

HealthBridge's South-to-South Tobacco Control Program: Lessons Learned



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Acknowledgment

The South-to-South tobacco control program, which this document is about, would not have been successful without the contributions of far more individuals than we can name here. Our numerous colleagues and friends generously shared information, ideas, and experience.

We thus dedicate this document to the powerful, well-organized, well-mobilized, and increasingly successful international tobacco control community – to all the people we are so pleased to have as friends as well as colleagues.

Introduction



Tobacco use is widely recognized as a major cause of preventable disease and death. In addition, tobacco cultivation, and the production, use, and disposal of tobacco products all damage the environment, contaminating the soil, water and air with dangerous chemicals. The use of tobacco by the poor further exacerbates poverty, and with most countries being net importers of tobacco, expenditures on tobacco can be a major drain on the national economy. In order to address these issues, HealthBridge has been working on and supporting tobacco control for more than a decade in partnership with many NGOs throughout the world. As strong policies are enacted to reduce tobacco use, significant improvements in health, life expectancy, poverty reduction, and decreased environmental damage result.

As with any program, implementation involves the learning of many lessons which could fruitfully be shared with others, including those managing, advising, or funding tobacco control programs. This document attempts to share such lessons learned through HealthBridge's South-to-South program.

South-to-South Collaboration and Capacity Building for International Tobacco Control (S2S) was a three-year, six-country tobacco control program supported by the Canadian International Development Agency (CIDA) and HealthBridge (formerly PATH Canada). The six partner countries (Bangladesh, India, Nepal, Niger, Nigeria, and Vietnam) are geographically, linguistically, and culturally diverse, but also had certain key points in common: all had strong tobacco control activists working under difficult circumstances with limited budgets, and none had

strong tobacco control laws or policies yet in place. The program built on years of collaboration with many of the partners [including SOS Tabagisme-Niger, WBB Trust in Bangladesh, Environmental Rights Action/Friends of the Earth Nigeria, Resource Center for Primary Health Care (RECPHEC) in Nepal, and Thai Nguyen Health Department, the Vietnam Committee for Smoking and Health, and the Thai Nguyen People's Committee in Vietnam], but with three years of guaranteed support, also succeeded in vastly expanding networks in each country and greatly strengthening existing programs.

In five of the six countries, the program's main goal was to strengthen tobacco control laws and policies through collaboration with, and advocacy of, national (and in some cases local) government. HealthBridge's program in Vietnam focused instead on implementing the government directive making hospitals smoke-free. The different focus in Vietnam was due to a number of factors, including the facts that the government had already banned virtually all tobacco promotion, that HealthBridge already in place programs to support the government in other policy areas, and that the government was having an exceedingly difficult time working on the problem of secondhand smoking, with even the "easiest" step, that of making health facilities smoke-free, proving impossible to implement thus far.

In addition to the six partner countries, HealthBridge used program funds to support activities in several other countries. This included workshops in Anglophone and Francophone Africa organized by the Framework Convention Alliance (FCA), an alliance of NGOs supporting the ratification and implementation of the WHO's Framework Convention on Tobacco Control (FCTC), and policy and law implementation in Brazil, Honduras, Indonesia, Pakistan and the Philippines.

This document presents key lessons learned through the S2S program. It is meant to be of use to those seeking to increase the effectiveness and efficiency of tobacco control funding—for donors, program implementers, and activists—by pointing to areas and approaches likely to succeed and means to increase the likelihood of such approaches.

Key lessons learned



HealthBridge and its partners in Africa, Asia and Latin America gained much experience on tobacco control during their more than three years of collaboration. These lessons, described in detail below and illustrated with examples from HealthBridge's partners, illustrate the importance of:

1. **GO-NGO Collaboration** – There is great benefit when close, positive, mutually-beneficial working relationships can be established, in which NGOs provide a service to governments and yet maintain the independence with which to criticize governments if they fail to act to protect health;
2. **Capacity building** – When done appropriately, capacity building activities can be an essential tool for building local networks and ensuring that local partners have the required skills to successfully engage in the types of advocacy work that will likely reduce tobacco use;
3. **Media** – In order to reach policymakers and the public, electronic and print media are essential partners. Tobacco control activists can become experts at gaining media attention and greatly improving the quantity and quality of media coverage for the work;
4. **Law enforcement** – It is not enough to pass a tobacco control law, if that law is not then enforced. Nor is it acceptable to place the entire burden of law enforcement on already over-burdened governments, which often lack the capacity to do so effectively. Activists can and should play an important role in ensuring that laws are properly enforced.
5. **Targeted research** – While an enormous amount of research has been conducted already on tobacco—especially tobacco-related disease—sometimes key research projects that would prove essential in gaining policymaker support for tobacco control are lacking. Activists should identify such research areas and where needed, carry out and widely disseminate the results to help achieve desired policies.

6. **Decentralization of work** – Many countries are too large for the central government, or central NGOs, to effectively oversee activities and law enforcement throughout the entire country. It is thus often vital to involve local organizations and ensure their active participation in tobacco control activities that have proven to be effective at reducing tobacco use.
7. **Managing a network** – As an essential aspect of decentralizing work, NGO leaders must understand how to effectively manage a network, so as to facilitate cooperation. Key lessons in network management must be learned and put into practice so that networks can work more effectively.
8. **Public education** – While the focus of the South-to-South work was on policy, public education can be essential for gaining the momentum needed to ensure passage of policies, and compliance with policies once passed. The public can and should be involved as an active partner in tobacco control work, as long as the focus is on the policies that have proven to be effective, rather than entirely on public education without the support of law and taxes.
9. **Managing difficult political situations** – In ideal situations, stable political environments facilitate tobacco control work. However, in many cases, one must work in unstable environments where frequently changing political leaders, political clashes, and even shut-downs make work extremely difficult. It is possible to adapt one’s working methods to adjust to the difficulties created by politics, ensuring that the work continues despite external problems.
10. **Publications for international use** – It is wasteful to expect activists in each country to “reinvent the wheel” in terms of learning strategies to deal effectively with obstacles placed by the tobacco industry, reluctant governments, and media. By sharing strategies and successes, activists can greatly increase the effectiveness of their work. Tiring though it is to prepare documents on such lessons, it is essential for international cooperation, sharing, and overall progress.
11. **Importance of on-going, long-term funding** – Tobacco control activists should have the freedom and flexibility to focus on their work and create long-term plans, rather than always worrying about how to pay next month’s office rent and salaries. While seed grants and other short-term, small projects can be of great importance, major changes in policy and enforcement will be unlikely to occur without longer-term sustained funding that allows activists to carry out ongoing advocacy campaigns.
12. **Importance of supporting sustained activities, not just capacity building/workshops** – While capacity building is vital, it is not the only element needed to achieve success in tobacco control. Capacity building

should complement, rather than supersede, the long-term, day-to-day activities that create policy change.

13. **Importance of supporting highly skilled local activists and NGOs rather than just “fly in the expert”** – Local expertise should be recognized and acknowledged, rather than always assuming that external experts are needed. As with capacity building, international experts should complement rather than supersede local activists. Useful as the injections of knowledge can be, international experts need to be injected into existing programs with sufficient funding to ensure that activists can achieve their goals.

Each of these lessons is described in more detail below. Many more lessons may have been missed, but these represent key points to ensure greater success in tobacco control—and other programming to improve health, the environment, and assist in poverty reduction—in the future.

I. GO-NGO Collaboration



Tobacco control work cannot be successful without strong collaboration between government and non-governmental agencies. Since the most effective ways to reduce tobacco use are through laws and tax increases, government action is necessary; yet governments often require the support of NGOs to pass and enforce strong policies. In some situations and countries, a natural conflict appears to exist between GOs and NGOs, yet positive working relationships can also exist. One key lesson learned is that NGOs must, as much as possible, develop close relationships with government officials while still retaining the freedom to criticize those governments for specific actions or the lack thereof.

One effective way to enhance GO-NGO collaboration is for an NGO to approach the relationship not by seeing what it wants from governments, but rather how it can assist government officials to carry out their jobs. After all, government officials have many responsibilities besides tobacco control, and are not always able to stay on top of current information. By providing assistance, information, and support to government officials, NGOs can enter into a positive, mutually-beneficial

relationship that greatly enhances the possibility of working closely together to advance tobacco control.

Lesson learned: Mutually-supportive GO-NGO relationships can lead to improved policy passage and implementation, with NGOs helping to strengthen governments while still retaining the ability to criticize as needed.

Examples:

- Environmental Rights Action (ERA) in Nigeria had been championing the formation of a National Inter-Ministerial Committee on Tobacco Control. After much vigorous advocacy, the committee finally received presidential approval, and asked the Programme Manager responsible for tobacco control at ERA to represent civil society on the committee. That is, not only did the advocacy succeed in its overall goal of gaining the establishment of the committee, but through its advocacy efforts, the work of ERA itself was acknowledged to the extent that it was invited to join the committee.
- RECPHEC in Nepal supports a vigorous district-level network. One district, Nawal Parasi, conducted a successful workshop on FCTC and the Role of Civil Societies. The workshop was so successful that during it, the Local Development Officer of the district proposed the District Health Officer as the convener of the district network, the Chief District Officer as the advisor, and the leading local NGO, SAHAMATI, as secretary. That is, local government both came to the forefront of the tobacco control network and expressed their strong interest in collaborating with NGOs.
- The HealthBridge Program Director in India held positions on key government committees, thanks to years of collaboration with the Ministry of Health, including serving as Member of the Steering Committee of the Government of India (which takes action on violations of the advertising regulations in the National tobacco control law) and as Member of the Presidential Task Force on Tobacco Control (the official, over-arching body for tobacco control in India).
- The Minister of Health requested the Bangladesh Anti-Tobacco Alliance (BATA) to carry out public demonstrations in support of tobacco control policies at key points in the debate in order to demonstrate popular support for tobacco control. WBB staff members were very involved in drafting the tobacco control law and regulations, and in supporting the government through the process of FCTC ratification. WBB now supports the government in law enforcement, and will serve on the government's national steering committee for tobacco control.

GO-NGO collaboration in Vietnam



Many countries have formed alliances or other groups to coordinate efforts in tobacco control. Usually such groups consist solely of NGO members. But the Tobacco Control Working Group in Vietnam has successfully brought together NGOs, WHO, UN agencies, and the Vietnam Committee on Smoking and Health (VINACOSH), the government agency responsible for tobacco control. The presence of VINACOSH in the Working Group is extremely important in ensuring communication and collaboration across sectors.

Further, HealthBridge in Vietnam has trained government officials to make hospitals smoke-free, in a direct collaboration with the Department of Therapy of the Ministry of Health (which oversees hospitals) and the Vietnam Health Trade Union. GO-NGO collaboration was facilitated by the fact that HealthBridge had been working with the Ministry of Health and VINACOSH for years, and that the program directly addressed a key issue faced by the government. The Minister of Health had regulated that all health facilities become smoke free, while the main role and responsibility of the Health Trade Union is protecting the interests and benefits of health professionals. Implementation of the smoke-free policy, however, was weak; both VINACOSH and the Health Trade Union were eager to improve implementation, and thus were receptive to GO-NGO collaboration on the issue.

Thus, a key lesson was the need to build relationships over the years, including through provision of services (offering information on various tobacco control-related topics) and materials (stickers, reports), and through friendly exchanges during informal visits that complemented more formal meetings. A second key lesson was the need to identify opportunities within the political context: when the government had certain goals it wished to achieve but needed help, the office of HealthBridge Canada in Vietnam was prepared to offer assistance.

As an outcome of the project, the Department of Therapy decided to include “smoke-free” as a criterion in the rating scale (counting for 2 out of a possible 100 points) used in the annual overall evaluation of hospitals throughout the country. Hospital directors take the evaluation seriously, as it indicates the performance of the director and his team. This success ensures the sustainability of the program

even after HealthBridge withdraws, as the Ministry of Health will continue to monitor whether or not hospitals are smoke-free, and directors will be motivated to comply with the government guidelines.

Lessons learned in developing collaboration with partners:

1. Identify the appropriate agency or organization to carry out effective work in tobacco control. In the case of Vietnam, since the Department of Therapy had responsibility for developing good practice in hospital management and the Health Trade Union was responsible for protecting the interests of health professionals, they were natural partners for the program.
2. If the coordinating agency is foreign and/or project-based, as long as it maintains control of the project, sustainability will be difficult or impossible to ensure. It is vital for different agencies, particularly local organizations that have ongoing responsibility for the work, to collaborate effectively. This includes developing a sense of ownership of the project by the local partner. Ownership in turn will increase greatly the chances of success and sustainability of the project/program.
3. Identify opportunities to make the intervention sustainable after the close of the project. In this case, HealthBridge succeeded in advocating government to include being smoke-free as a criterion in the hospital rating scale.
4. The work can often be extended without additional resources by seeking opportunities to collaborate with other projects; for example, integrating smoke-free health facilities into an ongoing project of the national or provincial Public Health Associations.

Pressure and partnership in Nepal



RECPHEC's relation with the government consists of both pressure and partnership. For years it has been advocating the government to pass a Tobacco Control Act and to ratify the Framework Convention on Tobacco Control. But RECPHEC's relationship with the government is also a partnership. Government representatives participate in different meetings and workshops organized by RECPHEC, and present papers and government strategy on tobacco control.

For example, RECPHEC organized a one-day consultative meeting of the concerned ministries of His Majesty's Government to develop a consolidated and coordinated

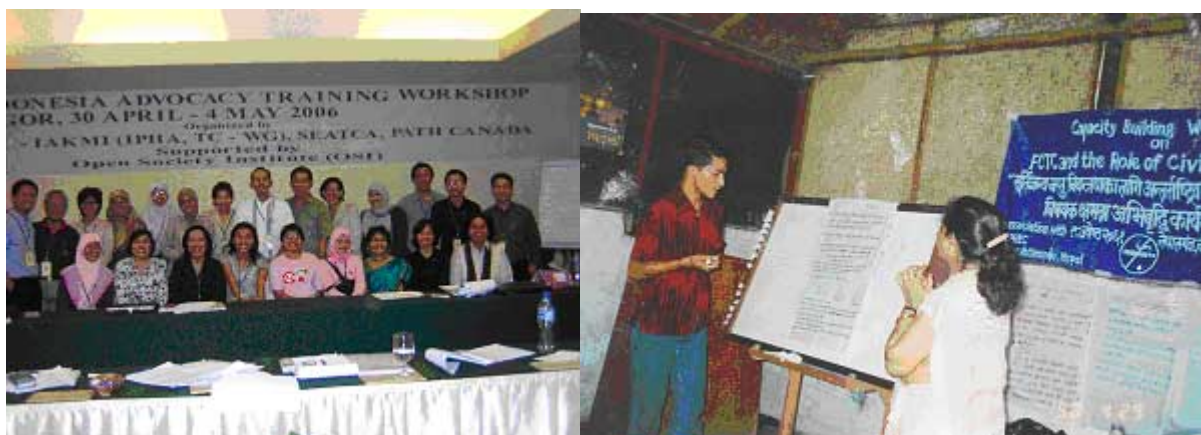
effort to respond to the FCTC, since tobacco control could not succeed with the effort of only the Ministry of Health. This workshop was the first of its kind in Nepal, where all the concerned Ministries including Environment, Agriculture, Health, Finance, and Law and Justice presented papers on the issue. The main objective of this workshop was to encourage the government to sign the Framework Convention on Tobacco Control (FCTC) and to strengthen the network of private agencies, government, civil society and media to implement the FCTC in Nepal.

RECPHEC also produced an Advocacy Kit for Members of Parliament. The kit contained information on different health issues including tobacco, allowing RECPHEC to integrate tobacco control advocacy into other important health issues.

Following years of advocacy efforts, Nepal experienced a great success when ProPublic, which works closely with RECPHEC, filed a case with the Supreme Court for implementation of tobacco control policies. On 15 June 2006, the Supreme Court made a landmark decision against tobacco. RECPHEC appealed to the government of Nepal to take immediate action to make the necessary arrangements in response to the Supreme Court decision.

RECPHEC consulted with the Legal Consultant of the Health Ministry on preparation of the Tobacco Control Act Draft legislation; the draft was later submitted to the Ministry. Finally, after years of discussion, the Government of Nepal ratified the FCTC in fall of 2006. Existing GO-NGO collaboration will no doubt prove vital in efforts to implement the provisions of the treaty.

II. Capacity building



The traditional approach to tobacco control has been to educate people, often school children, about the harms of tobacco, and assume that such knowledge would be sufficient to result in behavior change. Unfortunately, international experience indicated that the extreme attractiveness and nearly universal presence of tobacco advertising, combined with the low cost and easy availability of tobacco products, and the ability to smoke just about anywhere, easily overrode the messages taught in schools. In addition, the tobacco industry has deliberately used the tendency of

adolescents to rebel against adult authority to counter the effectiveness of such campaigns, themselves carrying out so-called youth smoking prevention campaigns which actually encourage youth to smoke by portraying it as rebelliousness and self-assertiveness.

What *is* successful in reducing tobacco use is a comprehensive set of policies, specifically a ban on all forms of advertising and promotion, higher taxes on tobacco products, smoke-free public places, and strong pack warnings. Such measures can be complemented by measures to reduce smuggling, to inform the public about the importance of such policies, and to target difficult-to-reach populations which may not be directly affected by national policy.

In order to increase the effectiveness of the work of local organizations and government officials on tobacco control, it is important to share the international lessons learned of tobacco control, in terms of what works and what doesn't, and how to achieve sustained reductions in tobacco use. Capacity building of key individuals to carry out effective work is thus a critical part of the work, always assuming that mechanisms are in place, or will be put in place, to allow those trained actually to put to use what they have learned.

Capacity building also has a significant extra benefit in being a method of recruiting new partners to the work+ and motivating them to become involved.

Lesson learned: Capacity building of key individuals can help expand the network and ensure that those working on tobacco control engage in efforts likely to be successful in achieving reduced rates of tobacco use.

Examples:

India: Expanding the network



The HealthBridge program in India works actively on NGO and government capacity building throughout the country. Specific features of HealthBridge's NGO training programs included the effort to address locally relevant topics such as poverty, agriculture, and marketing; involvement of local trainers in planning and in training; involving network members as speakers; ensuring that workshops were organized by well-known local organizations; and utilizing a participatory rather

than didactic design. Among other subjects, workshops always addressed the development of a Plan of Action, and linkages to additional resources.

Significant outcomes of training included an increase in local and national action, and the existence of more watchdogs to monitor implementation of the national law.

In addition, the India program extended beyond its borders, as the Program Director also worked to share lessons learned and build the capacity of organizations and governments in various countries in South Asia.

Bangladesh: ensuring nationwide capacity for tobacco control

WBB Trust, in partnership with the Bangladesh Anti-Tobacco Alliance, has organized two national workshops and several local workshops to train NGO staff on tobacco control issues. The second workshop focused specifically on law implementation, following passage of a comprehensive tobacco control law. In addition to building capacity of local staff, the workshops were successful at identifying key partners for the work, thereby enabling law monitoring and implementation efforts to be truly nationwide.

Vietnam: Capacity building of government partners



Capacity building in HealthBridge’s program in Vietnam targeted two groups: 1) hospital managers, in order to build knowledge and skill on implementing and enforcing smoke-free policies in hospitals; and 2) the Health Trade Union (HTU) and officers of the Department of Therapy of the Ministry of Health on how to manage and follow up implementation of smoke-free policies in hospitals. In addition to the objectives established at the beginning of the program, government teamwork and skill in project monitoring were improved.

In the case of hospital managers, HealthBridge provided technical support to workshops (speakers, facilitator handouts and IEC materials). HealthBridge staff collected best practices in development of smoke-free hospitals from the Internet and available literature, and then drafted guidelines for development and criteria of smoke-free hospitals, which they printed as a manual and disseminated in the workshops. In most cases, HTU monitored project activities, integrating the monitoring into their regular hospital visits.

For the second target group, capacity building was achieved through the strategy of “learning by doing”. HTU was involved in all stages of project implementation, including material development. The Department of Therapy also shared the criteria they had developed for smoke-free hospitals with the program team for comment; that is, government actively solicited NGO input into its program.

HealthBridge discussed with HTU who would most benefit from and be able to use what they learned in the training: those who have influence on hospital policy development and implementation. This collaborative process resulted in trainees being either the member of the Board of Directors, President or Vice President of the Hospital Trade Union or Head Office of Medical Affairs for the hospital—people responsible for implementing hospital regulations and for quality of care.

The training agenda included the effects of smoking (active and passive), the criteria of a smoke-free hospital, and steps for making hospitals smoke-free. One innovative technique used in the workshops was to identify, in the course of discussions, hospitals with good experience in implementing the Minister’s Circular on smoke-free hospitals, and then invite them to be speakers at the next workshop. This tactic proved extremely valuable, as it encouraged the participants in their own efforts, helping them to see the project targets as both realistic and achievable.

The program was also fortunate in that HealthBridge’s tobacco control program manager had several years of experience working in a government hospital. Her experience helped to answer several questions about solving the problems and overcoming the barriers while working on the program, which further helped in creating confidence and belief in its success. The value of utilizing local experience should not be understated; while international consultants may provide useful insights and ideas, people often respond most positively to those closer to home, whose experiences seem more relevant and thus replicable.

III. Media



Media is a key partner to get messages out to a larger audience and attract government attention. Newspapers, radio, and TV can all be used to communicate both with a general audience and with policymakers, often at very little expense. Partners in the South-to-South (S2S) network quickly became media experts, or further enhanced existing expertise. In addition, partners utilized their media skills

to strengthen other health and environment programs. Success at gaining media attention occurred despite the large tobacco company advertising budgets, indicating that it *is* possible, through a variety of creative means, to overcome tobacco industry domination of both electronic and print media.

Lesson learned: Failure to gain positive media attention is likely to be due to insufficient creativity, messages that are not sufficiently interesting, or to the tendency to repeat the same information (for instance, always about health) rather than make the tobacco control issue appealing. Journalists and editors often prefer controversial messages or ones addressing issues of politics and economics. By studying media and trying different ways to access it, it is possible to achieve success despite the tobacco companies' large budgets; such success can also spread to other fields of work.

Examples:

- HealthBridge published a joint media/research guide, combining two previous guides on low-cost work with media and on research for advocacy. While the previous guides had focused exclusively on tobacco control, the revised version incorporated lessons from other programs, particularly car control and promotion of fuel-free transport, gender, human rights, and the environment. HealthBridge has learned many lessons in its advocacy work, and those lessons can usefully be applied in other countries. Given that many people working internationally are not native English speakers, HealthBridge attempts to use plain, simple language while offering colorful illustrations from throughout the world of low-budget, successful activities.



- REDEH in Brazil conducted press conferences inside the national Congress, disseminating a list of senators who were “against” public health. REDEH first contacted 81 senators to see if they were for or against ratification of the FCTC. When only 24 replied that they supported ratification, REDEH decided to turn the whole idea upside down by issuing a press release, saying that Brazil had only 24 senators committed to public health. This gained tremendous media attention, and helped turn the whole situation around. In addition, REDEH had actors dress up in costumes and act out a skit of the seductive cigarette lady, Ms. Nicotine, chaining a helpless lung

inside the Congress. Such colorful and creative ideas proved essential to gaining media attention and support.



As with all the other partners in the network, SOS Tabagisme-Niger has maintained a close relationship with media. This relationship was perhaps facilitated by the fact that the president of the NGO, Inoussa Saouna, is himself a former radio journalist who was fired due to his outspoken stance against the activities of the tobacco transnationals. M. Saouna has from the start been active in recruiting journalists to join in his tobacco control network, so that reporters and those working on diverse issues such as consumer protection, environment, human rights and HIV/AIDS work closely together. This close relationship has helped ensure the success of their advocacy efforts, which finally resulted in Niger's ratification of the FCTC and passage of a tobacco control bill.



In Bangladesh, WBB Trust used its strong media network to begin working on another important health, environmental, and economic issue: transport and urban planning. Media responded with great skepticism at first, indicating that while they tended to trust WBB given its strong reputation on tobacco, what WBB was saying about transport was completely counter to everything the journalists had ever heard. However, with time to consider the issues and the evidence, journalists quickly came on board, and WBB witnessed an enormous surge of support by journalists in record time. The tremendous investments made in developing its media network thus became of immediate use in addressing other important issues.

India: Taking action against illegal advertising

Indian activists noticed that a city's new and trendy daily, DNA Sports, was regularly promoting the multinational tobacco brands Marlboro and Mild Seven under the guise of covering Formula One races. The activists wrote to the newspaper, drawing its attention to the fact that such coverage violated the national law, which bans promoting tobacco logos, and noted in their letters that evidence from India and abroad confirmed that exposure to tobacco sports sponsorship increased children's experimentation with and uptake of the tobacco habit.



Activists waited for one month, but received no response to their correspondence. Nevertheless, they continued monitoring the paper for further violations. Imagine their surprise when they saw that coverage of Formula One in the daily in the weeks following the letters including the masking or erasing of cigarette brand names! This suggested that simply by alerting offenders of their violations of national law, they may voluntarily choose to comply.

Media advocacy in Nepal

RECPHEC has worked actively to form a strong media network for tobacco control work. Specifically, RECPHEC helped a group of media representatives committed to working on anti-tobacco campaigns to form a group called “**Media Object**”. The objectives of the group are to raise awareness on tobacco and health, publish articles in different newspaper and magazines, and to publish analytical articles and reports on tobacco promotion and marketing. In addition, Media Object, with the support of RECPHEC, conducted a study on Smoking and Tobacco Use in Nepal.

Another active media group in Nepal committed to working on tobacco control is the Health Journalists Association of Nepal (HEJAN). HEJAN is also a member of the Tobacco Control Network of Nepal.

Recognizing the importance of media for achieving government policy change, RECPHEC has consistently worked closely with different media bodies. For

example, RECPHEC organized a press briefing to inform people that the FCTC was coming into effect globally and to urge the Nepalese government to ratify the treaty as early as possible. As part of the press briefing, the Executive Director of RECPHEC, Mr. Shanta Lall Mulmi, gave a TV interview on “the FCTC and Nepal”, which was telecast in the prime news bulletin.

RECPHEC also succeeded in convincing the Ministry of Health to begin awarding journalists annually for their contribution to anti-tobacco campaigns. RECPHEC also gains much media coverage through its extensive district network:

- Chitwan television telecast the street drama organized by the network group of Chitwan on the occasion of World No Tobacco Day.
- Local FM of Banke broadcast a program on how the Muslim community is against tobacco products. The Muslim community has agreed to make all Madrassa (religious schools) smoke-free zones.
- Two FM stations broadcast interviews with Mr. Shanta Lall Mulmi on the district network and its activities on tobacco control.
- Image TV telecasted a special interview with Mr. Shanta Lall Mulmi on FCTC ratification.

In addition to district-level media coverage, Nepal Television 2 telecast a special thirty-minute program on RECPHEC’s activities during primetime (7:30 pm) on 9 September 2006; the program included an interview with the Thamel Tourism Board on a car control campaign conducted with RECPHEC, and field campaigns on tobacco control. RECPHEC has also published articles, comments and news in national daily newspapers of Nepal. RECPHEC collects press clippings of tobacco-related news and articles from different national newspapers.

Nigeria: Innovative use of the media



Environmental Rights Action (ERA) in Nigeria has been tremendously successful in generating media coverage of tobacco control issues. The success is particularly remarkable in that the media has a long history in Nigeria of being friendly to the

tobacco industry, obligingly publishing their press releases while ignoring any opposing viewpoints. In fact, Nigeria serves as proof that lack of media coverage is far more likely to be due to inadequacies on the part of media programs than to media bias. That is, while many media houses around the world are friendly to the industry, in any country normally *some* will respond to news on tobacco control; what they will not necessarily publish are uninteresting articles about how tobacco harms health. By becoming experts at media advocacy, people can usually overcome the industry-sponsored opposition of media to tobacco control coverage, and ERA has been enormously successful at doing just that.

In the course of their media advocacy, ERA staff members have identified various (tongue-in-cheek but serious) key approaches:

- Always stay on top of tobacco control issues, with plenty of up-to-date information. Journalists like credible and respected sources of news.
- The media has a flirtatious side, and will never say yes at the first approach. Consistency and resilience are key, or in the words of the old saying, “If at first you don’t succeed, try and try again” (but also examine your approach to see whether you could do something better the next time!).
- Media packs, with high quality, interesting, and well-presented information, are an indispensable tool for media campaigns.
- Journalists are often willing to attend training workshops and roundtables to broaden their knowledge about tobacco control; some journalists will even become devoted to the issue of tobacco control and pursue the issue on their own following the training.
- It can be helpful to identify and select specific journalists and media houses as targets; in other words, one can develop strong relationships with a limited number of journalists while continuing to send information to a broader range; the closer personal relationships with a limited number of journalists will typically account for most of your coverage.
- Make tobacco control attractive to journalists by linking tobacco with corruption, poverty, development, trade, the Millennium Development Goals (MDGs), and the country’s Poverty Reduction Strategy Paper (PRSP).
- Create news through rallies, petitions, and so on. That is, activities can be designed specifically to generate news.



- Arrange trips for journalists around issues such as the plight of tobacco farmers; one such trip proved extremely helpful in Nigeria for generating media coverage.
- Visit media houses periodically to socialize with journalists; after all, journalists are people too, and appreciate a personal touch.
- Show interest in journalists' careers by sending them information not only on tobacco control, but also on fellowship or training opportunities, and on other, non-tobacco news.
- Organize an end-of-the-year dinner, with a theme such as appreciation of all their support to tobacco control, or how "we are a family".
- Like other people, journalists love free things: pens, caps, t-shirts, diaries and calendars. There is of course a big difference between small fun gifts and actual bribes!

Nigeria's media campaign generated many successes, including:

- A change in reporting of tobacco issues from an industry perspective to a public health, tobacco control perspective.
- Success in attracting policy makers' attention: Nigeria signed and ratified the FCTC.
- Achievement of a partial restriction of advertisement as a panicky measure from the Advertising Practitioners Council of Nigeria.
- Direct responses from BAT following a trip organized by ERA for journalists to visit poverty among tobacco farmers.
- A probe of BAT by the House of Representatives following one of the trips to the farmers and the media campaign around it.

Vietnam: Strengthening a media network for law enforcement

Health Bridge's Vietnam tobacco control program has been fortunate in attaining synergy among a number of different projects, where each project is able to strengthen the others. Funding from the Rockefeller Foundation allowed HealthBridge to hire a media officer who could then develop and maintain a media

network. The media network meant that HealthBridge could develop close relationships with reporters of various important newspapers, who grew increasingly willing to write about tobacco control. In addition, the media officer regularly monitored media coverage for positive and negative coverage of tobacco control and for any evidence of violations of tobacco control law. In the case of violations, the media officer immediately alerted the government body for tobacco control, VINACOSH, and other responsible authorities.



HealthBridge also utilized the opportunity to gain funding from Research for International Tobacco Control (RITC) in Canada, to conduct a survey with editors and reporters of newspapers to identify gaps in their awareness, attitudes, and perceptions of problems caused by smoking, tobacco control policy, and the FCTC. With the support of another small grant from the International Union for the Control of Cancer (UICC), HealthBridge developed and conducted two training workshops with journalists to address those gaps.



The media has played an active role in supporting the HealthBridge program for smoke-free hospitals, frequently responding positively to information sent by the HealthBridge media officer on the baseline survey and project activities. In addition to print coverage, HealthBridge has also worked with Vietnam TV to develop a report on the harmful effects of passive smoking. HealthBridge also developed a TV spot educating smokers not to smoke in public places including hospitals.

Media can be used to serve many purposes, as the Vietnam program demonstrated. In order to promote the concept of smoke-free hospitals, HealthBridge provided media with information on the project, including the success and challenges; media in turn disseminated the project information to the public. Without the use of media, it would not have been possible for HealthBridge to reach such large audiences with information about the importance of smoke-free hospitals and the need to comply with government regulations making hospitals smoke-free, as well as messages about not smoking at home in the vicinity of others.

IV. Law enforcement

As important as laws are for tobacco control, laws are of little use if they are not properly enforced. France is an example of a country with a strong law banning smoking in public places that may do more harm than good, as the law is widely ignored. This may encourage people to disregard laws in general, and to not respect any future attempts at making places smoke-free. Widespread flouting of laws also gives lawmakers the impression that laws are of little use and need not be developed in other areas. It is thus important, not only for tobacco control but also for other sectors, to ensure both the passage of legislation and its effective implementation.

Governments have many responsibilities, and can only afford limited effort in the field of tobacco control. Law enforcement is just one of many areas in which GO-NGO partnerships are critical for success. The roles NGOs can play in law enforcement include:

- Monitoring of law violations, including making a list with full details of places where tobacco is advertised, collecting packets that do not carry the proper warnings and noting the place of sale, and observing compliance with bans on smoking in public places, again making notes of the place and time of observation. Such information can then be given to government officials in charge of law enforcement, along with a copy of the law if needed.
- Follow-up with police and appropriate government officials on actions taken in terms of law violations.
- If those measures do not prove successful, work with media to highlight gaps in law enforcement and thus put pressure on authorized officials to follow through with their responsibilities.

Lesson learned: NGOs should not assume that governments can bear full responsibility for law enforcement. Where enforcement is lacking, rather than simply criticize, NGOs should assist governments in strengthening enforcement.

Examples:

- The HealthBridge program in Vietnam actively monitors media for any evidence of law violation, which it then reports to the government

authorities. Active communication between NGOs and government ensures follow-up on violations.



■ In Bangladesh, WBB Trust works closely with NGOs and local officials throughout the country to ensure proper monitoring and implementation of law. Specific examples include training network members on the contents of law, how they can engage in monitoring, and to whom they should send the information about violations (always ensuring that a copy comes to WBB, which WBB then forwards to national government); directly advising authorities throughout the country on their responsibilities for enforcement; helping to arrange mobile courts to address violations directly where they occur (for instance, by taking down signboards); reminding government officials to publish a notice in newspapers about the starting date for new warnings on cigarette packs; and working with media to maintain awareness of the content of the law and the importance of compliance.

V. Targeted research



Policymakers may avoid taking any serious action on tobacco control due to concerns, legitimate or otherwise, that tobacco control will somehow harm the economy, cause an increase in smuggling or a loss in jobs, or prove ineffective at improving public health. When such arguments are clearly a barrier to action, it may be necessary to conduct *quick, focused, low-cost* research for advocacy to challenge such arguments.

While high quality research is often necessary, in other cases, particularly where advocacy is concerned, time is essential. Funds are often limited. In addition, where concerns are symbolic rather than legitimate, the need is not necessarily for information that will change people's minds, but rather for a convincing document that will challenge false arguments. Sometimes all that is needed is an opinion poll, or a collection of case studies on how people have thrived since shifting their livelihood from tobacco to other sources of income. Since even the most expensive, lengthy, careful research has flaws that can be challenged, it is not necessarily justifiable to engage in lengthy, expensive research in the hopes that it will be taken more seriously than something done more quickly.

Lesson learned: Where appropriate, targeted research meant to respond to a specific argument against tobacco control, or a specific concern, or to highlight the need for action, can be invaluable in promoting the cause.

Examples:

Niger: Researching the impact of tobacco use on poverty and employment



SOS Tabagisme-Niger conducted two research projects to further its advocacy goals, one on how tobacco use further increases poverty, and one on the exceedingly limited benefits of employment related to tobacco. Publication and distribution of the reports proved critical in gaining new allies to the cause, demonstrating the importance of tobacco control in poverty-struck Niger, and advancing the political agenda for ratification of the FCTC and passage of a tobacco control law. The reports also helped to counter objections by the tobacco industry that the industry was economically important for the country. Activists finally had the information in their hands to demonstrate exactly the opposite, that is, that the tobacco industry, while enriching certain individuals, can contribute to impoverishing a nation.

Action research in Nepal: Collaborating with Tribhuvan University



RECPHEC in Nepal demonstrated how an NGO with limited experience in research could effectively conduct quality research to contribute to its advocacy campaigns. RECPHEC partnered with Padma Kanya Campus of Tribhuvan University on several research programs. A total of eight field studies were conducted by university students of the Women's Studies Program on different dimensions of tobacco. The research studies covered a range of issues, including prevalence of tobacco use, tobacco consumption by women and its impact on their reproductive health, their children's birth weight, and infant mortality; the impact of media on tobacco use, economic and social impact of smoking, and perception of girls towards tobacco use.

The research program, in addition to providing important information for RECPHEC's advocacy campaign, had the added advantage of helping to train young women to conduct research. Partnering with a university was in fact an innovative and cost-effective way of addressing the need to conduct quality research while lacking sufficient funds and expertise to do so.

Bangladesh: Tobacco taxes and the poor

HealthBridge and WBB Trust provided extensive technical assistance to a Bangladesh Anti-Tobacco Alliance (BATA) member organization, Manobik, to develop a proposal and carry out a research project on the likely effects on the poor of raising tobacco taxes. Manobik's proposal was funded by the Government of Bangladesh. In addition to providing important funds, this also meant that the research results were more likely to be used by the government than if the funding had come from elsewhere. (Manobik had previously, successfully, lobbied the government to include tobacco control issues in its list of programs for which it provides research funding.)

The research included a survey of 1,000 low-income tobacco users, both male and female, and individual interviews and focus group discussions with the poor (tobacco users and non-users) and with members of civil society (professors, government officials, NGO workers, etc.). The questions included whether people considered that it was more important to keep taxes low on tobacco or on other products; how low-income tobacco users would be likely to respond to a tax

increase; whether tobacco users would like to see their children take up smoking; and whether the poor could be helped in a more useful way than through subsidizing tobacco by maintaining low taxes. The research yielded extremely useful information, as well as revealing great support for increases in tobacco taxes.

Vietnam: Research for policy and evaluation



In order to evaluate the effectiveness of its program for smoke-free health facilities, HealthBridge in Vietnam conducted both a baseline and a post-intervention survey on a sample of hospitals to investigate the level of implementation of smoke-free policies. In addition to information regarding attitudes and knowledge of medical professionals, patients and public about second-hand smoke, the survey collected information on level of implementation of and compliance with smoking bans, as well as barriers and suggested measures to overcome them.

HealthBridge Vietnam has also contributed to international understanding of the relationship between tobacco and poverty through a research program supported in part by RITC and further supplemented by the Rockefeller Foundation. By adding a few questions on tobacco use to a much larger survey on children's well-being, HealthBridge was able, at relatively little expense, to obtain an enormous database of information showing the differences in expenditure on education and food of tobacco using and non-using families.

In Vietnam as elsewhere, the tobacco industry argues that it makes a significant contribution to the country's economy. This misleading information needs to be weighed against the health costs of smoking, and such information needs to be included in measures for policy advocacy and public education. To serve this purpose, HealthBridge in Vietnam worked with RITC to organize a workshop to review studies on the health costs of smoking in the world and to investigate the possibility of conducting a similar study in Vietnam. The workshop involved policymakers (VINACOSH), tobacco control specialists, advocates and international and local researchers. The workshop came to the conclusion that a very good research program could be conducted in Vietnam, and possibilities are now being pursued for conducting such research.

HealthBridge also conducted research to investigate the effectiveness of current health warnings, and technically and financially supported the Vietnam Association

of Standards and Consumer Protection to conduct a public opinion poll to investigate the effect of and public support for graphic health warnings versus text warnings. The research findings were of great use in advocating for stronger, pictorial warnings on cigarette packs.

VI. Decentralization of work

Tobacco control organizations tend to be based in the capital or other large cities. Such centrally-based organizations generally have difficulties extending their programs throughout the country without forming partnerships with other local NGOs based in other areas. For any activity, be it promotion of law, building of public support for policy, or implementation of law, large portions of the country may be neglected if strong national networks do not exist to support decentralization of the work. One key aspect of tobacco control work is therefore the creation and maintenance of a national network. S2S partner countries put much effort into just such activities.

Lesson learned: In order to work effectively throughout a country, NGOs should look at building the capacity of smaller NGOs based in locales far from the capital, and at ensuring strong networking among NGOs throughout the country.

Examples:



- In Nigeria and India, efforts were made to include in the national coalition members from other parts of the country. In Bangladesh, active communication with and support to a network of over 500 NGOs throughout the country ensured effective decentralization of work.
- Decentralization of tobacco control work in Vietnam occurred partly through partnership with the Vietnam Public Health Association (VPHA), which has branches throughout the country. Through close collaboration with HealthBridge, VPHA was able to develop its capacity in tobacco control and deliver its experience to the district level via its provincial branches. Thus by working with VPHA, HealthBridge's tobacco control program was able to reach to the grassroots level.

Linking with other NGOs in Nepal

In Nepal, as in most S2S partner countries, networks operate at different levels, encompassing NGOs in other countries, those based in the capital city, and those scattered throughout the country. Nepal's Tobacco Control Network has been actively involved since 2002 in advocacy and campaigning against tobacco use. The members represent a wide range of organizations and interests, consisting of Mrigendra Medical Trust, National Front Against Tobacco, Nepal Cancer Relief Society, Nepal Consumer Forum, Child Worker in Nepal, Nepal Heart Foundation, Pro Public, Health Journalists Association of Nepal (HEJAN) and Resource Centre for Primary Health Care (RECPHEC). The network initiated various programs both collectively and individually. The success of many of those programs resulted in substantial changes at planning and policy levels. For example, the national-level advocacy campaign led by RECPHEC in June 1998 forced the government to ban advertising tobacco products in electronic media.

Following on its initial policy successes, in October 2003, the network drafted and submitted a draft Tobacco Control Act to the Ministry of Health. It also submitted a memorandum to the then-Prime Minister demanding immediate ratification of the WHO's Framework Convention on Tobacco Control (FCTC).

Mr. Shanta Lal Mulmi, President of RECPHEC, coordinated the Tobacco Control Network from 2002 to 2006. On 31st March 2006, representatives of 13 leading organizations met in RECPHEC's office and decided to form a National Pressure Group Against Tobacco, Nepal. The meeting decided that the group would be led by a convener, who would change every three months to ensure active participation of all members.

Like other coalitions, the National Pressure Group Against Tobacco faced difficult questions about conditions for introducing new members, and for finding direction in the work that would keep the coalition together. In some cases, member organizations can never decide on rules for allowing new organizations to join, and their unwillingness to expand may cause some of the life to go out of the coalition. In the case of Nepal, member organizations decided to involve other groups through a selection process that would look at the work experience of applicant organizations in tobacco-related fields. In order to do so, RECPHEC organized a planning process through which the member organizations presented their organizational profile and their work on tobacco-related activities.



In addition to considering the profile of would-be members, participants in the meeting also discussed what the national pressure group would do after the Government of Nepal ratified the FCTC. The group decided to translate the text of the treaty into Nepali so that rural people would be able to understand the FCTC. The group also decided to begin work on passage of anti-tobacco legislation. Since its formation, the National Pressure Group Against Tobacco, Nepal has also carried out various programs to encourage the government to ratify the FCTC. The network regularly updates and disseminates information on initiatives around the world with regards to the FCTC, passing on that information to both national-level advocacy organizations and district-level network committees on a regular basis.

Meanwhile, the tobacco control movement in Nepal achieved a significant victory when, on 14 June 2006, in response to a case filed by network member Pro-Public, the Supreme Court issued a strong judgment against public smoking and tobacco advertising. The Supreme Court asked the government to impose a ban on smoking in all public places, initiate action to ban tobacco advertisement in the print media, raise public awareness against tobacco through the mass media, and to enact necessary and comprehensive anti-tobacco legislation.

Highlights of network activities in Nepal include:

- Joint organization of a press meet program. Journalists from different media group and members of national pressure group participated in this program.
- Delivery of a letter to the Kathmandu Municipality Acting Chief to remove all the tobacco related billboards in the municipality areas and replace them with anti-tobacco boards.
- Presentation of a signed declaration letter to the Secretary of the Ministry of Health and Population and to the Deputy Prime Minister and Health Minister, urging the immediate ratification of the FCTC.
- Placement of anti-tobacco billboards at six different intersections in Kathmandu Valley.
- Lobbying in Parliament for the ratification of the FCTC.

District level activities

In view of the very unstable political system and considering that the FCTC ratification process would be delayed due to the absence of a legitimate government, RECPHEC decided to build pressure at the community and district levels by organizing a series of interactive programs on the FCTC. The purpose of these programs was to sensitize community-based NGOs about the FCTC and Smoking Prohibition Act-2057. Participants included NGOs, medical teachers, doctors, nurses, and activists, including those campaigning for women's rights. A workshop in Pokhara led to the decision by the participating organizations to work collectively as a District Level Tobacco Control Network.

In part due to that success, as well as based on the positive feedback from other district-level workshops, RECPHEC decided to form district network groups. Strong and effective advocacy groups at the district level help to maintain public pressure at the grassroots level; districts can also contribute to national campaigns, for instance for ratification of the FCTC. Thus, RECPHEC established networks in 13 districts for advocacy work on the FCTC. A total of 365 NGOs (184 member NGOs and 181 affiliated NGOs) in 13 districts have joined in this anti-tobacco movement.

In view of the overwhelming response and the quantity of awareness and advocacy campaigns organized by the NGO network members utilizing their own resources, RECPHEC decided in 2006 to extend its activities to twelve more districts of Nepal. Activities carried out at the district level include integrating tobacco control issues into other activities at the community level including in non-formal education; advocating the local government to take policy measures; encouraging GOs, NGOs, and individuals to create and maintain tobacco-free zones; distribution of posters, pamphlets, and stickers; mounting anti-tobacco signboards; conducting signature campaigns, and submitting of a memorandum to the Chief District Officer for the ratification of the FCTC.

VII. Managing a network



Difficult as it is for different agencies and individuals to work together, such collaboration makes the work far easier and more effective. Creating a network is perhaps the easiest step; ensuring that the network's members work together in a mutually-supportive, or at least not hostile, environment is perhaps the most difficult part. S2S members learned many lessons over the course of the program in managing networks, and in particular on managing the personalities of network members!

Some strategies used by different members include:

- Creating sub-committees within the network or alliance so that many people can assume an official post.
- Rotating at least symbolic leadership positions, such as chairing of meetings, so that all members feel they have a role and a stake in the alliance.
- Taking the time to meet individually with members who are either the victims or source of problems, to attempt to address the issues and resolve them peaceably, or ensure active participation by others outside the network.

Lesson learned: A key technical skill often neglected in tobacco control and other development work is the management of different personalities in order to achieve successful collaboration. Management of networks involves many skills, which must be learned in order to ensure effective cooperation and a genuinely national program.

Examples:

Bangladesh: Success through successful networking

WBB Trust has achieved significant success over the past several years. Such success would not have been possible without the active cooperation of NGOs working in a variety of sectors. As co-founder of and Secretariat for the Bangladesh Anti-Tobacco Alliance, WBB has found a range of methods necessary to keep its network strong and active, similar to its approach to maintaining a strong relationship with government. Such methods include:

- Providing a variety of services to member organizations, such as office space in WBB for volunteers, training to volunteers, support with media activities, and assistance in writing grants and carrying out projects.
- Printing stickers with the names of local NGOs, to help local NGOs publicize their organization while also spreading messages about tobacco control.
- Providing direct input in terms of suggestions of working methods and support in carrying out advocacy-related activities.
- Regular communication by phone, letter, e-mail, and in meetings, to ensure that members feel genuinely part of the network, and to facilitate cooperation.

Vietnam: Active collaboration among GOs, NGOs, and international agencies

HealthBridge and the WHO in Vietnam jointly established the Tobacco Control Working Group (TCWG) to ensure ongoing communication about and collaboration on tobacco control issues. The network includes over twenty organizations consisting of UN agencies, the WHO, NGOs and government organizations that are active and interested in tobacco control. The agencies regularly meet to exchange information and discuss issues and solutions in tobacco control.

Progress, problems, and other experiences in tobacco control, as well as research findings, shared in regular meetings of the TCWG help to encourage NGOs to stay active in tobacco control. The information also contributes to improving the knowledge and experience of the members.

Many members of the TCWG have developed small projects and received technical and financial support from HealthBridge to implement them, including “Smoke-free university” implemented by the Hanoi School of Public Health; “Developing smoke-free communities” by the Vietnam Elderly Association; “Telephone quit counseling” by a local NGO; and “Developing smoke-free areas in restaurants” by the Business Service Society. In addition to advancing tobacco control, the capacity of partners has improved during the implementation of their projects.

While working closely with the Vietnam Public Health Association (VPHA) to implement many important tobacco control projects, the role and independence of VPHA were promoted. The role of coordinating and hosting TCWG meetings was handed over to VPHA. The VPHA was encouraged and helped to develop tobacco control programs at both central and provincial levels. While the technical inputs from HealthBridge helped ensure that the program was in line with the national agenda and utilized best practice in tobacco control, the objectives and activities were decided and planned by the partners to make sure that they were appropriate to local needs and local capacity.

HealthBridge also introduced VPHA officers and researchers to the international tobacco control community and helped them to access capacity building opportunities in tobacco control through GLOBALink and the South East Asian Tobacco Control Alliance (SEATCA). HealthBridge also helped ensure that VPHA was involved in high-level discussions of national tobacco control issues. This approach helped VPHA to extend its influence and credibility in tobacco control as well as to develop its capacity.

What is particularly important and different about the Vietnam experience is its success in including both government and international agencies in close and direct collaboration with NGOs. In most countries, such working groups, alliances, or coalitions are generally limited to NGOs. The success of the initiative is due in part to many years’ experience of close collaboration across different sectors; with long-established working relationships, it was possible to formalize the relationships into

a working group, which in turn greatly enhances the effectiveness of the work and potential for collaboration of all the partners involved.

India: Successfully managing a network in a country of enormous size



Both relatively smaller countries and those with a strong focus in one city (usually the capital) often find it much easier to maintain an active coalition than those like Nigeria and India which have important cities spread over an enormous geographic distance. Both countries have faced tremendous challenges in figuring out how to maintain an active coalition while rarely able to bring most members physically together. The other option, of excluding large and important portions of the country, is of course as unacceptable as trying to spend the money on flying activists in for regular meetings.

India faced additional challenges, in that many groups had a long history of involvement in tobacco control, and thus felt that they were uniquely positioned to offer guidance and leadership within a coalition. Where talent and experience are spread across many groups and individuals who are reluctant to accept a less prominent role, organizing a coalition is usually a doomed project. In fact, several earlier attempts at organizing a coalition in India failed, until the active intervention of the Advocacy Institute of the United States helped support the development of the current coalition.

Given the size and complexity of the country, a two-pronged membership recruitment strategy was important for the Indian coalition. At the national level, members are recruited through national conferences and annual meetings. At the local level, coalition members identify states with few activities in tobacco control, and then build capacity of potential NGOs, bringing them into the main coalition.

In order to distract members from territorial battles or disputes over positions within the alliance, various strategies were identified and carried out:

- Identifying a workable and common macro-level goal: national law;

- Arranging media interviews, and press conferences and inviting members to speak, so that members can both share their knowledge and gain desired recognition without having to be involved in the hard work of organization;
- Creating “Swiss Cheese” press releases, which include basic information while allowing different organizations to fill in the holes with their organizational name and other desired information; while written by one person (the HealthBridge Program Director in India), the organization filling in the holes gets the publicity;
- Co-organizing workshops, often involving a good deal of groundwork by the HealthBridge Program Director while most recognition goes to the other organizing agency; such collaboration, while avoiding taking the credit, often is *vital* to alliances;
- Co-organizing activities which involve many responsibilities that can be divided among different participants, such as national conferences.

Experience in India pointed out other lessons as well. For instance, it is of great importance to divide up tasks among different members. Having too much or too little work can discourage partners. There may be individuals who are eager to participate but lack skills; for them, participation with mentoring assistance can mean an invaluable acquisition of skills, which will both assist them in future work and possibly increase their support for the coalition which gave them such an opportunity. For those who are extremely busy but yield a powerful position, and whose name can be an important asset, honorary or symbolic positions (such as serving on an advisory committee) may prove the most useful, allowing such people to make a contribution without requiring an impossible expenditure of time. Finally, there will always be those who put in far more time and effort than others; expressing appreciation (even if it is to yourself!) is important, as is remembering that a certain level of sacrifice is normally necessary to maintain an active and healthy coalition.

By generating new issues and activities, it is possible to maintain interest and involvement among network members. That is, when signs of interest lag, it may be the time to consider new campaigns or other activities, which will give organizations a chance to feel useful and gain active involvement. Coalitions need not be defined simply as groups that meet on a regular basis; when members address various issues, whether or not they attend meetings, they are making an important contribution. The activities themselves also form the basis for involvement for many organizations which might otherwise drop out.

Welcoming new members, ideas and resources helps keep coalitions active. If it is administratively difficult to create a process by which new organizations can become formal members, consider other forms of membership, such as founding members, affiliate members, network members, etc., but be sure to allow new organizations the

chance to join—while of course ensuring that they have no links to the tobacco industry. In the same way, new ideas should be welcomed and encouraged, and resources sought—be they financial, human, or other—to keep the coalition alive.

When welcoming new members, one may discover that some people's creativity is greater than their understanding of tobacco control. Such a problem usually can be surmounted through accepting it as a challenge—that is, viewing it in terms of the need to build the capacity of new or existing members whose approach to tobacco control does not benefit from the wealth of international experience available. Coalition meetings can serve as capacity building opportunities, with different members giving short talks on various up-and-coming issues in tobacco control, or expounding on the key issues of the day, such as the contents of the FCTC or the reason why taxes should be raised and public education programs are of little effectiveness in reducing tobacco use. Newsletters can be used for the same purpose, as well as for highlighting the activities of different members, which then gives them further motivation for the work.

Cultivating shared leadership, though not easy, can be vital to long-term success. If any one individual or organization attempts to control the coalition, and in doing so causes others to feel excluded, then some organizations may wish to leave.

Individual leadership also limits the creativity and innovation of the coalition, as the activities may be shaped mainly by the ideas of a single person. Shared leadership helps resolve those problems, as well as encouraging both those in the shared leadership position and those who envision a future chance to assume one. Shared leadership can take many forms; to ensure stability, a single Secretariat may be important, and there may be only one person able and willing to juggle the various personalities of the coalition. But the active input of other members can continually be solicited, ensuring that the coalition represents the opinions of many.

Learning to delegate is a final important lesson. Not all tasks need be done by one individual or organization. If others are not capable, they can be taught. Like the proverb of teaching someone to fish rather than giving them fish, so building the capacity of other NGOs and individuals will ensure the sustainability of the coalition while easing one's own workload. As opportunities avail, be sure to share them with other organizations, be they chances at a scholarship to attend a conference, to be a speaker in a press conference or seminar, or to apply for a grant application.

International networking



So far this section has focused on the importance of countrywide networks and coalitions. But tobacco control work is also greatly advanced through international networks. Tobacco companies tend to carry out the same activities around the world, be they so-called youth smoking prevention campaigns, “social responsibility” reports, or lobbying campaigns to avoid passage of strong tobacco control laws or increases in tobacco taxes. When activists explain how they addressed such issues in their country, that information is often of immediate use to activists facing the same problem in other countries.

In addition, international networking allows for greater sharing of information and ideas. International friendships can provide a support network and motivation for isolated activists lacking such support domestically, for example, people who are the only ones within their organization, or essentially the only ones in their country, working on tobacco control.

The South-to-South network itself was established not only to assist individual countries in their tobacco control policy efforts, but also to increase sharing across countries and regions. Activists gained much from the frequent e-mail discussions of the Framework Convention Alliance (FCA); unfortunately, with the development of the FCTC, much of the active discussion on the FCA listserv ceased, and activists had to turn to their own individual networks for the reinforcement and support they had previously found from the FCA. All members of the South-to-South network expressed that the existence of a network is valuable to them, far beyond simply receiving funding for an in-country program, and that they would prefer to remain part of a network than simply to receive independent funding.



Ability to share lessons and experiences, to maintain networks, and to succeed in advocacy campaigns all depend to a great degree on interpersonal relations. The 13th World Conference on Tobacco or Health—pictured here—and other such meetings are a great opportunity for sharing and—perhaps equally important—help in building and maintaining friendships which are vital not only to the work, but to staying motivated and energized.



The sensation of being part of a larger group, and the occasional face-to-face sharing at international venues (such as at international meetings for the FCTC, regional and world conferences, and S2S meetings), appeared to be the greatest strengths of the network. While a listserv was established for the network, it was not used as much as HealthBridge staff had hoped, perhaps partly due to the high work loads of individual members, which often makes communication seem more of a burden than a benefit. It may be easier and more comfortable for people to communicate one-on-one than through a listserv; certainly much of the communication among partners in the S2S program was on an individual basis rather than through the listserv, with individuals turning to each other for information or support. One key exception was the sharing of successes, which takes a gratifying form over a listserv, though congratulatory responses may be rare.

The face-to-face encounters were of great significance. Unfortunately, due to visa and other problems, it was sometimes difficult for HealthBridge to organize meetings in which all participants could attend. Despite this, a final meeting of the network at the close of the World Conference on Tobacco or Health in Washington, DC in July 2006 was hugely successful, and of particular note was the great friendliness among those attending. Despite having had few face-to-face encounters over the three years of working together in S2S, and despite limited communication by e-mail, people were very friendly with each other, and the comfort level was

high. Clearly, the psychological benefits of network membership were great despite limited communication.

One further difficulty with the S2S network bears stating; while the partners were mostly non-native speakers of English, one in particular had extremely limited English, which inhibited direct contact with other members. The inclusion of Niger was only possible due to the fact that HealthBridge staff included French speakers who could communicate directly with the partner from Niger.

It was also interesting to note that language problems nearly disappear in direct interpersonal encounters; when a colleague from Niger shared a hotel room with people from other countries, they immediately became close friends, enjoying the challenge of conversing with very limited language.

Overall, it seemed the inclusion of a virtual non-speaker of English, while making communication more difficult and increasing the burden in terms of needing to translate many group e-mails into French, in no way reduced the effectiveness of the work, and the inclusion of a different culture and perspective benefited the network.

Finally, on the basis of equity and inclusion, it is hoped that networks would be sufficiently flexible to allow the inclusion of people of vastly different cultural and linguistic backgrounds, and that sufficient allowances will be made for those differences (such as by allowing the Niger partner to submit all his reports in French; this was greatly aided by the fact that it was possible to submit his portion of the reports to the Canadian government in French, while the rest of the report was in English; such a bilingual system is an excellent example of accommodating the multicultural nature of modern society). That is, accommodating diversity, while a challenge, should be viewed as an opportunity and benefit.

VIII. Public education



While international experience has made it clear that public education alone is of little or no use in reducing rates of tobacco use, it can be an important component of a larger tobacco control program which is mostly focused on law, taxation, and policy. Public education can be vital to gaining support for the passage of law and

policy, the raising of taxes, and compliance with laws. Thus while relying on public education alone is a sure means to failure, ignoring it entirely can also cripple the effectiveness of an otherwise well-planned tobacco control program.

Most of the partners in the South-to-South network engaged in public education largely indirectly, through the use of media. While media is an invaluable tool for reaching policymakers, it is also the most cost-effective way to reach large audiences. For this reason, all of HealthBridge's partners have used media to inform the public about the need for and importance of policies. Vietnam used newspaper and TV to draw people's attention to the need to make hospitals smoke-free. Bangladesh gained frequent TV and newspaper coverage of the need for passage of comprehensive laws, and organized many radio discussion programs on the issue. Niger actively engaged its media partners in raising the importance of tobacco control to the public as well as policymakers. India used celebrities to gain public support and interest, and the need for smoke-free dining for cancer-stricken children to further raise public attention to the issue of tobacco control. Brazil's colorful approach to raising awareness of the need for tobacco control policy both gained public support and helped ensure the ratification of the FCTC. Nigeria's many media campaigns, including highlighting the poverty of tobacco farmers, helped change public opinion away from unquestioning support of the tobacco industry.

In addition to media work, partner countries utilized many other methods to gain public attention and raise public awareness of tobacco control issues. A key theme has been that tobacco control should not just happen once a year, on WHO's World No Tobacco Day (31 May). The colorful rallies and campaigns that occur on that day need to be repeated throughout the year, and S2S partners have been sure to do so, often through supporting other NGOs to carry out creative activities to attract public attention. WBB in Bangladesh used stickers as a way to reach people and gain the support of network members, in whose names the stickers are printed (receiving free merchandise works well with both NGOs and media personnel!).

Significantly, public education programs under S2S were always linked to campaigns to reduce tobacco use; that is, the problems were always accompanied by the desired solution. When people learned of the harms caused by tobacco use, their response tended to be, "If it is so dangerous, why does the government allow it to be freely sold and advertised?" By banning advertising, putting stronger warnings on packs, limiting the places where people can smoke, and raising taxes, governments sent a strong message that tobacco *is* as dangerous as health activists and doctors say. In turn, people were more willing to accept and support such policies when they understood the reasons underlying them. Policy and public education thus become mutually reinforcing.

Lesson learned: Public education can be an essential component of a comprehensive tobacco control program, ineffective though it is as a stand-alone

program. NGOs should work to create public support for tobacco control policies in order to ease their passage and enforcement.

Examples:

Awareness raising and advocacy in Nepal: Reaching the masses

RECPHEC has been active in raising public consciousness and in motivating people's initiatives in tobacco control since 1997. At the field level, in Udayapur, Saptari and Gorkha, RECPHEC educates and gives information about tobacco to the women receiving Non-Formal Education (NFE), to different women's groups, Traditional Birth Attendants (TBAs), local youth, community people and GOs and NGOs. In other words, those attending non-formal education receive information on different health issues including tobacco. RECPHEC feels that this type of education is very effective because women in turn educate or give information to family members and the community. The coverage from this type of educational program is significant: RECPHEC's field program covers more than 60,000 people, particularly very low-income groups and marginalized sections of the society.

RECPHEC has published information brochures, books, leaflets, quit cards, posters, stickers, pamphlets, booklets, and stickers on tobacco, and distributed those materials to its network groups.

Vietnam: Reducing the public acceptance of smoking



The Vietnam government faces extreme difficulty addressing the problem of secondhand smoke, due to the very high social acceptance of public smoking. Simply banning smoking in various areas would be of little or no use until public acceptance of smoking is addressed, unless enormous efforts in enforcement are possible. In order to support the Government of Vietnam in reaching its goal of reducing the social acceptability of smoking, HealthBridge partnered with the Vietnam Public Health Association (VPHA).

A mass media campaign was developed with the involvement of Vietnam TV, national radio (Voice of Vietnam) and three major local stations. It included seven TV spots to educate the public about the harmful effects of direct and passive smoking, and messages to encourage smokers and non-smokers to change their

behavior (that is, not smoke in the vicinity of others and to speak out against public smoking); and to promote smoke-free public places. The TV spots were then aired on two national channels during prime time. The team also worked with Voice of Vietnam to develop radio spots, a “Q & A” series, and several other attractive radio programs. While radio is often neglected in media programs, it can be both an effective and low-cost way to reach a large portion of the population. In the case of Vietnam, it was estimated that radio programs reached 25% of the population.



The HealthBridge -VPHA team is now working with two major newspapers to encourage women (who in most of Vietnam are mainly passive rather than active smokers) to speak out about maintaining a smoke-free house. An additional campaign has been developed with a provincial public health association to work with children and women to promote smoke-free houses in four provinces. Through the project, local TV, radio and the loudspeaker system (widely used throughout Vietnam by the government to give information to the public) will provide coverage, using the same messages developed by central TV and radio.

In order to develop the messages and to evaluate their effectiveness, HealthBridge and VPHA conducted both a baseline survey and a qualitative study. The research gathered information for message development and identification of appropriate channels for message dissemination. Both an international and a national expert in health communication were invited to work with the team to design the research and develop the messages. A small study was also conducted to test the appropriateness of the TV spots in the community before airing. A post-intervention survey will be conducted to evaluate the effectiveness of the intervention.

Finally, as mentioned above, HealthBridge also developed a TV spot to promote smoke-free public places, focused on hospitals. Other public outreach has occurred through newspaper articles, posters, leaflets, and a booklet.

IX. Managing difficult political situations

However well one works out techniques for carrying out advocacy and other activities in the best of times, the context in which one works can sometimes force a radical change of course. During intense political upheavals, it may be impossible to work with government; it may even be difficult to leave the office! Political shutdowns have hampered the work in Bangladesh, Nepal, and Nigeria; Nepal even suffered from the lack of a legitimate government when the king seized power. In such situations, flexibility is key: flexibility in responding to opportunities in the political environment, in addressing obstacles due to political instability, and in fixing direction mid-course when needed.

In Bangladesh, frequent hartals (opposition party strikes) make planning programs difficult, as they often must be postponed or canceled. In Nigeria, regular political difficulties and frequent power outages mean that activists required great adroitness in their planning. In Vietnam, as in many of the countries in which S2S works, the political system is “vulnerable” to corruption, which can give the tobacco industry an opportunity to influence policy through backdoor means. Vietnam addressed the issue through building an alliance with mass and professional organizations that shared relevant interests (that is, the Women’s Union, VPHA, and health professional association). A close relationship with media was also shown to be helpful in all the countries in limiting the ability of the tobacco industry to benefit from corruption, since bringing such activities to light made them difficult to sustain. Finally, in Vietnam as elsewhere, activists reported having learned how to use personal relationships to lobby for policies; that is, it is easier to make progress at higher levels with friendly relationships with some government officials.

Lesson learned: The best-laid plans can go awry when political problems make planned work impossible. A flexible approach can help NGOs ride out such difficult periods, laying the groundwork through conducting in-house work for which one otherwise has little time, or shifting attention to less political arenas while waiting for the situation to resolve.

Examples:

Nepal: Tobacco control campaign during a conflict situation

Nepal experienced more than a decade of political conflict around the turn of the century. Due to the activities of both the Maoists and government security forces, development activists were not able to organize any advocacy campaigns at the district level. With the country undergoing such tremendous political difficulties, tobacco in fact became a non-issue. Further, the previous government, whose leader owned a large share in the leading tobacco company, tried to discourage tobacco control campaigns in Nepal. Despite recommendations made by the concerned Ministries to ratify the FCTC, action could not be taken. During the King’s direct

rule, not a single mass meeting or campaign was allowed at the district level until the mass movement of April 2006 succeeded in greatly reducing the King's power.

Working under such difficult circumstances meant a rethinking of the entire approach to tobacco control activities, consisting of a pragmatic decision to shift from national advocacy work to strengthening of the district networks, which would then be ready to take action once the political situation improved. During the politically unstable time, district organizations were able to sensitize people about tobacco control issues, include tobacco control as one of the cross-cutting issues for public awareness, and convince local government officials to declare their office premises as a "tobacco free zone". Those strong district networks will now be well-placed to work for passage and implementation of a law to implement the provisions of the FCTC.

X. Publications for international use



It is easy to become so caught up in one's own work that one forgets to share lessons learned with others, or to believe that one does not have important lessons to share. Language difficulties can also contribute to difficulties communicating and sharing ideas. Yet by sharing the methods and strategies used to combat the tobacco industry, one can greatly reduce the workload of colleagues around the world, and increase the effectiveness of the work.

Thus while such publications can require a great deal of work, in their preparation, printing, and dissemination, they are an essential aspect of sharing of experiences and advancing tobacco control goals.

Lesson learned: Efforts should be made to share strategies and working methods to increase chances of achieving positive policy change and appropriate implementation. Since many people working in tobacco control are not native speakers of English, such information should be written in simple,

straightforward language, be clear and to the point, and where possible, be translated into other languages.

HealthBridge produced a kit on tobacco and poverty in several languages, containing a CD, poster, postcards, and leaflet. Guides by HealthBridge on tobacco control over the past several years include (some of these have been translated into Bengali, French, Hindi, Portuguese, Spanish, and Vietnamese):

- ***Using Media and Research for Advocacy: Low Cost Ways to Increase Success***
- ***Tobacco and Poverty, Observations from India and Bangladesh***
- ***Guide to Low-Cost Research for Advocacy***
- ***Using the Media for Tobacco Control***
- ***A Burning Issue: Tobacco Control and Development; A manual for non-governmental organizations***
- ***PATH Canada Guide: Tobacco Control Law***
- ***British American Tobacco's Youth Smoking Prevention Campaign: What are its actual objectives?***
- ***Hungry for Tobacco: An analysis of the economic impact of tobacco on the poor in Bangladesh***

Articles:

- **"Robbing the Poor".** WHO Lifeline, SEARO, Volume 1 Issue 2, April-June 04.
- **"Building Momentum for Tobacco Control: The Case of Bangladesh"** in *Tobacco Control Policy: Strategies, Successes & Setbacks*. World Bank and RITC 2003.
- **"Hungry for Tobacco: An analysis of the economic impact of tobacco on the poor in Bangladesh."** *Tobacco Control* 2001;10:212-217.

XI. Importance of on-going, long-term funding

In order to sustain a program, funding is critical. Unfortunately, the search for funding can often seem more important than the daily activities; after all, without money, all activities may grind to a halt. Thus tobacco control activists may find themselves spending far more time than they wish searching for short-term projects to tide them over, while never finding the security of sustained, long-term funding that would allow them to focus on the actual work, and make long-term plans.

It is also important to note that the secure funding provided through the S2S program helped ensure that HealthBridge's partners could make significant contributions not only to national, but also international tobacco control, such as at in-country, regional, and international negotiations for the FCTC, at other regional and international workshops, and by occupying key positions and contribution to international networks such as the Framework Convention Alliance (FCA).

Lesson learned: Much advocacy work consists of communicating with other NGOs and with government officials, and the main costs involved are thus office space, communications, and salaries. Overhead support for these costs is vital to the effectiveness of the work, and grants to support tobacco control should include and possibly even prioritize such "unglamorous" recurrent costs, as opposed to focusing on specific, short-term, but possibly less effective projects.

This will also help ensure that advocates can contribute to international as well as local tobacco control advocacy.

XII. Importance of supporting sustained activities, not just capacity building/workshops

Many experienced, skilled people are working around the world on tobacco control. Their biggest problem may not be lack of knowledge or skills, but rather lack of funding for their day-to-day activities. While capacity building activities including workshops can be very useful to the work, and can improve networking across countries, such activities should not take precedence over funding for people's actual work.

In addition, when people from under-funded programs attend workshops in expensive hotels, where much money has been spent flying in "experts" and participants from many countries, they may experience jealousy or anger at the amount of money spent, especially when even relatively small funds are not available for them to carry out their campaigns. It is also difficult to justify asking such participants to work actively in their own countries, when the funds are not available to them to carry out the work about which they learned at the workshops.

Lesson learned: Much expertise already exists in tobacco control, and funding should focus on assisting existing, skilled activists to carry out their daily work, rather than focusing on high-cost, short-term workshops which may in the end achieve little, due to the lack of sustained funding for the participants in their home countries.

XIII. Importance of supporting highly skilled local activists and NGOs rather than just a "fly in the expert" approach

There are many experts in tobacco control whose expertise can no doubt benefit programs in many countries, especially where such programs suffer from a lack of ideas, creativity, or appropriate solutions to the issues faced. On the other hand, the occasional visit of an expert will not bring about any sustained policy changes. Such changes require the on-going, sustained commitment of local activists. Given the expense involved in the "fly in the expert" approach, consideration should be given as to whether such visits truly complement work on the ground, or exist in its absence, in which case the investment is likely to be wasted.

Lesson learned: Attention should be given to supporting local activists and NGOs, and ensuring that international experts *complement* rather than supersede in-country programs.

* * *

WBB Case Study

WBB plays a unique role in the NGO sector in Bangladesh. Its multi-faceted contributions include serving as a training ground for other NGO staff, clearinghouse for information for government, media, and other NGOs; a drop-in center; and a secretariat to four alliances. WBB also makes an active effort to build the capacity of its own staff, and to give young people the chance to make significant contributions in the field of development. Many of WBB's activities are carried out to some extent by the other NGOs in its network, but unfortunately the demands of project implementation often makes it difficult to serve other NGOs to the extent WBB wishes.

Training ground for other NGO staff

Many small NGOs lack office space and personnel to house and train new staff; as a result, they are unable to expand their programs. In order to address this need and to acknowledge and support the great contributions that small NGOs can make to policy (it is often much easier to move a small NGO than a large one, due to the lack of bureaucratic hurdles), WBB offers office space and training to staff of three BATA member NGOs. Each NGO has one staff member who works regularly in the WBB office under the joint supervision of WBB tobacco control staff and an officer from their NGO, who usually drops in during the evenings.

In addition, WBB provides training opportunities for volunteers and young staff. WBB itself consists mostly of young people hired with little or no previous experience who receive on-the-job training and ample encouragement and responsibility. One success story is a young woman who began as a volunteer and was later hired by WBB as project officer for its Ecocities project.

Clearinghouse for information for government, media, and other NGOs

WBB has an extensive print and video library, and regularly brings updated materials from international conferences. WBB staff members also regularly communicate via listservs and gather information through the Web. In addition, WBB's continual communication with government officials and network members means that its staff members are always up to date on developments in tobacco control. As a result, WBB is a key source of information for different agencies. Journalists, including TV, regularly visit the WBB office to gather information from the staff about the current situation on law enforcement and other measures.

Drop-in center

Although it is perhaps a poor model of balancing work and family life, WBB's office is open until 9 or 10 p.m. most days, as well as on many holidays and hartals (political strikes). People can come to WBB at any time without an appointment, and many drop in after their own working day is over. As a result, communication with

network members is greatly facilitated, and many people meet each other at WBB, leading to greater collaboration.

Secretariat to four alliances

WBB Trust is the Secretariat not only for the Bangladesh Anti-Tobacco Alliance (BATA), which is the key alliance pushing tobacco control in Bangladesh, but also for alliances working on noise pollution, polythene and plastics reduction, and fuel-free transport (Roads for People). In its role as Secretariat, WBB not only organizes meetings and maintains regular contact with its members, but encourages them to organize activities and to engage in relevant policy-related work. When needed, WBB provides media and documentation support, which includes contacting journalists (electronic and print), preparing and sending press releases (by fax and in person), taking still photos and video footage, and collecting news coverage and forwarding it to policymakers.

How WBB's work in tobacco has contributed to other areas

WBB's work in tobacco control has provided critical experience and lessons for its work in other programs as well. For example, WBB staff learned that government officials are often very responsive to letters (and, at least in the context of Bangladesh, far less so to e-mails). This has allowed other programs to gain rapid connection with relevant government agencies through appropriate use of written communication, followed up with phone calls.

WBB's media network, developed over the course of its tobacco control work, has proved extremely important to its other programming. For example, when WBB started working on its transport policy program, journalists were highly skeptical of the information WBB provided. But they listened, and within a few months, they began to come around. As one journalist put it, "We know that WBB does really good work, and we *want* to believe you, but it's very difficult!" Starting from scratch at building a network of media personnel while working on such a difficult and controversial issue would have required substantially more time and effort.

WBB attempts to be a "model" NGO in other ways as well:

- In-house capacity building: WBB's in-house international advisor (HealthBridge's Regional Director, based in WBB's office) regularly gives presentations on different subjects attended by all staff, with topics as diverse as results-based management, ecocity design, how TV harms public discourse, how environment and women's work are ignored in GDP, the burdens faced by working families, and the history of consumerism in the United States.
- Office meetings, collaboration: while each WBB staff member works on a specific program, different programs support each other, and all staff members update each other about their programs through weekly office meetings, as well as informal meetings and participation in each other's

events. Thus lessons learned on media work, research, advocacy, networking, and so on are regularly shared across programs.



- Young staff: WBB staff are recruited generally at a young age (25 and under) and with no previous work experience. Young people are given the chance to learn and grow, and given professional, policy-related work for which they have responsibility, with of course appropriate guidance from more senior staff. The oldest person in the office is under the age of 45.
- Close collaboration with media: electronic and print media frequently come to the WBB office for information. The national radio program, Betar Bangladesh, regularly records talk shows at the WBB premises, with WBB putting together the script and inviting the speakers. WBB has provided scripts and footage to TV programs, and maintains close, friendly relationships with many journalists.

Conclusion



The knowledge base on tobacco control has grown enormously over the past few decades. Abundant research exists on the ways tobacco harms health, the environment, and economies, and contributes to poverty. Guides also exist on

practical aspects of tobacco control, such as desired content of law and ways of increasing implementation. But there is always room for more sharing.

This document discusses key lessons learned over the course of a multi-year, multi-country tobacco control program. It is hoped that the information in this document will help funders in making important decisions about resource allocation, and those involved in the day-to-day challenge of reducing tobacco use to overcome common obstacles and gain ever-greater successes. By working intelligently and sharing key lessons, the tobacco control movement can overpower the industry and ensure that laws and policies are meant not to further enrich the wealthy, but rather to improve the lot of people overall.