

The World Health Organization recently released its 2011 report on the global tobacco epidemic. Its release was the occasion for The Union to speak with Dr. Douglas Bettcher, Director of WHO's Tobacco Free Initiative, at length about a wide range of topics, from the current state of tobacco control globally to strategies and tactics that can help organisations operate more effectively. Highlights of the interview:

Q. The WHO report is awaited eagerly and read closely. Do you consider it an optimistic or a pessimistic assessment of the state of tobacco control?

A: I would describe it as a double edged sword. On balance I would say the report is optimistic. It shows that in short periods of time we are making progress. On the other side of the double edged sword, we see some challenges. The bottom line is that we have a lot of work to do.

We asked Dr. Bettcher to discuss some of the accomplishments cited in the report. Among his comments:

A: Many of the new countries adopting and enforcing smoke free bans are from middle and low-income categories. We saw countries like Burkina Faso, Pakistan, Peru, Thailand and Nauru that came on with complete bans on smoking in public places and workplaces with no designated smoking areas. Twelve more countries raised the taxes up to the best practice category of 75% of retail price, bringing our total to 27. Over half of the world's population—3.8 billion people – are estimated to be covered by at

least one of the demand reduction [mPower] measures which lie at the heart of the Framework Convention.

Q. Are there positive developments regarding the cost of implementing the Framework Convention's demand reduction measures?

A. Hard-hitting media campaigns. We saw 23 countries with 1.9 billion people had run effective media campaigns; the majority were low and middle-income. It is kind of counter intuitive because of a perception, before the report, that these campaigns are costly. But in fact there are cost effective ways of doing really good mass media campaigns in low and middle-income countries.

Q. How are they doing that?

A: Real creativity, actually. They adapt campaigns that were used elsewhere to save the time and expense of developing original materials. Even though production costs, airtime or space may have to be paid for, they sometimes are provided free with discounts or government subsidies, or maybe funded by a non-governmental organization.

Q. Still, the total cost of implementation of the Framework measures remains undetermined, and unfunded.

A. When we speak about interventions to reduce tobacco use, the MPOWER measures, each of which corresponds to one or more articles of the WHO Framework Convention, are highly cost effective. There are various on-going projects looking at a global price tag for those, and WHO is conducting work to establish a price tag to scale up the core best buys for reducing tobacco use, as well as other best buys for prevention and control of non communicable diseases.

Q. What about generating financing for implementation?

A. If you increase excise taxes on tobacco by 50% in 22 low income countries, you could generate about an additional \$2.8 billion a year at a national level. Tax rates are still woefully low in low income countries.

With \$133 billion in taxes raised and less than \$1 billion of it spent on tobacco control, we wondered if there was any positive news on this front to report.

A. Twenty five countries earmark some tobacco taxes to help finance public health, access to health care or tobacco control. The best example is Thailand. They generated about \$100 million in 2010. Other countries have been able to replicate that. UNITAID, spearheaded by the French government, sets aside some part of airline ticket taxes in some countries in

a global pool to ensure price reductions for HIV, AIDS and TB diagnostics and medicines for low income countries drugs. It's been very successful; many countries have adopted this model. There are many possibilities in this innovative financing realm, and this is gaining pace now. More countries and foundations are trying to look at this very seriously.

Dr. Bettcher voiced appreciation for the funding efforts of the Bloomberg Initiative and the Bill & Melinda Gates Foundation, calling them “ a heroic effort” that “totally changed the face of global tobacco control,” and “a tremendous catalyst” at the global level.

But now , he added an a additional thought: “What is needed is to really get the attention of the countries to generate their own resources through taxation in lower and middle income environments, and in high income environments to really ensure that this is considered as a development priority”.

We asked about the best ways to frame the case for greater governmental funding.

A: The health care arguments are important, but not only by themselves. Advocates and governments need to be heavily exposed to the economic

burdens. And we have all the environmental hazards associated with tobacco. Also, I think an argument that hasn't been used well enough yet is at a time of food crisis, why isn't the world looking at displacing some of the areas being used for a deadly crop like tobacco?

We pointed out that public health professionals are not always experienced or comfortable in the charged arenas of government policy-making and advocacy. Dr. Bettcher agreed that attitude adjustments are needed when confronting the tobacco industry, which he likes to describe as the “vector” of tobacco-related disease.

A: Our vector is one that fights back, one that punches back and likes to work in the dark. So it is an adjustment. You have your public health background, your own niche that brings you into tobacco control , but you also have to be prepared to put on your boxing gloves with the industry when required.

We raised the topic of internal management – how organisations can strengthen their own management capacity and effectiveness. He referred to the “5P’s” that WHO uses in national capacity assessments, which in addition to policies and programmes, are: Provision and sustainability of financial resources; People (human resources and their development), and Partnerships –effective cooperation within the government, and between the government and NGOs. Then he elaborated:

A: You need a coordination mechanism in tobacco control, which provides the infrastructure and also intersectoral management between the different sectors involved, because by nature tobacco control is entirely multi-sectoral. You need to strengthen partnerships and cooperation between health systems, government departments and civil society.

People: we still don't have the workforce and the dedicated trained workforce yet for NCD's and tobacco control work. It's getting better, thanks to excellent investments like those by the Bloomberg Philanthropies and Gates Foundation. But training of dedicated workforce is needed for both the technical and managerial skills.

We're also seeing that we need to tailor the demand reduction measures to the more vulnerable groups, because the bulk of the tobacco use is amongst the poorest of the poor in all countries. The poorest populations are sometimes poorly educated, some illiterate, so we need to spend more time and also to be looking, testing and evaluating what is effective in those populations.

Planning, monitoring and evaluation are essential. As part of that planning, monitoring and evaluation system, I would emphasize, because I think that

we don't, that we haven't got these in place in most countries – and we don't have it at the international level.

We need well-crafted targets or goals for the implementation of the tobacco control plan at the country level. As far as monitoring success, a key component of our non-communicable disease advice to countries is that we need to set up surveillance and monitoring systems for both tobacco use and also for monitoring the policy indicators.

A final component in the well managed system: in today's very fluid management environment, we have to talk about change management. Especially in a system which is permeated by the underhanded challenges and predatory practice of tobacco companies. Tobacco control, and managing a tobacco control program at the international or national level, is wrought with constant change. Understanding how to develop a vision and strategy to manage change, and having in core management a core change team, a change component in your management structure, is extremely important.

Recognizing that progress in global tobacco control is uneven, as Dr.

Bettcher suggested at the start of our talk, we concluded the interview by

asking him about the agenda ahead, and what he hopes what achievements WHO will be able to record when it issues its next Global Report.

A: I'm hoping for great outcomes from the Non Communicable Disease summit. I hope we'll have established national and global targets for reducing the prevalence of tobacco use, and a more predictable mechanism for sustainable financing. And I hope there will be a recognition that tobacco control and the tobacco epidemic must be an inherent part of the development agenda.

I hope that we can move forward as well to better integrate efforts between, for example, communicable diseases and non-communicable diseases.

Looking at the co-morbidity between tobacco and tuberculosis, there is so much that can be done to complement each other. It is estimated that more than 28% of global tuberculosis incidence is attributable to smoking. WHO has put out a global monograph and done some pilots in countries on how to integrate cessation and tobacco control awareness programs within DOTS programs. More integration between co-determinants, especially in the area of communicable and non-communicable diseases.

And, I really hope that we'll continue to see even more dramatic scaling up of countries reaching these highest levels of attainment of the mPower demand reductions measures which lie at the heart of the WHO framework

convention . I hope that plain packaging will become a global movement and that our report, focusing on warnings, will become a global movement. I hope also that by sharing the first insights into hard hitting counter marketing and tobacco awareness campaigns [in the report], we can now make real inroads into scaling up social marketing and counter marketing activities in low and middle income countries.

We need to hit back. The tobacco industry is relentless and unremitting.