World Health Organization Regional Office for the Western Pacific Region
Healthy Cities Recognition 2018

Engagement with the Private Sector in Pursuing Tobacco Control

Background

Every year seven million people lose their lives from tobacco, and tobacco is responsible for one in 10 deaths globally. To fight against this epidemic, countries around the world have invested tremendous effort into implementing effective tobacco control measures. In the past 10 years, the proportion of the world's population protected by at least one comprehensive tobacco control measure from the WHO Framework Convention on Tobacco Control (WHO FCTC) has quadrupled from 15% (1 billion people) to 63% (4.7 billion people). This may be attributed to the political will, resources and momentum put forward by governments to meet the obligations under the Convention. Strategies to support the implementation of tobacco demand reduction measures of the WHO FCTC – the MPOWER[1] measures - have helped avert many from an early death.

However, legislation often faces strong opposition from the tobacco industry and strong protection can thus be watered down or completely blocked. By December 2016, only nine out of 27 countries in the Western Pacific had implemented comprehensive smoke-free laws, 14 countries had implemented large graphic health warnings, and four countries had introduced bans on tobacco advertising, promotion and sponsorship. Countries are making progress, but not as fast as they intended when they ratified the WHO FCTC.

Meanwhile, there are some interesting examples of involving private sector entities in promoting tobacco control beyond the existing laws. For instance, in China, in the absence of strong national smoke-free laws, the Tobacco-Free Cities Smoke-Free Business Initiative in 2014 invited more than 200 local businesses to join the initiative and introduce their own smoke-free policies. Similarly in 2011, the Hong Kong Council on Smoking and Health, in collaboration with the Occupational Safety and Health Council launched the Hong Kong Smoke-free Leading Company Awards to encourage local businesses to promote smoke-free environments and smoking cessation among their employees.

Being faced with narrowing opportunities, the tobacco industry is intensifying their interference using novel tactics. Recognizing the potential influence that the private sector partners can have on policy-makers and in society more broadly, the tobacco control community needs to be more proactive and identify ways to accelerate implementation of effective tobacco control measures, particularly when legislation is lacking or is weakly enforced.

[1] MPOWER was established in 2008 and includes six tobacco control strategies in line with the WHO Framework Convention on Tobacco Control: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn people about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

Recognition of Best Practice

Recognition is given to a city that has introduced innovative collaboration to further tobacco control measures with private sector entities. This group includes business associations representing commercial enterprises, and partially or fully State-owned commercial enterprises acting like private sector entities, but excluding entities that are associated or support the tobacco or arms industries.

We are looking for concrete examples of how cities have engaged with private sector entities in becoming part of the solution to promote or facilitate implementation of comprehensive tobacco control measures, and to counteract tobacco industry interference.

Submission Format

Please use the attached template for submission.

For further information, please contact:

Ms Kathleen Lannan (Coordinator for the Tobacco Free Initiative) at lannank@who.int.

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Call for Applications for Best Practice

Title Page

a. **Thematic area**

b. **City and Country name**

c. **Full title of the project**

d. **Contact details**
   i. Responsible person submitting the proposal
   Please provide contact details (name, title, affiliation, email, address, telephone, fax)

   ii. Additional contact person
   Please provide contact details (name, title, affiliation, email, address, telephone, fax)

***[Note: Please keep to the word limits as that will be taken into account in the scoring process.]**

1. **Executive Summary (300 words)**
   Please describe the intervention, who is the target population, what was done (strategies or activities), when was it implemented, and the achievements.

2. **Background (350 words)**
   a. Please describe why this project or intervention was proposed. Please describe the results from surveys, situation analysis, interviews, focus groups, needs assessment or consultation conducted to identify the problem/need being addressed

   b. Please describe the problem being addressed.

   c. Please describe other existing programmes, challenges and impact.

   d. Please describe the social and cultural context in relation to the problem.

3. **Objectives**
   Please specify the proposed objectives (i.e. the anticipated outcome) and the period/timeline of the project.

4. **Planning structure (Maximum 1 page)**
   Please describe the core planning team; the settings where the project was carried out; the target population; and the activities, tasks, milestones, timeline, budget and source of funding.

5. **Multi-stakeholder collaboration (300 words)**
   a. **Community participation**: Please describe how the collaboration with community members including the target population, took place in the planning, implementation and/or evaluation phase of the initiative.

   b. **Other stakeholders (e.g. other government agencies, NGOs, private sector)**: Please describe how the collaboration with other sectors took place in the planning, implementation and/or evaluation phase of the initiative. Please also describe whether resources were shared (i.e. financial or technical).

6. **Equity (200 words)**
   Please provide evidence of the participation of marginalized and/or vulnerable groups (e.g. female or youth) during the planning and/or implementation/evaluation processes; and/or describe interventions that target them.

7. **Replicability or Scalability (300 words)**
   Please describe how the programme (activities, expertise and resources) can be scaled up and be applied and adapted to other settings or sites.

8. **Effectiveness or impact assessment (350 words)**
   a. Please provide evidence of programme achievements in relation to proposed objectives (e.g. improvement in health status, adoption of new law or policy). If possible, show or describe changes from baseline to the current status in 2016. Please provide supporting documents where available.

   b. Please describe how evaluation, surveys, data or routine monitoring were utilized to assess progress and outcomes.

9. **Measures for sustainability (300 words)**
   a. Please describe how the programme is or will be sustained. For example, through city ordinance, city government commitment, community ownership, regular budget allocation, etc.

10. **Bonus (Optional): Theoretical basis (200 words)**
    Please describe how theories of change (i.e., theories of behaviour change, policy development, social marketing, etc) have been utilized for programme development and implementation.