposed measures, procedures and guidelines for implementation of the Convention, cooperation with competent international and regional intergovernmental organizations and use of bilateral and multilateral funding mechanisms are specified in the “General obligations” of the Convention, namely Articles 5.4 to 5.6. The foundation for this cooperation is further embodied in the texts of Article 4 (Guiding principles), Article 19 (Liability), Article 20 (Research, surveillance and exchange of information), Article 21 (Reporting and exchange of information), and Article 22 (Cooperation in the scientific, technical and legal fields and provision of related expertise).

PART 2. STATEMENT OF PRINCIPLES

10. As stated in Article 4 of the WHO FCTC, every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke. The following agreed principles should guide implementation of Article 12 of the Convention.

Principle 1: In order to ensure the highest level of attainable health in all populations, social norms should help smokers to quit tobacco consumption and should dissuade young people from starting. Thus, denormalization of tobacco production, sale, marketing and consumption and of exposure to tobacco smoke is a guiding principle of all education, communication, training and public awareness in tobacco control.

Principle 2: Effective measures to provide education, communication and training and to promote public awareness, as envisioned in Article 12 of the WHO FCTC, require comprehensive, sustainable national tobacco control programmes for all people, and should include effective legislative, executive, administrative, fiscal and other measures.

Principle 3: National tobacco control programmes should ensure that the adverse health, socioeconomic and environmental consequences of tobacco production and consumption and of exposure to tobacco smoke and the deceptive strategies and practices of the tobacco industry are

communicated to all people and that the benefits of cessation of tobacco use and of a tobacco-free life are highlighted.

Principle 4: Key differences among population groups with regard to gender, culture, religion, age, educational background, socioeconomic status, literacy and disability must be considered in raising public awareness and in training and education programmes. Interventions must be tailored to ensure that they build awareness and educate all people effectively. As mandated in Article 4.2(d) of the Convention, all tobacco control measures that include communication, education, training and public awareness should address gender-specific risks.

Principle 5: Effective education and training on tobacco control should be given to all health workers, community workers, social workers, media professionals, educators, traditional communicators and healers (traditional medical or spiritual practitioners), decision-makers, religious and spiritual counsellors, administrators and other concerned persons. Such education and training should always include information about the deceptive strategies and practices of the tobacco industry.

Principle 6: National coordinating mechanisms or focal points for tobacco control are pivotal in good planning, management, synchronization with other national programmes and adequate funding for successful implementation of effective communication, training and public awareness programmes.

Principle 7: The elaboration, management and implementation of communication, education, training and public awareness programmes should be guided by research and undergo pre-testing, monitoring and evaluation, to ensure that research-based outcomes are shared among Parties, best practices are identified and implemented, and international cooperation is facilitated, as specified in Article 22 of the Convention.

Principle 8: Civil society has a central role in implementation of Article 12. Governments should include civil society members, including young people, as active partners in the elaboration, implementation and evaluation of programmes. Members of civil society can provide insight into target audiences and how to reach them, encourage involvement at grass-roots level, offer additional credible voices and, in some cases, help to secure additional funding for public awareness and education programmes.

Principle 9: All programmes in education, communication, training and public awareness for tobacco control should be protected against commercial and other vested interests of the tobacco industry, which, in accordance with Article 5.3 of the Convention, must not have any role or influence in any tobacco control programme.

Principle 10: All education, communication, training and public awareness programmes should include a wide range of information on the tobacco industry as relevant to the objectives of the WHO FCTC.

PART 3. SCOPE OF PUBLIC AWARENESS AND MEANS OF EDUCATION, COMMUNICATION AND TRAINING FOCUSING ON SOCIAL CHANGE AND DENORMALIZATION

11. It is now well established that if people's perceptions of the commonality and acceptability of a behaviour can be adjusted, their inclination to engage in that behaviour will be influenced.^{1,2} For example, the more common and acceptable young people think smoking is by their immediate peers, their family group and society as a whole, the more likely it is that they will take up the habit. Conversely, smoking uptake will be reduced if pro-smoking norms are challenged and anti-smoking norms strengthened. Normative education, or denormalization programmes, therefore, correct "erroneous perceptions of the prevalence and acceptability of drug and alcohol use and establish conservative group norms ... [they] are postulated to operate through lowering expectations about prevalence and acceptability of use and the reduced availability of substances in peer-oriented social settings".¹ Reviews of evidence suggest that this is a useful insight and that normative education is an effective strategy.

12. In tobacco control, the aim of denormalization strategies is to change the broad social norms around tobacco consumption and exposure to tobacco smoke and thus to push tobacco use out of the charmed circle of a normal, desirable practice to make it an abnormal, undesirable one. To achieve this, people must be informed about the negative health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, as laid down in the Preamble of the Convention. In providing such information, care must be taken to avoid creating the impression that tobacco use is more common, more accepted or more difficult to avoid than it actually is. Awareness can be raised through public **education** and **communication** and by **training** all persons involved in tobacco control, especially if education, communication and training complement and include other effective tobacco control measures, as described in Article 6 (Price and tax measures to reduce the demand for tobacco), Article 7 (Non-price measures to reduce the demand for tobacco), Article 8 (Protection from exposure to tobacco smoke), Article 9 (Regulation of the contents of tobacco products), Article 10 (Regulation of tobacco product disclosure), Article 11 (Packaging and labelling of tobacco products), Article 13 (Tobacco advertising, promotion and sponsorship), Article 14 (Demand reduction measures concerning tobacco dependence and cessation), Article 15 (Illicit trade in tobacco products), and Article 16 (Sales to and by minors) of the Convention.

13. Denormalization can also include telling the public the truth about the tobacco industry's role as a disease vector in initiating and perpetuating the tobacco epidemic. Denormalization seeks to raise people's awareness about the responsibility of the tobacco industry for tobacco-related disease and to expose the industry's manipulative tactics. Broad education, communication and training as well as universal access to information on the tobacco industry and its tactics and strategies are necessary to fulfil the obligations laid down in Article 5.3 of the Convention.

14. Elements for social change and denormalization:

- (a) the role/responsibility of government/national leadership
- (b) needs assessment (what is needed?)

¹ Hansen WB (1992) School-based substance abuse prevention: a review of the state of the art in curriculum. *Health Education Research*, 7:403–430.

² Sussman S (1989) Two social influence perspectives of tobacco use development and prevention. *Health Education Research*, 4:213–223.

- (c) target groups (by whom?)
- (d) areas to be covered (what should they know?), including so-called “corporate social responsibility”, in language aligned to the guidelines for implementation of Articles 5.3 and 13 of the Convention
- (e) how to ensure public awareness in tobacco control
- (f) ethics behind education, communication and training
 - (i) ethical codes
 - academia: research and teaching institutions (case study, e.g. German Cancer Research Centre)
 - professional associations
 - government agencies
 - (ii) exposing malpractice
 - public trust (reliability)
 - exclusion of public funding
- (g) provision of information (about tobacco industry, epidemiological data, health risks and economic/social costs)
- (h) case studies (in the Annex including reference to the development of a toolkit and clearinghouse).

PART 4. PROVIDING A PUBLIC AWARENESS INFRASTRUCTURE

15. Introductory statement defining public awareness and highlighting that it is not only about information, but rather about changing social norms and behaviour through conviction and action (educational process: knowledge → perception → attitude change → motivation → action). Public awareness consists of informing the general population and increasing its level of consciousness about a specific issue. Education, training and communication are the means for raising public awareness and achieving social change. This section will cover the common overarching issues of education, communication and training as well as guidance on creating enabling environments for the denormalization of tobacco use.

16. Explanation on how to establish a public awareness infrastructure, in line with Article 5 of the Convention, and the need to involve civil society as specified in Article 4.7. The statement will also include a brief explanation and the role of the three pillars, education, communication and training, in achieving public awareness and their complementary relevance for effective implementation of other tobacco control measures (e.g. Articles 6, 7, 8, 9, 10, 11, 13, 14, 15 and 16 of the Convention).

- (a) elements required to raise/maintain public awareness (infrastructure)
- (b) role of national tobacco control programmes

- (c) strategies
 - (i) national plan of action (including situation analysis, content including how to set a strategic direction, ensuring legitimacy)
 - (ii) options for national coordinating mechanisms (e.g. designation of a national focal point or a national steering committee) and for fulfilling the basic requirements under Article 5.2(a) of the Convention
- (d) funding and human resources including exploring different funding mechanisms, e.g. dedicated taxes (homologization), licensing fees and other taxation schemes (e.g. Canada or Palau)
- (e) management
- (f) networking
- (g) sustainability
- (h) clearinghouse for tobacco control
- (i) case studies including funding mechanisms (in the Annex including reference to the development of a toolkit and clearinghouse).

PART 5. PUBLIC AWARENESS: THE THREE PILLARS (EDUCATION, COMMUNICATION AND TRAINING)

17. This section will cover the overarching issues of education, communication and training:
- (a) obligations under the WHO FCTC
 - (b) role of governments
 - (c) ethical considerations
 - (i) sustainability (funding)
 - (ii) responsibility
 - (iii) influence.

Education

18. Introductory statement on the role, evidence based and effectiveness of education in raising public awareness.

19. Education is the provision of learning opportunities in a purposeful, organized manner by various means. It encompasses teaching and learning specific skills in schools or school-like environments (formal education) or in the world at large (non-formal education).

20. Health education is a multidisciplinary activity involving designing, implementing and evaluating educational programmes to enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining health. The activity comprises a continuum of learning which empowers people to make voluntary decisions, modify their behaviour and change social conditions in ways that enhance health.

21. In tobacco control, health education includes imparting knowledge and understanding about effective methods of tobacco control, the dangers of tobacco consumption and exposure to tobacco smoke, and effective methods of cessation of tobacco consumption, as specified in Article 14.2.

22. This section will include a reference to the “healthy settings” approach, for example as described in the Healthy Islands Initiative. Healthy settings are physical and social settings, such as schools, workplaces, marketplaces, hospitals, villages and communities, which serve as supportive environments for health protection and health promotion activities.¹

Communication

23. Introductory statement on the role, evidence base and effectiveness of communication in raising public awareness. The content will also cover suggestions from civil society, including the Framework Convention Alliance and documents provided by the Global Dialogue for Effective Stop-Smoking Campaigns.

24. Communication involves exchange of information between individuals through a common system of symbols, signs or behaviour. It is a complex process, actively involving both the communicator and the audience. It includes strategies to ensure that accurate information is accessible to the population that will also lead to changes in behaviour.

25. Health communication is the elaboration and delivery of messages and strategies, based on consumer research, to promote the health of individuals and communities. A public health communication strategy comprises planning, intervention, monitoring and evaluation. Like health education, its aim is to change or reinforce a set of behaviours in a large target audience with respect to a specific problem within a predefined period of time.

26. In tobacco control, communication is essential for reducing the prevalence of tobacco use by changing behavioural and social norms. In tobacco control, health communication includes informing the public about methods of effective tobacco control, the dangers of tobacco consumption and exposure to tobacco smoke, and effective methods of cessation and of avoiding initiation of tobacco consumption, as specified in Article 14.2. Communication is a relevant part of comprehensive tobacco control programmes and shall thus be combined with other effective tobacco control measures and strategies, such as education and training, for synergistic effects and maximized public health outcomes.

¹ http://www.wpro.who.int/health_topics/healthy_settings/.

27. The concept of social marketing will be explained, with emphasis on
- (a) its multiple facets: communication is linked with action on product, price and distribution; and
 - (b) the importance of strategic concepts like relationship-building, competitive analysis and stakeholder engagement.
28. This section will include the features of health communication messages that have been found most effective in communicating the dangers of tobacco consumption and exposure to tobacco smoke, in ways most likely to prompt and support behaviour change in the population as a whole and in various population subgroups. In particular, the section will outline the use of messages that make emotional connections with the target audience and the use of messages that can simultaneously influence many population subgroups, such as adults and youth. It can also include brief subsections on the various levels of communication, e.g. intra-communication, inter-communication, organizational communication, community communication and policy communication. This section will also link communication to other tobacco control activities as specified in Articles 6, 7, 8, 9, 10, 11, 13, 14, 15 and 16 of the Convention.

Training

29. Introductory statement on the role, evidence base and effectiveness of training in raising public awareness.
30. Training is imparting knowledge, skills and competence by teaching vocational or practical skills and providing knowledge related to specific, useful skills. In tobacco control, the term “training” is used to mean building capacity to undertake effective tobacco control.
31. The sections on Education, Communication and Training should be further elaborated with the following points:
- (a) needs assessment
 - (i) where are we in tobacco control?
 - (ii) which are the next steps to take?
 - (iii) which skills and competences are necessary?
 - (b) target groups
 - (i) identification by needs and effectiveness
 - (ii) highlight evidence on effectiveness
 - (iii) focus on vulnerable groups
 - (iv) gender specificity (as well as the other criteria, see principle 4)
 - (v) extensive list of potential target groups (Annex per component)

- (c) contents
 - (i) process: knowledge, perception, attitude, motivation and action
 - (ii) priorities/messages:
 - health consequences
 - socioeconomic consequences
 - environmental consequences (e.g. deforestation)
 - exposure to tobacco smoke
 - benefits of cessation and a tobacco-free life
 - deceptive practices of the tobacco industry
 - (iii) which messages are effective?
 - (iv) which methods are most appropriate?
- (d) methods
 - (i) criteria: specific, measurable, appropriate, realistic, time-bound
 - (ii) communication means (per component), paid versus unpaid/earned
 - (iii) tailored approach
 - setting
 - target group
 - content/message
 - (iv) effectiveness
 - (v) role of national curricula/national guidelines (sub-national guidelines)
- (e) partners
 - (i) nongovernmental organizations
 - (ii) academia
 - (iii) media
- (f) research: development, pre-testing, monitoring and evaluation
 - (i) measuring change
 - (ii) cost-effectiveness
 - (iii) publication of results

- (g) best practices: case studies (in the Annex, including reference to the development of a toolkit and clearinghouse).

PART 6. CIVIL SOCIETY

32. Introductory statement on how to involve civil society, with reference to Article 4.7 of the Convention.
33. Role of civil society.
34. Organization of the tobacco control movement.
35. Forming effective partnerships.
36. Youth advocacy and empowerment.
37. Case studies on civil society (in the Annex including reference to the development of a toolkit and clearinghouse).

PART 7. ACCESS TO INFORMATION ON THE TOBACCO INDUSTRY

38. Introductory statement on universal access to information on the tobacco industry (Article 12 (c)), with reference to Article 5.3 of the Convention.
39. Privileged information.
40. What to collect:
- (a) advertising expenditure
 - (b) contributions to parties and politicians
 - (c) so-called corporate social responsibility activities (language aligned to Articles 5.3 and 13 of the Convention)
 - (d) involvement in other industries (e.g. brand stretching, tobacco industry-owned health insurance)
 - (e) disinformation of politicians and the public, e.g. with regard to the requirements for ratification and/or implementation of the WHO Framework Convention.
41. Involving the public.
42. How to distribute the information.
43. Capacity-building:

(a) access to and use of tobacco industry documents (provide reference to WHO's Tobacco Free Initiative documents)

(b) involvement of relevant WHO collaborating centres, e.g. for training.

44. Counter-advertising (include exposing myths).

45. Clearinghouse (e.g. through Bloomberg Global Initiative, Campaign for Tobacco Free Kids and other sources as relevant).

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