Building blocks for

TOBACCO CONTROL

A handbook
Tools for advancing tobacco control in the 21st century

Building blocks for tobacco control

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Abbreviations

IDRC ............ International Development Research Centre
ACS ............. American Cancer Society
AFTA .......... American Free Trade Area
AIDS .......... Acquired Immunodeficiency Syndrome
APACT .......... Asia Pacific Association for the Control of Tobacco
ASEAN .......... Association of Southeast Asian Nations
ASH Thailand .. Action on Smoking and Health/Thailand
BAT ............. British American Tobacco
CDC ............. Centers for Disease Control and Prevention, Atlanta
CD-ROM ........ Compact Disc Read-Only Memory
CEFTA .......... Central European Free Trade Association
CIG(s) .......... Cigarettes
CLO ............. Country Liaison Officer
CNCT .......... Comité National Contre le Tabagisme
CPI ............. Consumer Price Index
CSR ............. Corporate Social Responsibility
C-TOB .......... Clearinghouse for Tobacco
DALY ............ Disability Adjusted Life Year
DOH ............. Department of Health
ECU ............. European Currency Unit
EDA ............. Environmental Protection Agency
EFTA .......... European Fair Trade Association
EIU .......... Economics Intelligence Unit
ERC .......... ERC Group PLC.
ETS ............. Environmental Tobacco Smoke
EU ............. European Union
EURO .......... Regional Office for Europe
FAO .......... Food and Agriculture Organization
FCCT .......... Framework Convention on Tobacco Control
FIFA .......... International Federation of Football Associations
GATT .......... General Agreement on Tariffs and Trade
GCC .......... Gulf Cooperation Council
GPG .......... Global Public Good
GTZ ................ Die Deutsche Gesellschaft für Technische Zusammenarbeit
               (GTZ) GmbH
GYTS .......... Global Youth Tobacco Survey
HIS .......... Health Information Systems
HIV .......... Human Immunodeficiency Virus
HSC .......... Health Sponsorship Council
IARC .......... International Agency for Research on Cancer
IATH .......... International Agency on Tobacco and Health
ICD .......... International Classification of Diseases
ICT .......... Information Communication Technology
IDRC .......... International Development Research Centre
IEC .......... Information, Education, Communication
ILO .......... International Labour Organization
IMF .......... International Monetary Fund
INCA .......... Instituto Nacional de Cancer (Brazil)/National Cancer Institute
INFOTAB .......... International Tobacco Information Centre
JTI .................. Japanese Tobacco International
LCU ............... Local Currency Unit
LDC ............. Less Developed Country(ies)
MFN .............. Most Favored Nation
MSA ............. Master Settlement Agreement
NAFTA ........ North American Free Trade Agreement
NCD .............. Noncommunicable Disease
NGO .............. Nongovernmental Organization
NRT ............. Nicotine Replacement Therapy
NTCP ........... National Tobacco Control Programme
PM ............... Philip Morris
POA ............. Plan of Action
POS ............ Point-of-Sale
PPE ........... Probability Proportional to Enrolment
PR .............. Public Relations
PSA ............. Public Service Announcement
PX .............. Post Exchange
RC ............. Research Coordinator
RITC ............. Research for International Tobacco Control
RP .............. Retail Price
RR ............. Relative Risk
SARS ............ Severe Acute Respiratory Syndrome
SDR ............. Standardized Death Rate
SIDS ............ Sudden Infant Death Syndrome
STEPS ......... STEPwise Approach to Surveillance
TB ............. Tuberculosis
TC ............. Tobacco Control
TFI ............. Tobacco Free Initiative
TMA ............. Tobacco Merchants’ Association
TNA ............. Training Needs Assessment
TOT ........... Training-of-Trainers
TTC ............ Transnational Tobacco Company
TV ............. Television
UIICC .......... International Union Against Cancer
UNDP ............ United Nations Development Programme
UNEP ......... United Nations Environment Programme
UNF ........... United Nations Foundation
UNICEF .... United Nations Children’s Fund
USD ............ United States Dollar
USDA .......... United States Department of Agriculture
USM .......... Universiti Sains Malaysia
VAT ............ Value Added Tax
VCR ........... Video Cassette Recorder
VicHealth ...... Victorian Health Promotion Foundation
VIP ............. Very Important Person
WHA ............ World Health Assembly
WHO ............ World Health Organization
WHS ............ World Health Survey
WNTD .......... World No Tobacco Day
WR ............. WHO Representative
WTO ............ World Trade Organization
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Foreword

We are entering a new era in tobacco control. The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) represents a major leap forward in the effort to curb the toll of death and lost healthy years of life due to tobacco consumption. Through the WHO FCTC, efforts to reduce tobacco use are strategically coordinated for an effective global response to one of the most significant risk factors for premature death and disease.

Member States are in the process of signing and ratifying the Convention. Once the WHO FCTC enters into force, it will provide countries with a powerful means to address the epidemic of tobacco use. However, the WHO FCTC is only part of the solution to this major public health problem.

While the WHO FCTC provides the framework for action against tobacco, the actual work to combat tobacco use must necessarily occur at country level. The success of the WHO FCTC will depend almost entirely on the ability of countries to implement and enforce its provisions. Thus, building and enhancing national capacity for tobacco control in every country are critical if the WHO FCTC is to succeed.

This handbook addresses the need to provide practical guidance for governments and ministries of health in developing their ability to effectively confront the tobacco epidemic. All WHO Regions are represented, and every effort was made to use actual country examples and experiences. The structure and language are intentionally simple and straightforward, to enable as many end-users as possible to benefit.

While the handbook is primarily intended for staff at the national level, programme staff at the subnational and local levels and those in the private sector may benefit from this handbook.

Through resources such as this, WHO aims to continue to support its Member States in building their national tobacco control capacity as a complement to the WHO FCTC. The combination will provide the world with its best hope to control effectively one of the most devastating and prevalent causes of poor health today.

The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it, in countries, in the coming years. A successful result will be global public health gains for all.

Jong-wook Lee, Director-General
World Health Organization
Executive summary
THE TOBACCO EPIDEMIC IS A GLOBAL CHALLENGE demanding concerted global and national action. Recognizing that globalization is accelerating the epidemic’s spread and perceiving the limits of national action to contain a public health problem with transnational dimensions, Member States of the World Health Organization (WHO) negotiated and adopted a unique public health treaty for tobacco control. Today, the WHO FCTC contains the blueprint for coordinated global action to address one of the most significant risks to health.

However, national action is critical in order to attain the vision embodied in the WHO FCTC. Building national capacity to carry out effective and sustainable national tobacco control programmes is an urgent priority, and one of the most significant measures required to combat the tobacco epidemic.

The idea for this handbook arose from the awareness that while various official WHO documents called for developing national capacity for tobacco control, there was no comprehensive publication for the development of such capacity. Conceived as a ‘how to’ manual, the approach is intentionally pragmatic, addressing ‘real world’ issues and providing practical advice for setting up viable national tobacco control programmes.

OVERVIEW

The handbook contains three main sections. The introduction presents the evolving definition of ‘national capacity’, identifies the types of capacities needed for effective tobacco control and outlines the key features of building capacity. Part I provides a descriptive overview of the tobacco epidemic, and is further subdivided into four chapters. These chapters address tobacco as a risk factor, with attendant health and economic costs; the global strategies of the tobacco industry; the scientific evidence for effective tobacco control interventions; and the WHO FCTC as a global solution to a health epidemic with prominent politico-legal and sociocultural attributes. Part II focuses on the fundamental capacities necessary to empower countries to take on the tobacco epidemic successfully. The chapters in this section build on early successes in various areas of tobacco control within developed and developing countries that have pioneered the fight against the tobacco epidemic. These chapters apply the lessons learned from the experiences of these countries and offer advice and suggestions to enable Member States to put the theories of tobacco control into practice. This section begins with the development of a national plan of action as the foundation for successful tobacco control at the country level. It addresses the other important elements in national capacity-building, including establishing an effective infrastructure for a national tobacco control programme, training and education, raising public awareness through effective communications and media advocacy, programming specific tobacco control activities, legislating measures for tobacco control and exploring economic interventions and funding initiatives. Chapters on countering the tobacco industry, forming effective partnerships, monitoring and evaluating progress, and
exchanging information and research provide valuable insights to augment tobacco control capacity.

**SUMMARIES OF THE CHAPTERS**

**Part I. Setting the Theoretical Foundation for Tobacco Control**

**Chapter 1. Tobacco as a risk factor: health, social and economic costs**
This chapter reviews the global data on the tobacco epidemic. Tobacco is now a major preventable cause of death in developed and developing countries. Every day over 13,000 people worldwide die from tobacco. Assuming constant tobacco use prevalence, WHO projects that from 2000 to 2025 the number of smokers will rise from approximately 1.2 billion to more than 1.7 billion and the annual number of deaths, which is currently estimated at about 5 million, will double in 20 years. Aggressive promotion by the tobacco industry, and permissive environments that make tobacco products readily available and affordable play a major role in inducing young people to take up tobacco use. The addictive nature of nicotine ensures that the majority of tobacco users remain hooked for life. The health and economic costs of tobacco use, however, are borne not only by tobacco users, but by society in general. The chapter examines tobacco consumption trends among adults and youth, presenting cross-country data where available. It illustrates how the costs of tobacco consumption affect tobacco users, non-users, families and communities, businesses, and governments and society, making the tobacco epidemic a concern for everyone.

**Chapter 2. The tobacco industry**
This chapter offers insights into the nature of the tobacco industry, and the global strategies it uses to maintain the profitability and widespread use of its deadly product. The tobacco industry documents database, made available publicly as a result of the Master Settlement Agreement (MSA) between the tobacco companies and 46 United States territories and states, is a rich source of information on the industry’s formerly secret tactics and plans to deter effective measures to control tobacco use. Actual examples in several countries are cited to illustrate how the industry’s strategies have been used to impede progress in tobacco control.

**Chapter 3. Tobacco control interventions: the scientific basis**
The tremendous adverse impact of tobacco use on health and economic indicators worldwide makes tobacco control a public health imperative. This chapter discusses the evidence for effective interventions to reduce tobacco consumption. Both supply- and demand-side interventions are examined. The impact of these strategies on smoking initiation and cessation, and their cost-effectiveness, are discussed. Benefits of tobacco control to individuals, families, communities and governments are enumerated. For tobacco control to succeed, a comprehensive mix of policies and
strategies is needed. The chapter concludes by urging governments to act quickly, supporting international efforts through the WHO FCTC and establishing solid national programmes to stem the devastating effects of the tobacco epidemic on current and future generations.

Chapter 4. The WHO Framework Convention on Tobacco Control (WHO FCTC): the political solution
Public health protection has traditionally been viewed mainly as a national concern. With globalization, however, many issues related to health no longer respect the geographical confines of sovereign states, and can no longer be resolved by national policies alone. The WHO FCTC was developed in response to the current globalization of the tobacco epidemic. This effort represented the first time that WHO Member States had exercised their treaty-making powers under Article 19 of the WHO Constitution. The idea behind the WHO FCTC and its future related protocols, is that it will act as a global complement to, not a replacement for, national and local tobacco control actions. The chapter reviews the history of the WHO FCTC, the legal approach selected, utilizing a framework convention and related protocols, and the process for the WHO FCTC to come into force. The various core tobacco control interventions contained in the WHO FCTC are introduced, and the features that are unique to the WHO FCTC are highlighted. Finally, the post-adoption process is reviewed.

Part II. Putting Theory into Practice

Chapter 5. Developing a national plan of action
Creating a national plan of action for tobacco control and establishing the infrastructure and capacity to implement the plan of action are key to the successful mitigation of the tobacco epidemic. This chapter provides an overview of the process of developing a national plan of action, starting with building a national coordinating mechanism for developing a plan of action and doing a situational analysis to determine needs and resources. The steps for setting a strategic direction and drafting a plan of action are discussed, and the elements of a national action plan are identified. The chapter also highlights the importance of ensuring legitimacy by securing official approval of the plan, and lists some of the critical issues that national programme officers must address to ensure that the plan of action is sustained and implemented.

Chapter 6. Establishing an effective infrastructure for national tobacco control programme
As the process of national action plan development unfolds, it is necessary to begin establishing a national infrastructure to carry out the implementation of the national plan of action. This chapter outlines a model for setting up a national network and infrastructure for tobacco control. It discusses the human, logistic and financial resources required to establish a viable national tobacco control programme, and the
process of creating and sustaining national networks to support the implementation of tobacco control interventions country wide.

**Chapter 7. Training and education**
Successful tobacco control depends largely upon having the human resources to develop and implement a range of activities at different levels. This chapter presents an overview of the issues related to training and education of the different groups involved in tobacco control. ‘Training’ refers to the transfer of skills to build capacity to undertake effective tobacco control. ‘Education’ means gaining knowledge and understanding about 1) methods of effective tobacco control and 2) dangers of tobacco and methods of cessation. Determining training and education needs of various groups requires an assessment of the current situation. Results of the situational analysis carried out in preparation for developing a national action plan can provide the critical information for this decision. The selection and development of appropriate materials and effective training methods, and the process of conducting effective training workshops are addressed. The chapter also provides examples of curricula from various types of training workshops, taken from actual sessions carried out in several countries.

**Chapter 8. Communication and public awareness to build critical mass**
The social marketing of tobacco control requires strategic communication. Communication strategies play a key role, not only in ensuring that accurate information is accessible to the population, but also because well-designed communications campaigns can lead to changes in behaviour that are essential for reducing the prevalence of tobacco use. This chapter presents some key strategies and approaches to designing a social marketing and communications campaign for tobacco control. It draws from the experience of several countries, like Australia, Canada, Thailand and the United States of America, where effective social marketing and communications campaigns have curtailed tobacco use.

**Chapter 9. Working with the media**
The media is a key player in any tobacco control campaign. Mass media is often the most practical means to disseminate information and tobacco control messages rapidly to a large population. Media is the vehicle that shapes public opinion, and influences policy leaders. Often, repeated news coverage of an issue can guide the policy agenda of a government. Thus, developing good working relationships with media professionals is essential. This chapter presents practical advice on cultivating good media relationships and obtaining media coverage for tobacco control, even when resources are limited. Characteristics that make an event newsworthy, and that are required of an effective spokesperson, are identified. Practical tips are provided on how to develop several key pieces for media communication, including letters to the editor, opinion editorials and press releases, with actual examples. The chapter ends with a reminder that media can also become an effective advocate for tobacco control, if properly guided and encouraged.
Chapter 10. Programming selected tobacco control activities
This chapter offers a broad overview of the various programme options that are most often included as part of a comprehensive, integrated tobacco control action plan. It examines the roles of prevention through school-based programmes, cessation and protection of non-smokers through the creation of smoke-free environments within a national action plan for tobacco control, and identifies the key elements that determine the effectiveness of these components in reducing tobacco consumption. A crucial element for success in tobacco control is the engagement of communities in the process of understanding the tobacco epidemic more clearly and responding in an appropriate way to control tobacco use. Pointers on effective community mobilization and tobacco control educational resources for communities are outlined. The need to consider strategies targeting key high-risk population subgroups is discussed.

Chapter 11. Legislative and regulatory measures
Comprehensive tobacco control legislation is a crucial component of a successful tobacco control programme. The aim of this chapter is to build on previous WHO publications on tobacco control legislation – Tobacco control legislation: an introductory guide, and Developing legislation for tobacco control: template and guidelines – offering practical advice relevant to countries seeking to develop and implement tobacco control legislation. The legislative tobacco control measures that WHO recommends as part of a comprehensive tobacco control programme are summarized, and steps necessary to persuade national decision-makers to support these measures are identified. Legislation should be designed to be self-enforcing and should be supported by a commitment to resource adequately an information, implementation, monitoring and enforcement programme. To this end, tools and strategies to implement and enforce legislation are elucidated. The importance of harnessing the international legislative experience is reinforced, and online databases of tobacco control legislation are provided.

Chapter 12. Exploring economic measures and funding initiatives
The economic aspects of tobacco production and consumption play a critical role in developing strategies for reducing tobacco use. This chapter presents basic information on the key economic issues in tobacco control. It highlights the evidence on price and tobacco consumption, key steps to introduce or increase tobacco taxes and prices, which countries may adapt according to their specific socioeconomic and political situation, and funding initiatives for tobacco control, with examples of successful funding initiatives from Australia, New Zealand and Thailand. Key references from the World Bank, which address these issues in greater detail, are cited.

Chapter 13. Countering the tobacco industry
Tobacco is unique among the risks to health in that it has an entire industry devoted to the promotion of its use, despite the known adverse health impact of tobacco consumption. Predictably, the tobacco industry aggressively blocks any attempt to effectively reduce tobacco use. This chapter focuses on strategies to counter the tobac-
co industry. Building capacity to face the greatest opponent of successful tobacco control must be a priority for national and local tobacco control officers. In many cases, tobacco control advocates and nongovernmental organizations (NGOs) are more experienced in this area, and much can be learned from them. The chapter stresses the importance of recognizing the true nature of the tobacco industry and offers guidance in searching the tobacco industry database to learn more about the industry’s tactics in a specific country. It also discusses strategies to monitor the tobacco industry and neutralize its efforts to impede or delay tobacco control interventions as a necessary element of building national capacity to curb the tobacco epidemic.

Chapter 14. Forming effective partnerships
In every country with successful tobacco control legislation, NGOs have played a major role in promoting change. This chapter focuses on the contribution citizen groupings can make to tobacco control efforts in the legislative field. In particular, it highlights the role and responsibilities of civil society; focuses on how to build and strengthen national tobacco control movements; and provides suggestions for working with the private sector.

Chapter 15. Monitoring, surveillance, evaluation and reporting
Once a tobacco control policy or programme has been launched on the basis of a thorough assessment of the situation, the evaluation process will consist mainly of assessing its relevance and adequacy, reviewing progress in implementation, and assessing impact and effectiveness for the reorientation and formulation of relevant policies and activities. Surveillance and evaluation play a major role in documenting tobacco control policy accountability for policy-makers, health managers and professionals, and for the general public. Therefore, a comprehensive surveillance and evaluation system should be an integral and a major element of all tobacco control policies and programmes. This chapter introduces the key concepts and issues in tobacco control programme monitoring, surveillance, evaluation and reporting. Selected indicators, methodologies and tools are discussed. Because the topic is a comprehensive one, the reader is provided with a list of earlier WHO publications that examine this topic in greater detail.

Chapter 16. Research and exchange of information
The WHO FCTC provides guidance on surveillance, research and exchange of information on tobacco control. Translating research into public information is essential to assist individuals, communities and governments to take action to reduce tobacco consumption. A mechanism to communicate the evidence for tobacco control is necessary to support a national tobacco control programme. This chapter considers the various challenges to research in tobacco control, and offers practical steps to overcome these challenges. The importance of linking research to policy change is emphasized, and the need to communicate information derived from research effectively to target audiences is highlighted. Establishing a mechanism for information exchange is explored, and as an example, an existing web-based information clearinghouse is presented.
Defined as the capacity to influence, power is therefore the capacity to make things happen…

— M. Scott Peck, A World Waiting to be Born

Leadership is the capacity to translate vision into reality.

— Warren G. Bennis
THE PROBLEM

The tobacco epidemic demands real solutions. Two factors spurred the development of a unique public health treaty for tobacco control by WHO’s Member States: the realization that globalization was accelerating the spread of the epidemic and the recognition of the limits of national action to contain what has become a public health problem with transnational dimensions (1). Today, the WHO FCTC contains the roadmap for coordinated global action to tackle one of the most significant risks to health. But attaining the vision embodied in the WHO FCTC remains critically dependent on national action.

Many tobacco control documents allude to the importance of ‘national capacity-building’ for effective and sustainable tobacco control. What exactly is ‘national capacity’, and how does one go about ‘building’ it?

NATIONAL CAPACITY-BUILDING

The developmental perspective

The conventional definition of capacity-building in the public sector had two elements: development of human resources and organizational engineering, or “institution building”. The inclusion of the institutional dimension implied that capacity-building extended beyond the development of technical human resources, as it encompassed acquisition of management skills in addition to technical expertise, creation and expansion of a supporting infrastructure and programme efficiency and sustainability (2).

At present, development experts acknowledge that the process of building national capacity needs to go beyond the public sector, because it is inherently influenced by at least two additional factors outside public institutions: the state of governance, and entities in the private sector, which include commercial enterprises and civil society organizations, also known as NGOs (3). The United Nations Development Programme defines capacity as “the ability to perform functions, solve problems and achieve objectives” at three levels: individual, institutional and societal. The third level is deemed vital, as it encompasses those processes that lie at the heart of human development: the “opening and widening of opportunities that enable people to use and expand their capacities to the full” (4). The process of national capacity-building can therefore be viewed as a long-term process for the acquisition of skills and the capabilities to use them effectively to attain specific societal objectives. Appropriate consideration should be given to the development of a supporting infrastructure and the complex influence of the policy environment, political will and leadership, social capital and globalization. Nowhere is this more relevant than in the area of tobacco control.
Defining capacity

Community capacity can be defined as a community’s current ability (as opposed to inherent ability) to respond to certain pressures. When looking at the impact of tobacco on communities, one must look not only at tobacco use rates and patterns, but also at the ability of a community to respond to tobacco control comprehensively.

Source: Asian Pacific Partners for Empowerment and Leadership (APPEAL) (http://www.appealforcommunities.org)

The need to build national capacity for tobacco control

Despite the overwhelming evidence of the gravity of the tobacco epidemic, many countries still lack the infrastructure, resources and political will to sustain a basic national programme to control tobacco. Few national governments have staff working full time on tobacco control. A good number of countries still do not have national plans of action to control the tobacco epidemic. Many still need to develop a policy environment that supports tobacco control, while in countries where tobacco control policies and laws exist, enforcement capacity often lags behind policy development, rendering these policy instruments ineffective.

In the WHO European Region, for example, which has 51 Member States, only 27 have a national action plan for tobacco control, and 32 have a national coordinating body for tobacco control (5). In the WHO Eastern Mediterranean Region, of those Member States providing data, a quarter (25%) lack a multisectoral committee for tobacco control, almost half (45%) have no national tobacco control programme at all, and nearly 90% identified lack of human and financial resources as the main obstacles to the implementation of tobacco control activities and programmes (6).

Linking the WHO FCTC to national capacity

While the WHO FCTC addresses global tobacco control interventions and provides a roadmap for country-level tobacco control, specific actions against the tobacco epidemic must be taken at the national level. The success of the WHO FCTC will depend almost entirely on the ability of countries to implement and enforce its provisions. Thus, building national capacity to carry out effective and sustainable national tobacco control programmes is an urgent priority in the fight against the tobacco epidemic. Moreover, understanding the mechanisms that link the WHO FCTC at the international level with work that needs to be carried out at the country level is crucial to counteracting this public health threat.

Member States can use the WHO FCTC as a starting point for building national capacity. The treaty requires countries to establish a tobacco control focal point and infrastructure, and leads them to identify and activate mechanisms for multisectoral coordination of tobacco control efforts. The WHO FCTC also outlines the key elements of a national plan of action for tobacco control, and provides all the current,
To take action against tobacco, countries must develop their ability to deal with the following (3):

- **Defining objectives** – This implies an understanding of the national and local contexts based on sound data about the current state of the tobacco epidemic and about current needs. The ability to identify vulnerable groups is also essential for this task.

- **Developing strategies** – This implies the ability to identify the political scenario, to prioritize needs and find ways of meeting them, and to develop meaningful indicators to measure progress.

- **Drawing up action plans** – This is based on agreed strategies, with a detailed listing of required actions, expected outcomes and products, accountable parties and a timetable.

- **Developing and implementing appropriate policies** – This requires the ability to formulate policies and enforcement strategies, as well as methods to assess policy implementation and accountability.

- **Developing regulatory and legal frameworks** – This requires adapting national laws and regulations to comply with the WHO FCTC.

- **Building and managing partnerships** – This calls for full, constructive and ongoing consultation and communication among key stakeholders to secure commitments by the institutions and organizations that are going to be involved in the implementation of the national plan of action.

- **Fostering an enabling environment for civil society** – This calls for effective communication and advocacy, because the success and sustainability of tobacco control activities require the full and informed participation of all relevant stakeholders in the public and private sectors.

- **Mobilizing and managing resources** – This involves quantifying and mobilizing human, financial and other resources that are needed for the implementation of cost-effective and sustainable programmes.

- **Implementing action plans** – Individuals and institutions responsible for carrying out every part of the plan must be properly selected and trained, aware of their responsibilities and accountability, and appropriately mandated.
• Monitoring progress and applying lessons learned to the process – This requires resources to measure agreed benchmarks and indicators, and to provide for feedback so that objectives and strategies can be adjusted to achieve consistent and sustainable progress.

Countries are at different stages in their response to the tobacco epidemic. This handbook is intended primarily for those countries that are in the early stages of building a tobacco control capacity. Officers and staff in the public sector are the primary audience, although other tobacco control stakeholders may find this information useful for their own work.

The idea for this handbook arose from the realization that while various official WHO documents called for the development of national capacity for tobacco control, there was no comprehensive publication for the development of national capacity to control tobacco. Conceived as a ‘how to’ handbook, the approach is intentionally pragmatic, addressing ‘real world’ issues and providing practical advice for setting up viable national tobacco control programmes. Collaborating authors were chosen because of their experience and technical expertise in the various topic areas. Every effort was made to ensure gender and geopolitical balance during the selection. Thus, all of the WHO regions are represented by authors from both developed and developing countries.

This handbook is not meant to be definitive or prescriptive. It incorporates information from various sources, reflecting the different experiences of Member States, with their diverse sociopolitical and cultural backgrounds. Because tobacco control remains a relatively new field in public health, it is anticipated that new approaches and insights will emerge over time. This manual should therefore be considered a work in progress. It will be periodically updated to reflect the emerging experiences and practices of Member States.

This handbook is divided into two main parts. The first part presents an overview of tobacco control, and sets the theoretical foundation for action to control tobacco use. It begins by introducing tobacco as a risk factor for poor health, with its attendant economic and social costs. This is followed by a review of the global strategies that the tobacco industry employs to maintain high levels of tobacco consumption. The scientific evidence underlying effective interventions to reduce tobacco use is examined, and the WHO Framework Convention on Tobacco Control as a political/legal solution to the tobacco epidemic is presented.

The second part focuses on the fundamental capacities needed to empower countries to successfully take on the tobacco epidemic. Based on early successes in various areas of tobacco control within developed and developing countries, and applying the lessons learned from those societies which have pioneered the fight against the tobacco epidemic, the chapters under this section offer advice and suggestions to enable Member States to put the theories of tobacco control into practice. This section begins with the development of a national plan of action as the foundation for successful tobacco control at country level. It addresses important aspects of national capacity-building such as the establishment of an effective infrastructure for a national tobacco control programme; training and education; awareness-raising through effective communi-
cations and media advocacy; planning of specific tobacco control activities; legislative measures for tobacco control; economic interventions and funding initiatives. Chapters on how to prevent and counter hazardous influences of the tobacco industry, form effective partnerships, monitor and evaluate progress, and exchange information and research, provide valuable insights to augment tobacco control capacity.

**Key lessons in the capacity-building process**

The authors of this handbook were guided by the following lessons in national capacity-building, drawn from a long history of developmental work (3):

- **Capacity development is an endogenous process** – Successful capacity-building is never predominantly driven by external pressures, but is the outcome of self-determination. This handbook is meant to provide national tobacco control officers with assistance in establishing comprehensive tobacco control programmes, as the starting point of a long-term process that these national officers shape and direct. The process of transforming national capacity is conceived as an organic process, building on existing capabilities in a manner that respects continuity and fosters sustainability.

- **Capacity development must be grounded in the local context** – Every country is unique, and interventions to build capacity to control tobacco must be relevant and specific to each country. This implies that there cannot be one standard approach to national capacity-building. While countries cannot expect to replicate exactly the experiences of other nations reflected in some of these chapters, the readers of this handbook are challenged to assess the applicability of the insights and lessons learned, and adapt these to their particular needs.

- **Capacity-building must involve many levels and many sectors** – The development of national capacity for tobacco control concerns a range of different stakeholders in the public, private and civic domains, and at central and local levels. Partnerships and collaboration with these diverse stakeholders are necessary. The complex nature of tobacco control, the variety of interventions that need to be carried out simultaneously, and the formidable influence of the tobacco industry require a unified societal response. The ability to seek out appropriate partners and to establish solid networks is as important as developing expertise in the technical areas of tobacco control, and is addressed in several chapters.

- **Capacity-building responds to external stimuli** – Referred to as the “power of the process”, much of what is currently happening at country level is directly related to the work carried out over the past 4 years on the WHO FCTC. The momentum gained from the WHO FCTC process should be utilized to drive national tobacco control capacity-building forward, just as the provisions contained within the WHO FCTC should guide national tobacco control interventions. The WHO FCTC also refers to the importance of technical and information exchange, and workable mechanisms to promote intercountry cooperation to enhance capacity-building. This should enable countries in the early stages of capacity development
to benefit from the collective wisdom gained by other countries that have faced the exceptional challenges of attempting to control the tobacco epidemic.

- In capacity-building for tobacco control, enlightened leadership and political will are crucial – The handbook highlights the importance of finding champions, and targeting key decision-makers, to support tobacco control. Strong and legitimate leadership is fundamental when attempting to fight the tobacco epidemic, and is required to ensure beneficial changes in the policy environment.

- Capacity-building is a long-term process, requiring commitment and perseverance – Developing the capacities of individuals, institutions and societies to successfully control the tobacco epidemic takes time. Some countries have already committed years of work and considerable resources to tobacco control. Nevertheless, many of those countries still need to build their capacity to successfully tackle all aspects of tobacco control. The complex nature of tobacco control, the need to remove the social acceptability of tobacco use and the power of the tobacco industry imply that efforts to reduce the health and economic burden of tobacco will require patience, perseverance and steadfast commitment.

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**Key strategies for strengthening national capacity for tobacco control**

- analyse the national tobacco control situation: impact of use, political willingness, public awareness;
- outline national tobacco control strategies considering the national profile, sociopolitical environment and global evidence;
- establish national coordination: a multisectoral committee for tobacco control policy and programme development or a focal point;
- build a comprehensive national plan of action reflecting national priorities and realities;
- establish and implement comprehensive educational, communications, public awareness and training programmes to ensure sustained public support and a shift of attitudes in favour of tobacco control;
- develop consensus and political commitment for tobacco control in the country;
- establish through national regulation sustained funding mechanisms for tobacco control programmes;
- incorporate national tobacco control efforts into existing national, state and district level health structures to ensure sustainability;
- broaden the domestic infrastructure for implementation of tobacco control at national and local levels and guarantee outreach of programme activities;
- develop strategies for monitoring and counteraction of tobacco industry activities in the country;
- establish a system of monitoring and evaluation of tobacco control policies and implementation.
Strategies for developing and strengthening national capacity for tobacco control

The key strategies for developing and strengthening national capacity for tobacco control refer to the 10 skills and tasks described earlier, which are needed to effectively respond to the tobacco epidemic.

The chapters that follow provide practical advice on how to accomplish these strategies for strengthening national capacity and show how they fit in with the approach established by the WHO FCTC. Capacity-building is a process of transformation, but meaningful change can only happen from within. By sharing lessons learned from countries representing each region, and utilizing numerous examples, it is hoped that this handbook will assist and inspire health professionals and others working within their national governments to take on the challenge of reducing tobacco consumption and its attendant mortality and morbidity.

References


