FCTC/COP4(7)   **Guidelines for implementation of Article 12 of the WHO Framework Convention on Tobacco Contro**l (*Education, communication, training and public awareness*)

The Conference of the Parties,

Taking into account Article 12 (*Education, communication, training and public awareness*) of the WHO Framework Convention on Tobacco Control (WHO FCTC);

Recalling its decision FCTC/COP2(14) to establish a working group to elaborate guidelines on the implementation of Article 12 of the WHO FCTC and its decision FCTC/COP3(11) requesting the working group to continue its work and to submit draft guidelines to the Conference of the Parties for consideration at its fourth session;

Emphasizing that the aim of these guidelines is to assist Parties to meet their obligations under Article 12 of the WHO FCTC and that they are not intended to increase Parties' obligations under this article,

1.   ADOPTS the guidelines for implementation of Article 12 of the WHO FCTC contained in the Annex to this decision;

2.   REQUESTS the Convention Secretariat:

(1)   to identify options for development and the financing of an international database in relation to the guidelines for implementation of Article 12 of the WHO FCTC, preferably as part of an overarching database of good practices, instruments and measures to support the implementation of all guidelines adopted by the Conference of the Parties. To ensure synergy and efficiency, such a database would build upon the existing database of Parties' implementation reports and also take into account other information available from relevant international sources. Support and collaboration should be sought from Parties and competent international organizations, particularly from WHO through its Tobacco Free Initiative and other relevant departments;

(2)   to make available within a specific period of time, preferably within 60 days, via a web site or other appropriate means, international, regional and national resources for tobacco control education, communication, training and public awareness;

(3)   to upload on the web site a resource list of organizations, both governmental and nongovernmental which can assist the Parties in planning and implementing their public education and training efforts;

3.   DECIDES to consider at its sixth session whether to initiate a review of these guidelines.

GUIDELINES FOR THE IMPLEMENTATION OF ARTICLE 12 OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS)

PURPOSE, OBJECTIVES AND PRINCIPLES OF THE GUIDELINES

Purpose

1.   The purpose of the guidelines is to assist Parties in meeting their obligations under Article 12 and other related articles of the WHO Framework Convention on Tobacco Control. The guidelines propose measures to increase the effectiveness of education, communication and training efforts that raise public awareness of matters related to tobacco control. The guidelines draw on the available research-based evidence, best practices and experience gained by Parties, to establish a high standard of accountability for treaty compliance and to assist Parties in achieving the highest attainable standard of health through education, communication and training. Parties are also encouraged to implement any necessary measures beyond those required by the Convention and its protocols or suggested in these guidelines, in accordance with Article 2.1 of the Convention.[1]

Objectives

2.   The objectives of the guidelines are:

(a)   to identify key legislative, executive, administrative, fiscal and other measures necessary to successfully educate, communicate with and train people on the health, social, economic and environmental consequences of tobacco production,[2] consumption and exposure to tobacco smoke; and

(b)   to guide Parties in establishing an infrastructure that includes the sustainable resources required to support such measures, based on scientific evidence and/or good practice.

Guiding principles

3.   The following guiding principles underpin the implementation of Article 12.

(i)   *The exercise of fundamental human rights and freedoms*. The duty to educate, communicate with and train people to ensure a high level of public awareness of tobacco control, the harms of tobacco production, consumption and exposure to tobacco smoke, and the strategies and practices of the tobacco industry to undermine tobacco control efforts (as embodied in Article 12), derives from the Convention and reflects fundamental human rights and freedoms. These include, but are not limited to the *right to life*, the *right to the*

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[1] Parties are directed to the WHO Framework Convention on Tobacco Control web site (http://www.who.int/fctc/) where further sources of information on topics covered by these guidelines are maintained.

[2] Including growing, manufacturing and marketing.

highest attainable standard of health and the *right to education.*[3] The mandate of Article 12 is widely reflected throughout the WHO Framework Convention on Tobacco Control.[4]

(ii)   *Protection from threats to fundamental rights and freedoms.* Governments should adopt and implement effective legislative, executive, administrative or other measures to protect individuals from threats to their fundamental rights and freedoms.[1,2]

(iii)   *A comprehensive multisectoral approach.* Effective education, communication and public awareness programmes on the harm caused by the use of all tobacco products, including new and alternative products, and the impact these may have on vulnerable groups, as well as the strategies and practices of the tobacco industry to undermine tobacco control efforts, all call for a comprehensive multisectoral approach, as specified in Articles 4.4 and 5.2 of the Convention.

(iv)   *Protection of public health policies from the tobacco industry.* The development and implementation of public health policies and programmes should be protected from commercial and other vested interests of the tobacco industry, as embodied in Article 5.3 of the Convention and elaborated in the guidelines on implementing Article 5.3, in particular guiding principle 1.[5]

(v)   *Research-based[6] evidence and best practices.* Research-based evidence and best practices with regard to the circumstances in each country are fundamental to the elaboration, management and implementation of education, communication and training programmes aimed at raising public awareness of tobacco-control issues. Where resources permit, such programmes should undergo rigorous pre-testing, monitoring and evaluation at local, national/federal, regional and/or international level, as outlined in Article 20 of the

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[3] These rights are recognized in many international legal instruments (including Articles 3 and 25 of the Universal Declaration of Human Rights, the Preamble to the Constitution of the World Health Organization, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the International Covenant on Economic, Social and Cultural Rights), are formally incorporated into the Preamble of the WHO Framework Convention on Tobacco Control and are recognized in the constitutions of many countries. The right to education is specified in Article 13 of the International Covenant on Economic, Social and Cultural Rights and the United Nations Economic and Social Council General Comment No. 13 (E/C.12/1999/10).

[4] These rights are addressed in following articles of the Framework Convention: Article 2 (Relationship between this Convention and other agreements and legal instruments), Article 3 (Objective), Article 4 (Guiding principles), Article 5 (General obligations), Article 8 (Protection from exposure to tobacco smoke), Article 10 (Regulation of tobacco product disclosures), Article 11 (Packaging and labelling of tobacco products), Article 14 (Demand reduction measures concerning tobacco dependence and cessation), Article 17 (Provision of support for economically viable alternative activities), Article 18 (Protection of the environment and the health of persons), Article 19 (Liability), Article 20 (Research, surveillance and exchange of information), Article 21 (Reporting and exchange of information), and Article 22 (Cooperation in the scientific, technical and legal fields and provision of related expertise).

[5] See *WHO Framework Convention on Tobacco Control: guidelines for implementation. Article 5.3; Article 8; Article 11; Article 13.* Geneva, World Health Organization, 2009.

[6] The term "research-based" refers to the use of rigorous, systematic, and objective methodologies to obtain reliable and valid knowledge relevant to education, communication and training activities and programmes. Specifically, such research in this case requires: (a) development of a logical, evidence-based chain of reasoning; (b) methods appropriate to the questions posed; (c) observational or experimental designs and instruments that provide reliable and generalizable findings; (d) data and analysis adequate to support findings; (e) explication of procedures and results clearly and in detail, including specification of the population to which the findings can be generalized; (f) adherence to professional norms of peer review; (g) dissemination of findings to contribute to scientific knowledge; (h) access to data for reanalysis, replication, and the opportunity to build on findings; (i) adherence to research ethics, including an unbiased approach and equipoise; and (j) independence from the commercial and other vested interests of the tobacco industry.

Convention. Where resources do not permit and where evidence is not available in a specific country, evidence collected in and shared by other countries can be a starting-point for programme development, as described in Articles 20 and 22 of the Convention.

(vi)   *International cooperation.* International cooperation and mutual support are fundamental to and necessary for strengthening the capacity of Parties to elaborate, manage and implement education, communication and training programmes, as described in Articles 4.3, 5.5, 20 and 22 of the Convention. Research-based outcomes and best practices should be regularly identified, implemented and shared among Parties.

(vii)   *Norm change.* It is essential to change social, environmental and cultural norms and perceptions regarding the acceptability of the consumption of tobacco products, exposure to tobacco smoke, and aspects of the growing, manufacturing, marketing and sale of tobacco and tobacco products.

(viii)   *Adequacy of resources.* It is essential to ensure that adequate resources are available to sustain comprehensive, multisectoral tobacco-control education and other awareness-raising programmes, making use, where appropriate, of bilateral and multilateral funding mechanisms as set out in Articles 5.6 and 26 of the Convention.

(ix)   *Communication with all people.* It is essential that every person is aware of and has access to accurate and comprehensible information on the adverse health, socioeconomic and environmental consequences of tobacco production, consumption and exposure to tobacco smoke; on the benefits of cessation of tobacco use and of living a tobacco-free life; and a wide range of information on the tobacco industry, as outlined in Articles 4.1 and 12 of the Convention.

(x)   *Consideration of key differences.* The consideration of key differences among population groups in relation to gender, age, religion, culture, educational background, socioeconomic status, literacy and disability is of paramount importance in the development and implementation of education, communication and training programmes for tobacco control.

(xi)   *Active participation of civil society.* The active participation of and partnership with civil society, as specified in Article 4.7 of the Convention, is essential to the effective implementation of these guidelines.

PROVIDING AN INFRASTRUCTURE TO RAISE PUBLIC AWARENESS

Background

4.   Public awareness of tobacco-control issues is essential to ensure social change. Tools to raise public awareness are important means of bringing about change in the behavioural norms around tobacco consumption and exposure to tobacco smoke. Comprehensive tobacco-control programmes contain research-based tools in education, communication and training – the three pillars of public awareness.

5.   Infrastructure to raise public awareness refers to the organizational structures and capacity needed to ensure sustained education, communication and training programmes. It provides the means and resources needed to gather knowledge, translate research results and good practices

into useful and understandable messages for individual target groups, communicate the relevant messages, and then monitor the effects of these messages on knowledge, attitude and behavioural outcomes.

6.   Building on effective national coordinating mechanisms or focal points, the infrastructure should take into account local, national/federal and regional specificities, including traditional structures, to ensure that various population groups in both urban and rural settings are reached.

Recommendation[7]

7.   Parties should establish an infrastructure to support education, communication and training and ensure that they are used effectively to raise public awareness and promote social change, in order to prevent, reduce or eliminate tobacco consumption and exposure to tobacco smoke.

Action points[8]

8.   Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

9.   Establish a coordinating mechanism or focal points according to Article 5.2(a) of the Convention. Define its role, in order to ensure, within the overall tobacco control strategies, plans and programmes, good planning, management and adequate funding for programmes based on Article 12 of the Convention. This coordinating mechanism or focal point should play a catalytic, coordination, and facilitation role in the delivery of tobacco-related education, communication and training programmes, by setting specific objectives, and then monitoring and evaluating their progress and outcomes.

10.   Specify the people, bodies or entities responsible for tobacco-control education, communication and training, and define the role of governmental and nongovernmental bodies involved, to ensure cooperation within and between governments (including relevant authorities, such as ministries of education and science, health and consumer protection, finance and customs, economy and technology).

11.   Define the role of programmes based on Article 12 of the Convention in relation to other public health programmes.

12.   Establish action plans for the implementation of education, communication and training activities within a comprehensive tobacco-control programme.[9]

13.   Ensure legitimacy and formal recognition of programmes based on Article 12 of the Convention through broad consultation among implementing bodies or entities and enforcing authorities. Ensure that the programme is research-based, that it uses regular situation analysis and assessment to determine needs and resources, and that it provides for mid-course correction if its objectives are not being met. This includes, but is not limited to: delineating the current status

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[7] *Recommendations* are general political and programmatic suggestions to assist Parties in implementing Article 12 of the Convention.

[8] *Action points* are measurable objectives, practices and undertakings consistent with the recommendations. They are the proposed means of attaining the successful implementation of the recommendations.

[9] See Appendix 1 for an indicative list of items to cover in an action plan.

of tobacco-control research and identifying individuals and institutions engaged in research to determine local expertise; and identifying areas where gaps in research exist to determine the allocation of technical assistance and resources.[10]

14.   Provide adequate human, material and financial resources to establish and sustain the programme at local, national/federal, regional and international levels, possibly using technical experts to design and execute the programme. To ensure sustainability of the programme, use existing funding sources and explore other potential sources, in accordance with Article 26 of the Convention. Potential funding mechanisms include but are not limited to raising tobacco excise taxes and introducing dedicated taxes (e.g. earmarking), licensing fees and other taxation schemes. The establishment of special foundations for tobacco-control education, communication and/or training are other potential funding mechanisms. All potential funding mechanisms must be protected against interference by the tobacco industry in accordance with the principles laid down in Article 5.3 of the Convention and its guidelines.

15.   Provide cost-effective logistic and management support to tobacco-control programmes.

16.   Ensure that new and developing tobacco-control organizations receive and use appropriate research-based training, training in strategic planning and technical assistance to carry out their missions and achieve sustainability.

17.   Ensure that local, national/federal, regional and international data are collected to build a tobacco-control database or establish a central repository of research results, and ensure that the public has access to these data.

RUNNING EFFECTIVE EDUCATION, COMMUNICATION AND TRAINING PROGRAMMES

Background

18.   Article 12 of the Convention calls for the use of all available communication tools to promote and strengthen public awareness of tobacco-control issues. Specific guidance on education, communication and training measures concerning tobacco dependence and cessation is suggested in the guidelines on Article 14.

19.   Education, communication and training are the means of raising public awareness and achieving social change on tobacco use and exposure to tobacco smoke. To achieve the highest level of attainable health in all populations, social norms should provide enabling environments which protect against exposure to tobacco smoke, promote tobacco-free lifestyles, help tobacco users to quit tobacco use and prevent others, particularly young people, from starting.

20.   In tobacco control, **education** comprises a continuum of teaching and learning about tobacco which empowers people to make voluntary decisions, modify their behaviour and change social conditions in ways that enhance health.

21.   In tobacco control, **communication** is essential to change attitudes about tobacco production, manufacture, marketing, consumption and exposure to tobacco smoke, discourage

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[10] See Appendix 2 for an indicative list of research-based strategies and programmes.

tobacco use, curb smoking initiation, and encourage cessation, as well as being necessary for effective community mobilization towards providing enabling environments and achieving sustainable social change.

22.   In tobacco control, **training** describes the process of building and sustaining the necessary capacity for a comprehensive tobacco-control programme through attaining vocational or practical skills and knowledge that relate to specific core competencies.

23.   **Promotion of social and environmental change** refers to strategies, events or actions that promote visible and sustained changes in social and environmental norms and behaviour patterns within social groups. It is an important means of bringing about change in the behavioural norms around tobacco production, consumption and exposure to tobacco smoke.

Recommendation

24.   Parties should use all available means to raise awareness, provide enabling environments and facilitate behavioural and social change through sustained education, communication and training.

Action points

25.   Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

General

26.   When planning, implementing and evaluating education, communication, training and other public-awareness programmes, develop a coordinated research-based approach.[11]

27.   Ensure inclusiveness of priority populations, consider and address key differences among population groups.[12] Interventions should include effective messages and ensure that everyone is reached without discrimination or unequal allocation of resources. Special attention should be paid to those most affected by marketing and rising tobacco use, such as young people, particularly young women, who are targeted as "replacement smokers", as well as frequently neglected groups such as those who are illiterate, uneducated or undereducated, the poor, and people with disabilities. In addition, measures could be taken to raise awareness among parents, teachers, educators and pregnant women.

28.   Ensure that the adverse health, socioeconomic and environmental consequences of tobacco production and consumption, of exposure to tobacco smoke, and the strategies and practices of the tobacco industry to undermine tobacco control efforts are communicated as widely as possible, and that the benefits of cessation of tobacco use and of a tobacco-free life are highlighted.[13]

29.   Combine formative research, process evaluation and outcome evaluation to ensure the greatest possible likelihood that the programmes will effectively build knowledge and awareness,

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[11] See Appendix 2 for an indicative list of research-based strategies and programmes.

[12] In accordance with guiding principle (x).

[13] See Appendix 3 for an indicative list of areas to cover.

and change attitudes and behaviours as intended. Such research and evaluation should be as current as possible and evidence-based as far as possible, but not limit innovative approaches.

30.   Identify and implement best practices at the local, national/federal and regional levels, and facilitate international cooperation through sharing research-based outcomes and best practices as specified in Article 22 of the Convention.

31.   Introduce measures to ensure that entities involved in education, communication and training, and related research, including but not limited to academia, professional associations and governmental agencies, fully respect the principles laid down in Article 5.3 of the Convention and its guidelines, and thus do not accept any direct or indirect tobacco industry funding.

32.   Consumption, tobacco advertising, promotion and sponsorship, and sales of tobacco products should be banned on premises used for educational or training purposes in order to complement tobacco-free messages, in accordance with Articles 8 and 13 of the Convention and the guidelines on their implementation.

33.   Personnel involved in education, training and communication should avoid using tobacco because:

(a)   they are role models and by using tobacco, they undermine public health messages about its effect on health; and

(b)   it is important to reduce the social acceptability of tobacco use and personnel involved in education, training and communication should set a good example in this respect.

Public education and communication activities

34.   Develop and implement public education programmes at different levels, following a life-course approach.[14]

35.   Develop or adapt existing communication tools and activities, such as campaigns, according to the needs, knowledge, attitudes and behaviours of each target population, particularly aiming to ensure taking into account that they:

(a)   are appropriate to the target audience;

(b)   are of high frequency/long duration;

(c)   contain refreshed and targeted messages;

(d)   use a variety of methods and media vehicles;[15]

(e)   use lessons learnt from other successful campaigns; and

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[14] See Appendix 4 for an indicative list of venues for educational programmes.

[15] See Appendix 5 for an indicative list of methods and media vehicles.

(f)   use integrated evaluation.

36.   Communicate messages that are relevant, comprehensible, interesting, realistic, accurate, persuasive and empowering, while taking into account the effectiveness of key messages and the results of sound scientific research, where available. Acknowledge the potential role of both negative and positive messages by including a wide range of relevant information.[16]

37.   Identify the most appropriate media to reach the intended audience, based on reach and relevance to the target groups. The opportunities and potential risks of using new and innovative communication and marketing vehicles, as well as new technologies, should be investigated and applied or avoided accordingly.

38.   Consider supplementing mass media with community-based (including traditional) communication approaches, which may, for example, be used to reach low-income urban and rural populations in developing countries.

39.   Maximize the coverage of education and communication campaigns by targeting vulnerable populations, including low-income and rural populations. Outreach can also be increased by encouraging and supporting nongovernmental organizations and other members of civil society active in the field of tobacco control, and not affiliated with the tobacco industry, to complement governmental programmes through joint and/or independent educational activities and communication campaigns. Campaigns by, and with the participation of, civil society could be integrated into existing community education and mobilization programmes.

40.   Monitor and evaluate the outcomes of public education and communication interventions in different target groups and take key differences, such as gender, cultural and educational background, age, and literacy into account in such monitoring and evaluation work. Identify effective research-based key messages for each of the target groups and use them to improve the responsiveness of programmes to each group, in particular those with the greatest needs.

Training[17]

41.   Identify training needs at the local, national/federal, regional and international levels, design a relevant training plan and select, implement and evaluate the resulting training programmes in different settings, focusing on the various needs. To increase reach and relevance, training programmes may follow the concept of place, people and practice, covering different environmental settings (e.g. rural, urban, and suburban), educational facilities (e.g. in formal, non-formal, and continuous education), and health-care providers (e.g. hospitals, primary health-care facilities and traditional healers) and so on.

42.   Provide training for key professionals, as appropriate, including: physicians and other health workers; community workers; social workers; media professionals; educators; decision-makers; traditional communicators; healers (traditional medical or spiritual practitioners); religious and spiritual counsellors; administrators and fiscal, customs and justice officials; tobacco growers/workers; and other concerned persons.

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[16] See Appendix 3 for an indicative list of information to cover in communication and education campaigns.

[17] Further recommendations covering training on demand-reduction measures are given in the draft guidelines on implementation of Article 14 (document FCTC/COP/4/8).

43. Design a research-based training plan to ensure continued training of the relevant groups in the required competencies, including knowledge of effective tobacco-control measures and the vocational or practical skills needed to achieve them. Training programmes should include information about the strategies and practices of the tobacco industry to undermine tobacco-control efforts.

44. Identify the appropriate training methods for each target group,[18] including the integration of novel approaches into training programmes.[19]

45. Integrate the different aspects of tobacco control, including the adverse health, social, economic, and environmental consequences of tobacco production and consumption, as well as information on new tobacco products, into relevant curricula of universities, professional schools and other relevant vocational teaching institutions. Advance the introduction of tobacco-control education or training into the licensing requirements for relevant professions, as well as into requirements for continuous professional development.

46. Involve both practitioners and academic experts in capacity building and the development of research-based training tools, including professional associations, student organizations, and organizations active in formal and non-formal education and training. Identify influential groups and role models, such as government focal point staff, policy-makers, administrators, health professionals, media professionals or others who can contribute to training activities.

47. Monitor and evaluate the outcomes of training programmes at the local, national/federal, regional and international levels to identify the most appropriate training methods to be used for each target group.[20]

48. Introduce and sustain budgetary provisions to meet the requirements for implementing training curricula and updating them periodically.

INVOLVING CIVIL SOCIETY

Background

49. The Preamble and Article 4.7 of the Convention emphasize the contribution of nongovernmental organizations and other members of civil society. The participation of civil society[21] is of vital importance to national and international tobacco-control efforts. Vigilance must be exercised to ensure they are not affiliated with the tobacco industry, in accordance with the guidelines on Article 5.3 of the Convention.

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[18] See Appendix 6 for an indicative list of types of training (including examples of training for specific target groups).

[19] See Appendix 7 for an indicative list of different types of novel approaches.

[20] See Appendix 8 for an indicative list of different approaches to training methods for specific target groups.

[21] See Appendix 9 for an indicative list of members of civil society to consider actively involving in education, communication, training and public awareness programmes.

Recommendation

50.   Parties should actively involve members of civil society, in different phases such as planning, developing, implementing, monitoring and evaluating education, communication and training programmes.

51.   Parties should restrict their collaboration to members of civil society not affiliated with the tobacco industry.[22]

Action points

52.   Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

53.   Regularly consult, cooperate and form effective partnerships with civil society involved in tobacco control education, communication and training, including but not limited to bodies representing key target groups.

54.   Ensure civil society involvement in and collaboration with the governmental coordinating mechanism or focal point in planning, developing, implementing, monitoring and evaluating tobacco control education, communication and training programmes, including physical representation.

55.   Work with civil society to create a climate of attitude that:

(a)   engenders public and political support for action to control tobacco use;

(b)   supports the government in its tobacco-control efforts;

(c)   identifies legislative priorities and helps develop and enforce legislative measures;

(d)   makes the case that tobacco-control measures are reasonable and effective;

(e)   increases awareness of tobacco industry interference; and

(f)   provides a powerful and respectable public image for education, communication, training and awareness campaigns.

56.   Identify key professionals, including but not limited to health professionals, teachers, journalists and other media professionals, and involve them as role models and agents of change in education, communication and training.

57.   Build and strengthen tobacco-control movements and support effective tobacco-control alliances, for example by providing seed grants to support civil society groups and coalitions for tobacco control.

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[22] In accordance with the guidelines on Article 5.3 of the Framework Convention, this includes the tobacco industry itself as well as organizations and individuals that work to further the interests of the tobacco industry.

ENSURING WIDE ACCESS TO INFORMATION ON THE TOBACCO INDUSTRY[23]

Background

58.   Evidence demonstrates that tobacco companies use a wide range of tactics to interfere with tobacco control. Such strategies include direct and indirect political lobbying and campaign contributions, financing of research, attempts to affect the course of regulatory and policy machinery and engaging in so-called "corporate social responsibility" initiatives as part of public relations campaigns. The implementation guidelines on Article 5.3 of the Convention, especially recommendation 5.5, outline the information that Parties should require from the tobacco industry and those working to further its interests. To ensure that the obligations under Article 12 of the Convention are met, the public needs to have access to this information and all programmes should be protected from commercial and other vested interests of the tobacco industry (as described in Article 5.3).

Recommendation

59.   Parties should ensure that the public has free and universal access to accurate and truthful information on the strategies and activities of the tobacco industry[24] and its products,[1] as appropriate, and that education, communication, training and public awareness programmes include a wide range of information on the tobacco industry as they require and in accordance with Articles 12(c) and 20.4(c) of the Convention.

Action points

60.   Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

61.   Adopt and implement effective measures that require the tobacco industry to be accountable and to provide accurate and transparent information in accordance with Article 12(c) and the implementing guidelines on Articles 5.3, 9, 10, 11 and 13 of the Convention.

62.   Provide public access to all information relevant to the strategies and activities of the tobacco industry, through such means as publicly accessible databases, monitoring instruments and research-based literature, and by publicizing trustworthy sources of information on the tobacco industry.

63.   Consider putting in place education programmes, communication campaigns and training courses that can effectively inform and educate the public and all branches of government about:

   (a)   tobacco industry interference with activities related to education, communication and training, such as tobacco industry funded or co-funded youth prevention programmes, which have been demonstrated to be ineffective and even counterproductive, and have been publicly disapproved by the World Health Organization; and

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[23] In accordance with Articles 9 and 10 of the Convention and the draft implementation guidelines on these articles (document FCTC/COP/4/6).

[24] See the implementation guidelines on Article 5.3, recommendation 5.2.

(b)   tobacco industry interference with Parties' tobacco-control policies.[25]

64.   Consider ways to build sufficient capacity to enable effective monitoring and surveillance of the tobacco industry and its products, by training researchers and other relevant professionals, and by providing easy public access to relevant data on the tobacco industry and its products, as required in Article 12(c) of the Convention.

65.   Develop and implement communication tools to facilitate public access to a wide range of information on the tobacco industry and its products.[26] Depending on cultural appropriateness, reach and accessibility, such communication tools could include:

(a)   public repositories on the tobacco industry, such as the Legacy Tobacco Industry Documents Library;[27] and

(b)   counter-advertising campaigns using the media and/or relevant forms of modern technology.

STRENGTHENING INTERNATIONAL COOPERATION

Background

66.   International collaboration, mutual support and sharing of information, knowledge and relevant technical capacity are vitally important to strengthen Parties' capacities to meet their obligations under Article 12 of the Convention and to successfully counter the adverse health, socioeconomic and environmental consequences of tobacco production, consumption and exposure to tobacco smoke. The duty to cooperate in the development of effective measures, procedures and guidelines for implementation of the Convention, to cooperate with international and regional organizations and to use bilateral and multilateral funding mechanisms, derives from Articles 4.3, 5.4, 5.5, 20, 21 and 22 of the Convention.

Recommendation

67.   Parties should collaborate at the international level to raise global public awareness.

Action points

68.   Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

69.   Make available to other Parties strategies, data and experiences on planned and/or implemented public education programmes, communication campaigns and training efforts, impart practical skills and core competencies, and share best practices. Where appropriate, use international reporting mechanisms, such as the regular reporting instruments of the Convention on implementation, and take advantage of bilateral and multilateral contacts.

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[25] As specified in recommendations 1.1 and 1.2 of the implementation guidelines on Article 5.3 of the Convention.

[26] In accordance with recommendation 5.5 of the guidelines on Article 5.3 of the Convention.

[27] See http://legacy.library.ucsf.edu/.

70.   Use the multisectoral approach of the Convention. Raise awareness of its implementation in relevant international organizations, platforms and civil society to ensure that raising awareness of the Convention is not confined to tobacco-control meetings and the health sector.

MONITORING OF IMPLEMENTATION AND REVISION OF THE GUIDELINES

Background

71.   Monitoring and evaluation of the implementation of Article 12 of the Convention are essential to ensuring that adequate means are employed to raise public awareness. Monitoring and evaluation at both national and international levels optimize the gains in implementation of the Convention. At country level, progress made becomes measurable and best practices can be identified to make effective use of resources. At the international level, the sharing of experiences and information allows Parties to adapt and improve their strategies and actions to have a broader impact on public awareness.

Recommendations

72.   Parties should monitor, evaluate and revise their communication, education and training measures nationally and internationally to meet their obligations under the Convention, to enable comparisons and observe any trends.

73.   Parties reporting via the existing reporting instrument of the Convention should provide information on education, communication, training and raising public awareness.

74.   Parties should make use of the Convention and its monitoring instruments to raise awareness on its implementation, for example by communicating success stories and addressing gaps in the implementation of Article 12 of the Convention. Parties could also consider carrying out activities to raise the profile of the Convention as an effective international tobacco control strategy.

Action points

75.   Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

76.   Ensure that programmes in education, communication, and training are regularly monitored and evaluated, and the results made available for comparison and used for programme improvement.

77.   Determine the needs, formulate measurable objectives and identify the resources required to implement actions based on these guidelines, and identify key indicators such as relevance, persuasion or behaviour change to assess the progress for each objective and achievement of outcomes.

78.   Routinely collect data on the implementation of Article 12 of the Convention through surveys and other relevant research undertaken by government, nongovernmental organizations, or any other relevant entities.

79. Use the reporting instrument of the Convention to capture and share information on the policies adopted and any other measures taken in the implementation of Article 12.[28]

KEY MESSAGES

80. With respect to the implementation of Article 12 of the WHO Framework Convention on Tobacco Control, Parties should:

(a) establish an infrastructure and build capacity to support education, communication and training, thereby raising public awareness and promoting social change;

(b) use all available means to raise awareness, provide enabling environments and facilitate behavioural and social change;

(c) actively involve civil society in relevant phases of public awareness programmes;

(d) ensure that education, communication, and training programmes include a wide range of information on the tobacco industry, its strategies and its products;

(e) collaborate at the international level to raise global public awareness;

(f) monitor, evaluate and revise education, communication and training measures nationally and internationally to enable comparisons and observe any trends;

(g) provide information on education, communication, and training via the existing reporting instrument of the Convention to monitor its implementation; and

(h) make use of the WHO Framework Convention on Tobacco Control and its monitoring instruments to raise awareness on its implementation and consider carrying out activities to raise the profile of the Convention as an effective international tobacco control strategy.

Appendix 1

**Indicative (non-exhaustive) checklist for an action plan for the implementation
of education, communication and training activities within
a comprehensive tobacco-control programme**

1. State the vision

2. Develop a mission statement

3. Formulate goals and objectives

4. Select strategies and expected results for each objective

5. Prepare a budget plan

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[28] See Appendix 10 for an indicative list of useful information to consider in reporting at the international level.

6.   Indicate who is responsible for each activity

7.   Set target dates and determine the resources required

8.   Identify progress indicators to enable measurement of the effectiveness of implementation

9.   Monitor and evaluate implementation and outcomes

10.   Disseminate results to people, bodies or entities responsible for tobacco-control education, communication and training[29]

Appendix 2

Indicative (non-exhaustive) checklist for research-based strategies and programmes

1.   Conduct regular situation analyses and assessments of needs

2.   Identify priority target groups

3.   Determine behavioural change objectives

4.   Identify indicators

5.   Develop and pre-test messages

6.   Select intervention methods

7.   Obtain financing

8.   Identify partners

9.   Monitor and evaluate

10.   Coordinate among governmental and related bodies

11.   Disseminate results, including through earned media

Appendix 3

Indicative (non-exhaustive) list of areas to cover in education, communication and training programmes

1.   The benefits of a tobacco-free life and cessation of tobacco use.

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[29] As specified in paragraph 10 of these guidelines.

2.   The health effects of tobacco agriculture, production, consumption and exposure to tobacco smoke, including but not limited to epidemiological data on the contribution of tobacco to morbidity and mortality and information on novel tobacco products.

3.   The health, social, environmental and economic costs and consequences of tobacco agriculture, production and consumption, including health-care costs, lost productivity, premature deaths, environmental impact, and contribution to poverty.

4.   Local, national/federal, regional and international policies and reports related to tobacco and tobacco control, including but not limited to the Convention and its implementation guidelines.

5.   Information on the strategies and activities of the tobacco industry to undermine tobacco-control efforts, and on the ineffectiveness of activities related to tobacco control funded by the tobacco industry, e.g. public-awareness campaigns aimed at youth.

6.   Techniques for effective behaviour support (counselling skills) for tobacco dependence.

Appendix 4

Indicative (non-exhaustive) list of venues for educational programmes

1.   Homes

2.   Schools and school-like environments, including primary and secondary schools, colleges and universities, as well as continuous education and lifelong-learning programmes

3.   Sports, recreation and leisure facilities

4.   Workplaces

5.   Health-care facilities

6.   Communities

7.   Reformative and rehabilitative facilities

Appendix 5

Indicative (non-exhaustive) list of appropriate methods and media vehicles

1.   **Methods** include counter-marketing by means of:

(i)   paid advertising;

(ii)   media placements; and

(iii)   earned media including but not limited to events which capture the attention of journalists and the public.

2.   **Media vehicles** include:

(i)   television;

(ii)   radio;

(iii)   newspapers;

(iv)   magazines;

(v)   billboards; and

(vi)   electronic media, e.g. text messages, e-mail, web sites, blogs, social networks, etc.

Appendix 6

Indicative (non-exhaustive) list of types of training

1.   Orientation training and interaction (with survivors of tobacco-related diseases and disability)

2.   Public speaking skills (for people talking to news media and other organizations about tobacco control)

3.   Media advocacy skills and media training

4.   Networking training

5.   Campaign planning

6.   Evaluation training

7.   Peer education

8.   Training on the negative impacts of tobacco and cost–effectiveness of tobacco-control interventions

9.   News media staff training on tobacco-control issues

10.   Capacity building on tobacco industry interference in school-based training programmes and so-called youth smoking prevention programmes

11.   Social media training

Appendix 7

Indicative (non-exhaustive) list of types of novel approaches

1.   E-learning and web-based approaches

2.   Peer education

3.   Train-the-trainer models

4.   Cross-training opportunities through existing programmes, such as reproductive health programmes (including those on HIV/AIDS), disease-management programmes (e.g. DOTS), substance-abuse prevention programmes (e.g. those aimed at alcohol or illicit drugs) or environmental protection programmes

Appendix 8

Indicative (non-exhaustive) list of different approaches of training methods for specific target groups

Monitoring data should distinguish, inter alia, between the different training methods used according to:

(a)   the place of the intervention (settings such as educational facilities, workplaces, and health-care facilities);

(b)   the people performing the intervention (providers, such as health workers, social workers, educators, and counsellors); and

(c)   the practice involved (method used to reach the target audience, such as radio, skits, and lectures).

Appendix 9

Indicative (non-exhaustive) list of members of civil society to consider actively involving in education, communication, training and public awareness programmes

1.   Nongovernmental organizations, including women's, youth, environmental and consumer groups

2.   Foundations

3.   Professional organizations

4.   Private agencies

5.   Academia

6.   Teaching and training institutions

7.   Health-care institutions

Appendix 10

Indicative (non-exhaustive) list of useful information to consider in reporting at the international level

1.   Results of monitoring and evaluating of education, communication, training and public-awareness interventions

2.   Outcomes of evaluations undertaken at the national level

3.   The most appropriate strategies identified in each country

4.   The major challenges faced

5.   The activities of the tobacco industry

(Seventh plenary meeting, 19 November 2010)