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## Needs of LMIC-based tobacco control advocates to counter tobacco industry policy interference: Insights from semi-structured interviews

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2020-044710
Article Type:	Original research
Date Submitted by the Author:	14-Sep-2020
Complete List of Authors:	Matthes, Britta Katharina; University of Bath, Department for Health Robertson, Lindsay; University of Bath Department for Health, Gilmore, Anna; Tobacco Control Research Group, UK Centre for Tobacco and Alcohol Studies, Department for Health, University of Bath
Keywords:	PUBLIC HEALTH, QUALITATIVE RESEARCH, Health policy < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

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**Manuscript title**

Needs of LMIC-based tobacco control advocates to counter tobacco industry policy interference: Insights from semi-structured interviews

**Corresponding author**

Britta Katharina Matthes, Department for Health, University of Bath, Claverton Down, BA27AY, Bath, UK; [bkm28@bath.ac.uk](mailto:bkm28@bath.ac.uk); ORCID ID: <https://orcid.org/0000-0003-2346-066X>

**Authors and affiliations**

Matthes, Britta K<sup>1</sup>/ Robertson, Lindsay<sup>1</sup>/ Gilmore, Anna B<sup>1</sup>

<sup>1</sup> Tobacco Control Research Group, Department for Health, University of Bath, UK/  
Stopping Tobacco Products and Organizations

**Word count** (excluding title page, abstract, summary, references, figures and tables): 4516

## ABSTRACT

### Introduction

Advocacy is vital for advancing tobacco control and there has been considerable investment in this area. While much is known about tobacco industry interference (TII), there is little research on advocates' efforts in countering TII and what they need to succeed. We sought to examine this and focused on low- and middle-income countries (LMICs) where adoption and implementation of the Framework Convention on Tobacco Control (FCTC) tend to remain slower and weaker.

### Method

We interviewed 22 advocates from eight LMICs with recent progress in a tobacco control policy. We explored participants' experiences in countering TII, including the activities they undertake, challenges they encounter and how their efforts could be enhanced. We used Qualitative Description to analyse transcripts and validated findings through participant feedback.

### Results

We identified four main areas of countering activities: (1) generating and compiling data and evidence, (2) accessing policy makers and restricting industry access, (3) working with media, (4) engaging in a national coalition. Each area was linked to challenges, including (1) lack of data, (2) no/weak implementation of FCTC Article 5.3, (3) industry ties with media professionals and (4) advocates' limited capacity. To address these challenges, participants suggested initiatives, including access to country-specific data, building advocates' skills in compiling and using such data in research and monitoring, and in coalition development; others aiming at training journalists to question and investigate TII; and finally, diverse interventions intended to advance a whole-of-government approach to tobacco control.

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3 Structural changes to tobacco control funding and coordination were suggested to facilitate  
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5 the proposed measures.  
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## 8 **Conclusion**

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11 This research highlights that following years of investment in tobacco control in LMICs,  
12  
13 there is growing confidence in addressing TII. We identify straightforward initiatives that  
14  
15 could strengthen such efforts. This research also underscores that more structural changes to  
16  
17 enhance tobacco control capacity-building should be considered.  
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20  
21 **Keywords:** *tobacco control advocacy, LMICs, TII, capacity-building, FCTC Article 5.3*  
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### STRENGTHS AND LIMITATIONS OF THIS STUDY

- A key strength is that it includes the voices from advocates in eight countries (in four WHO regions and from the three low- and middle-income-groups).
- While all countries included experienced recent advances in tobacco control, our sample was drawn from countries that had enacted varying policies and regulations, meaning we identified advocates' common needs across different policy contexts.
- A limitation of the study is that the views expressed are not necessarily generalisable to the broader population of tobacco control advocates.
- Another limitation is that we only included participants who were fluent in English which limited the pool of potential participants.

## INTRODUCTION

The importance of tobacco control advocacy is enshrined in the WHO Framework Convention on Tobacco Control (FCTC), the first global public health treaty. Its guiding principles state that “the participation of civil society is essential in achieving the objective of the Convention and its protocol”<sup>1</sup>. In line with this, major public health organisations, including inter-governmental agencies, non-governmental organisations and funding agencies have been supporting tobacco control advocates worldwide. Given the evidence that tobacco industry interference (TII) is a major barrier to successful FCTC implementation<sup>2</sup>, some of these initiatives focus on TII, including via published materials and training.<sup>3-5</sup>

Given that the adoption and implementation of the FCTC provisions tend to remain slower and weaker in low- and middle-income countries (LMICs) than in high-income countries (HICs)<sup>6-8</sup>, finding ways to address TII effectively could lead to significant public health gains in LMICs.<sup>8 9</sup>

Impacts of initiatives such as the Bloomberg Initiative (BI) to Reduce Tobacco Use in LMICs have been documented<sup>10</sup>, and some tobacco control capacity-building initiatives evaluated.<sup>11</sup>

<sup>12</sup> However, to our knowledge, there has been no work exploring whether there are gaps that could if addressed, could enable advocates to address TII better. Furthermore, while there is a substantial body of literature on TII, the majority is based on HICs.<sup>13-15</sup> Few articles<sup>16-19</sup> focus on countering interference and the role of advocates in this. There is a distinct lack of published research on what support advocates need to counter TII successfully.

To inform future efforts to address TII in LMICs more effectively, this study aims to enhance our understanding of LMIC-based advocates’ experiences of countering TII and their unmet needs. We ask

- In what activities do LMIC-based advocates engage when countering TII?



- What challenges arise when LMIC-based advocates engage in countering TII?
- How could advocates' activities be enhanced, challenges overcome and unmet needs addressed?

Addressing these questions will provide a critical reflection on existing efforts to support tobacco control advocates in countering TII in LMICs and could enable future initiatives to be (better) tailored to advocates' needs.

## METHODS

This study took a qualitative approach<sup>20</sup> based on semi-structured interviews with LMIC-based tobacco control advocates which we analysed using Qualitative Description.<sup>21 22</sup>

### Sampling and recruitment

We purposely selected eight countries which had recently advanced or attempted to advance important tobacco control policies. The selected countries had adopted or consulted on health warning regulations (Bangladesh, India, Sri Lanka), comprehensive tobacco control policies including health warnings (Ethiopia, Uganda, Zambia), or significantly increased tobacco tax (Colombia, Ukraine) (see Table 1). We sought to capture experiences from a diverse set of LMICs and thus the eight countries represent four of the six WHO regions and the three income-economy groups within LMICs.

**Table 1: Selected countries' income group and recent policy**

Country (Region)	Income-economy type	Type of recent policy	Recent policy	Key provisions
Bangladesh (South-East Asia Region)	Lower middle-income	Health warning regulation	The Smoking and Tobacco Products Usage (Control)	Rules on-pack warnings require one of seven authorised picture/text warnings to occupy the upper 50% of the two principal display areas of the tobacco product package. If the package does not have two main sides, the

			Rules (2015)	warning must cover the upper 50% of the main display area. The text component of the warnings must be in Bangla and must be in white letters against a black background. Rotation of the warnings shall occur every three months.
<b>Colombia (Region of the Americas)</b>	Upper middle-income	Tax increase	Broad fiscal reform package approved by Colombia's Congress in 2016	The new taxes on tobacco products will nearly triple prices in 2017-2018, annual adjustments will be made for inflation and a mandated specific increase in subsequent years. The tobacco tax is estimated to generate about US\$350 million in additional revenue through 2022.
<b>Ethiopia (African Region)</b>	Low-income	Comprehensive regulation	Food and Medicine Administration Proclamation No. 1112/2019	It regulates, among other things, smoke-free environments, tobacco advertising, promotion and sponsorship, tobacco packaging and labelling, tobacco product regulation, protection against tobacco industry interference, and tobacco-related licensing and sales.
<b>India (South-East Asia Region)</b>	Lower middle-income	Health warning regulation	G.S.R. 727(E) (2015) G.S.R. 739(E) (2016) G.S.R. 331(E) (2016)	Increase in warning size from 40% of one side of tobacco product packaging to 85% of both sides of tobacco packaging and amended the rotation scheme (Start: 1/4/2015) 2016: New implementation date for health warnings (1/4/2016) and subsequent rounds established (start: 1/9/2018)
<b>Sri Lanka (South-East Asia Region)</b>	Upper middle-income	Health warning regulation	The National Authority on Tobacco and Alcohol (Amendment) Act (2015)	Health warnings in the form of pictures and text must be on every packet, package or carton containing cigarettes or other tobacco products. The warnings must be placed on the top surface area of both the front and back sides and must cover 80% of the top surface area of the front and back and must differ on each side. Manufacturers also must ensure that the warnings are changed every six months.
<b>Uganda (African Region)</b>	Low-income	Comprehensive regulation	Tobacco Control Act 2015,	It regulates smoking in public places; tobacco advertising, promotion and sponsorship;

			implementing regulations from 2019	tobacco product sales; tobacco packaging and labelling; and protection against tobacco industry interference, among other policy areas.
<b>Ukraine (European Region)</b>	Lower middle-income	Tax increase	2017 budget approved by Parliament, submitted by the Ministry of Finance	The 2017 budget includes a 40% specific excise tax increase on tobacco products over the 2016 level. The average excise tax burden will increase from 4 % in 2016 to 46% in 2017. The total tax burden will increase from 63% in 2016 to 67% in 2017.
<b>Zambia (African Region)</b>	Lower middle-income	Comprehensive regulation	Zambia Tobacco and Nicotine Products Control Bill	Draft Bill being considered by Line Ministries at the time of data collection.

Sources: WHO Region<sup>23</sup>, income-economy group<sup>24</sup>, information on health warning and comprehensive policies<sup>25</sup>, information on tax increases<sup>26</sup>.

Within these countries, we selected interviewees with sufficient experience of TII and their attempts to address it. They were required to have at least three years of experience in national-level tobacco control advocacy, meaning that they have been working to advance tobacco control policy in their country.<sup>27</sup> They also had to speak English. While the latter created limitations, it enabled us to avoid additional challenges associated with working with multiple interpreters.<sup>28</sup> To ensure we recorded varying perspectives from each context, we sought to include two to four interviewees from more than one civil society organisation (CSO) in each country. CSOs is a broader category than non-governmental organisations (NGOs) and include, for example, charities, NGOs and professional bodies<sup>29</sup> and is therefore more appropriate for capturing the range of organisations involved in tobacco control. We identified the first participants using our networks of tobacco control advocates and

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2  
3 researchers and subsequently used a snow-balling approach. We invited potential participants  
4  
5 via email with an information sheet.  
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### 8 **Data collection**

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10  
11 Informed by the existing peer-reviewed literature on TII, and particularly that on countering  
12  
13 TII and advocates' role<sup>16-19</sup>, we developed the interview guide. It explored participants'  
14  
15 experiences of countering TII and their views on what could facilitate CSOs efforts' in this  
16  
17 regard in their country. It also probed examples of TII in the participant's country; those data  
18  
19 form part of a separate study. The interview guide was revised through a series of author  
20  
21 meetings and piloted with a tobacco control advocate and researcher who was like most  
22  
23 research participants, not a native speaker of English. All interviews were conducted in  
24  
25 English, recorded with participants' permission, and subsequently transcribed.  
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### 29 **Data analysis**

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31  
32 We used Qualitative Description to analyse transcripts<sup>21 22</sup>, facilitated by the use of NVivo  
33  
34 12. With this approach, we aimed to summarise the content of the data in a way that allowed  
35  
36 describing interviewees' perceptions and experiences, which lie at the study's heart.<sup>21 22</sup> Key  
37  
38 categories of analysis were derived from the research questions, reflected in the interview  
39  
40 guide and facilitated a deductive approach to coding. Further sub-categories were identified  
41  
42 inductively. BKM conducted the coding and met regularly with LR and AG to discuss coding  
43  
44 and refine key findings. To validate findings<sup>30</sup>, a summary was shared with 18 participants  
45  
46 who had previously agreed to provide feedback, and eight (44%) responded. They agreed  
47  
48 with our findings and suggested some refinement which we took on board.  
49  
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### 54 **Ethics**

Ethical approval for the study was obtained from the University of Bath's Research Ethics Approval Committee for Health (REACH) [Reference: EP 18/19 012], and all participants gave consent to participate.

### **Patient and public involvement**

No patient involved.

## **RESULTS**

### **Sample**

Between June and October 2019, we conducted 20 interviews with 22 participants from eight countries; two interviews had two participants. Five interviews took place in-person and 15 remotely, using Microsoft Teams. The average length per interview was 90 minutes. While all interviewees met the inclusion criteria, some held research or public sector positions in addition to being involved in tobacco control CSOs. Yet, all saw themselves primarily as advocates. The distribution of interviewees per country and type of policy change are indicated in Table 2.

**Table 2. Distribution and IDs of interviewees**

<b>Recent tobacco control measures</b>	<b>Countries (No of Interviewees; interview medium)</b>	<b>Interviewee IDs</b>
Comprehensive bills/laws	Ethiopia (3; online), Uganda (3, online), Zambia (4; in-person)	P1-P22
Health warning regulations	Bangladesh (2; online), India (3; 1 online, 2 in-person), Sri Lanka (2; online)	
Tax increase	Colombia (3; online), Ukraine (2; online)	

Except for one country, at least two CSOs were included per country and the 22 participants came from 18 different organisations. The CSOs were diverse: Some focused exclusively on

1  
2  
3 tobacco control and others also engaged in other public health issues. Almost all received  
4  
5 funding predominately from international tobacco control organisations.  
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### 8 **Countering activities: Key areas and challenges encountered**

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11 Countering TII was typically described as an integral part of a wider tobacco control  
12  
13 advocacy strategy to advance specific pieces of regulation and thus generally planned.  
14  
15 However, ad hoc responses were sometimes required to respond to specific developments.  
16  
17 Activities to counter TII were usually influenced by the stage of the policy process, the  
18  
19 specifics of policy-making within the given country, the type of tobacco control measure, and  
20  
21 participants' expertise and capacity.  
22  
23

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25  
26 Nonetheless, participants consistently described seeking to predict, pre-empt and counter TII  
27  
28 and identified four key areas of activity they regularly engaged in to achieve this. In each of  
29  
30 these areas, they reported crucial and partly overlapping challenges.  
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32

#### 33 1. Generating and compiling data and evidence

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35  
36 Data and evidence were perceived as vital to pre-empt or counter industry arguments; “*as*  
37  
38 *long as you press them [tobacco industry] using evidence, (...) they are defeated*” (P12). Data  
39  
40 were seen as useful for informing decision-makers directly and exposing tobacco industry  
41  
42 misinformation in the media. A participant shared how a small-scale study on illicit trade  
43  
44 conducted by his organisation, helped rebut industry claims during policy consultations:  
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48  
49 *It was like a game-changer during the public hearing meeting when we said*  
50  
51 *it's not true. Our illicit trade is not [more significant figure] [as the tobacco*  
52  
53 *industry claimed] it is only [less significant figure]. Then it changed the*  
54  
55 *mentality of the parliamentarians. (P2)*  
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3 Interviewees reported lacking up to date and reliable context-relevant data, especially on  
4 illicit trade, tobacco farming and cultivation, tobacco taxation, employment in the tobacco  
5 industry and on the environmental impact of tobacco. They emphasised the need for robust  
6 financial and economic data from sources independent of the tobacco industry. They found it  
7 difficult to obtain concrete evidence on TII, given that such activities were often hidden.  
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10  
11 Beyond country-specific data, evidence detailing, for example, industry strategies and  
12 activities in similar countries, especially from the same region, was perceived as important.  
13  
14 Other more generic information and resources such as factsheets, provided by the WHO or  
15 tobacco control organisations, were seen as useful. Still, they would often need to be  
16 translated to the local context, which required time and skill from advocates.  
17  
18

19  
20 Interviewees also recognised limitations of evidence and data in countering TII: Firstly,  
21 emotional narratives were said to matter as much as evidence since *“having human stories is*  
22 *also very, very effective for policy makers and for [...] the public”* (P15). Using such  
23 narratives would also mirror industry behaviour: *“for the industry it’s not about being*  
24 *precise, accurate, it’s about bringing the emotion, making people believe the industry and not*  
25 *the advocates”* (P18). Secondly, data and evidence need to reach the key people who need to  
26 act on them:  
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*so much has been written about TII... among the tobacco control community, the  
knowledge is there. This knowledge is, however, absent in the people there to make  
decisions. (P22)*

## 2. Accessing policy makers and restricting tobacco industry access

For countering TII, advocates saw establishing and sustaining direct access to policy makers  
as crucial. It enabled them to inform policy makers of tobacco industry conduct and  
misinformation, thereby, empowering them to make informed decisions.

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2  
3 However, participants agreed that access to policy makers, particularly those in Ministries of  
4 Finance, Trade and Agriculture and their respective parliamentary committees was  
5  
6 challenging. Informal links between the tobacco industry and policy makers from outside the  
7  
8 health sector, who often believe the industry brings financial benefits, was a key hindrance. A  
9  
10 participant recalled an informant telling them:  
11  
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14  
15 *...the industry is in bed with finance, and with the committee in Parliament*  
16  
17 *[...] they [policy makers] have completely blacklisted tobacco control; they*  
18  
19 *don't come to any meetings, they don't want to be told anything, nothing.*  
20  
21 *Because [...] the industry gives them lots of money. What is tobacco control*  
22  
23 *going to offer? Nothing. That's where the challenge is. (P12)*  
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28 In some countries, policy makers were reported to have direct conflicts of interest, including  
29  
30 via the revolving door phenomenon or having a direct personal or family stake in a tobacco  
31  
32 company. In a few countries, such a conflict of interest existed alongside a formal  
33  
34 government commitment to tobacco control, for example, *"the Prime Minister would like to*  
35  
36 *make [country name] tobacco-free 2040 and at the same time, [the] government is the owner*  
37  
38 *of the tobacco company in X"* (P8).  
39  
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41

42 Interviewees also reported issues which enabled industry access to policy makers while  
43  
44 constraining the tobacco control community's access. These included state agendas to  
45  
46 promote tobacco as a cash crop, the establishment of a public body with this mandate and  
47  
48 investor agreements between a tobacco company and public entity.  
49  
50

51 While a formal implementation of FCTC Article 5.3 would help address this, policy makers  
52  
53 outside the health sector were often unaware of FCTC Article 5.3. Policies to domesticate this  
54  
55 provision lacked in all eight countries. In some, the health ministry was not seen as  
56  
57 sufficiently authoritative to introduce such a policy: *"health ministry guys are feeling that*  
58  
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3 *'we are not such an authority to prepare a policy on Article 5.3 for the whole*  
4 *government' ...*" (P17). Limited state capacity was identified as a barrier to any future FCTC  
5  
6 Article 5.3 policy implementation and enforcement.  
7  
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### 9 10 3. Working with media

11  
12 Working with the media was seen as key to obtaining and disseminating data and evidence  
13  
14 exposing and countering tobacco industry conduct, convincing policy makers and the public,  
15  
16 and building public pressure on policy makers:  
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21 *They [tobacco industry] wrote something on the newspaper, we go against,*  
22 *whenever we see any report, we respond to that with media, with*  
23 *publications and also, we use media to aware community about their tactics,*  
24 *their influence and so on. (P20)*  
25  
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30  
31 Key activities included building relationships with media executives, editors and journalists,  
32  
33 organising press conferences and disseminating public statements. Where advocates were  
34  
35 unable to carry out in-depth investigative work, they sought close collaboration with  
36  
37 journalists who could "*get [missing] information*" (P22);  
38  
39

40  
41 *We regularly get some intelligence from them [journalists] on what has been*  
42 *happening regarding tobacco, in that particular ministry. That is one source*  
43 *of information. The main source, I would have to say. (P17)*  
44  
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49 One participant reported that the "*[media] did play a very strong role in ensuring that the*  
50 *correct evidence was presented to the public [...] that way media had a strong contribution*  
51 *to getting the [policy]*" (P15). In another case, the relationship with influential editors and  
52  
53 reporters was crucial:  
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3 *We knew all the content of the industry's opinion pieces before they came*  
4 *out on the newspaper. We had to inform the chair of the [parliamentary]*  
5 *Committee and the Minister of Health that this thing is coming from the*  
6 *industry through the [third party]. We had a reporter investigating for us,*  
7 *who provided the content before the publication [...] that was really*  
8 *successful. (P1)*  
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18 Some in-country CSOs also offered training on tobacco control and industry monitoring for  
19 journalists, which was perceived as strengthening the national tobacco control network.  
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22  
23 However, working with the media was perceived as challenging as the tobacco industry  
24 sought to do the same. The industry built its relationships with the media, using incentives,  
25 including training for journalists. In all countries, interviewees saw their CSOs as unable to  
26 compete with the financial benefits the industry offered to media professionals. While  
27 participants from most countries reported that the tobacco industry concentrated on topic-  
28 specific media outlets popular among certain stakeholders, in other countries, it targeted  
29 widely read generic media outlets. A second challenge related to the above-mentioned lack of  
30 evidence: it was difficult to interest media professionals in exposing TII based on suspicions  
31 rather than clear evidence since this would require an investment of the journalist's time with  
32 an unknown return.  
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#### 46 4. Engaging in a national tobacco control coalition

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48 Tobacco control CSOs often attempted to form national coalitions to join forces and use each  
49 other's strengths to harness strength and maximise advocates' impact. Yet, only in one  
50 country, where an alliance had existed for several years, was the national coalition perceived  
51 as robust. Elsewhere, coalitions were experienced as fragile, negatively impacting on the  
52 strength and scale of activities to counter TII and advance tobacco control.  
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3 The capacity of coalition members, in terms of numbers, time and skills, was seen as a key  
4  
5 obstacle to a strong coalition – all perceived as determined mainly by financial resources.  
6

7  
8 Almost all CSOs depended on short-term project-based grants which had limitations:  
9

10  
11 *We cannot afford to have staff permanently. It is just a project that gets*  
12  
13 *approved, then we pool all the resources that we have, to make sure that the*  
14  
15 *project is executed. But it is expensive to operate as an organisation in a*  
16  
17 *country like ours. We need to pay taxes [...] we have bureaucratic*  
18  
19 *expenditures, that never stops. (P21)*  
20  
21  
22

23 Interviewees indicated that funding hindered coalition formation and functionality in two  
24  
25 ways. First, scarce opportunities to secure funds led to competition rather than collaboration  
26  
27 between CSOs, inhibiting coalition development and longevity. This was also identified as  
28  
29 leading to a lack of coordination among CSOs, resulting in duplication of efforts. Second,  
30  
31 CSOs were often constrained by their funders agenda, which often emphasised policy  
32  
33 advocacy and implementation rather than addressing TII:  
34  
35

36  
37 *[our funder] now concentrates... less on tobacco industry accountability,*  
38  
39 *probably because of their area of focus or their internal issues. For that*  
40  
41 *reason, we had to compromise our staff assigned on industry accountability*  
42  
43 *work. (P17)*  
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48 In some countries, CSOs reported a lack of flexibility from funders, which could mean  
49  
50 that locally-identified needs - such as countering TII – could not be addressed as part  
51  
52 of the contract:  
53

54  
55 *I have seen organisations which come with ready agreements, and they are*  
56  
57 *not happy to change it, you just sign it or not sign it, right? That's not a true*  
58  
59 *partnership. (P16)*  
60

## How to enhance activities, overcome challenges and address unmet needs

### 1. Generating and compiling data and evidence

Advocates identified two main ways through which the data and evidence gaps could be addressed. Firstly, by supporting the development of advocates' skills to generate new data and evidence, contextualise generic data and evidence, and undertake tobacco industry monitoring and investigative research. Webinars or e-learning modules were seen as having a wider reach than on-site training. Yet, the latter could be more impactful since they could be tailored specifically to the context. For virtual or on-site initiatives, advocates highlighted the need for continuous support; *"you cannot say I am giving a training once and people will be able to implement all those articles, forget about it."* (P12). Reflecting on their experience with courses to date, these were perceived *"like a foundation, [but] you need continuous input to strengthen"* (P6). Secondly, most advocates appreciated and used the information on TII available on websites such as Tobacco Tactics but wanted them to include more LMIC-specific data and success stories. Furthermore, an e-learning module could accompany existing resources such as this, guiding advocates on how to use the material.

### 2. Accessing policy makers and restricting tobacco industry access

To gain better access to policy makers, advocates reported they needed to become better at speaking the 'language' of non-health politicians and public officials. This could entail framing tobacco control as a development issue rather than just as a matter of public health. To restrict tobacco industry access to policy makers, participants proposed webinars and other forms of training to increase advocates' understanding of FCTC Article 5.3, as well as that of others such as non-health stakeholders and policy makers. These could be developed in close collaboration with local advocates to ensure they are context-specific and target the appropriate audiences. Lastly, interviewees suggested that the informal ties between policy

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2  
3 makers and the tobacco industry, and the conflicts of interest those pose, could be addressed  
4  
5 by better exposing these links which, again, could be achieved through investigative skills  
6  
7 training for advocates and also journalists.  
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### 10 3. Working with media

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13 Advocates stressed the need to raise awareness of and interest in TII among media  
14  
15 professionals including editors and journalists and – as noted above - to strengthen their  
16  
17 investigative skills through training so they could better expose industry behaviour. The latter  
18  
19 could either take the form of webinars targeting journalists directly or written material which  
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21 LMIC-based advocates can adapt. Advocates also suggested that sharing success stories of  
22  
23 advocates working with journalists could inform their approach.  
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### 27 4. Engaging in a national coalition

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31 Difficulties around developing robust and sustained tobacco control coalitions were arguably  
32  
33 more difficult to address in the short-term, as they reflected broader challenges relating to  
34  
35 funding and state capacity and government priorities. Nonetheless, one suggestion was to  
36  
37 support advocates in developing coalitions that extended beyond tobacco control, engaging  
38  
39 development-oriented CSOs to help frame tobacco control as a development priority. While  
40  
41 participants were confident that they could identify, approach and work with crucial coalition  
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43 supporters, including policy brokers, they suggested management training on coordinating  
44  
45 and working more effectively in a coalition.  
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### 49 5. Overarching needs

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53 In addition to these focused and pragmatic measures, interviewees consistently pointed to two  
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55 overarching needs and linked solutions which could facilitate their work in all four areas of  
56  
57 activity and improve its impact.  
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3 The first was an expressed need for structural change in the way support for LMIC-based  
4 tobacco control was funded and coordinated. A move from short-term to longer-term funding  
5  
6 to allow more sustainable capacity building, meaning that, for example, capacity built  
7  
8 through training would not be lost when funding came to an end. Second, a collaborative  
9  
10 rather than competitive approach to funding would encourage coordination among those  
11  
12 CSOs working in tobacco control and beyond. Through this, competition and duplication of  
13  
14 efforts which lead to inefficiencies could be prevented. Some participants also suggested the  
15  
16 possibility of having some additional flexibility in their contracts to more readily counter TII.  
17  
18 Lastly, some advocates wanted to be identified more as partners rather than recipients and  
19  
20 showed great interest in contributing their knowledge and experience to future capacity-  
21  
22 building efforts. This could add to South-South knowledge exchange. *“the beauty is that if  
23  
24 we stop thinking that I’m here to only benefit the other person. Then you start seeing that  
25  
26 there is a lot of scope for mutual learning, right?”* (P16).  
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33 The second overarching need related to sharing knowledge and learning from each other’s  
34  
35 experiences; *“We don’t need to reinvent the wheel because we need to learn from how others  
36  
37 handled this situation.”* (P11). One possible way of meeting this need was establishing or  
38  
39 strengthening a network linking LMIC-based advocates, where they could exchange  
40  
41 information on instances of TII and how to address it and share success stories. Meeting this  
42  
43 need would not require as large-scale changes as the other overarching need.  
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48 Table 3 summarises the key findings from the result section.  
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51 **Table 3. Key activities to counter TII and ways of enhancing those activities and**  
52  
53 **addressing advocates’ needs**  
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Key activities to counter TII (their purpose)	How to enhance the activities and address unmet needs	Overarching needs and how to
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		<b>address them</b>
<p><b>Generating and compiling data and evidence</b> (to pre-empt or counter tobacco industry arguments)</p>	<p>Develop <b>research skills</b> to generate new data/evidence and contextualise generic data/evidence; to undertake tobacco industry monitoring and investigative research (<i>on-site training, webinars, ongoing support</i>)</p> <p>Make <b>more LMIC-specific data and success stories</b> available (<i>expanding websites like Tobacco Tactics, include infographics and offer e-learning materials on how to use the resource</i>)</p>	
<p><b>Accessing policy makers and restrict tobacco industry access</b> (to make policy makers aware of tobacco industry conduct and enable them to make informed decisions on policy and foster non-engagement with the tobacco industry)</p>	<p>Improve skills in accessing and working with <b>non-health policy makers and officials</b>, promoting a whole-of-government approach and improving FCTC Article 5.3 adoption, implementation and enforcement (<i>webinars, training material they can use</i>)</p> <p>More <b>training initiatives targeting non-health public officials and agencies</b> (<i>webinars, on-site trainings</i>)</p>	<p><b>Longer-term funding</b> enabling collaboration rather than competition between organisations (<i>funding and capacity-building</i>)</p>
<p><b>Working with media</b> (to help obtain and disseminate information on TII; to help counter tobacco industry arguments to convince policy makers/ public; build public pressure)</p>	<p>Awareness raising and <b>investigative training</b> for journalists (<i>webinars and material for advocates offering training or webinars and e-learning directly targeting journalists</i>)</p>	<p>AND</p>
<p><b>Engaging in a national coalition</b> (to join forces using each organisation's strengths to be more successful in other activities)</p>	<p>Training on how to <b>build and manage coalitions</b> beyond tobacco control (webinars, e-learning)</p> <p>Sharing <b>success stories</b> related to coalition building and management (<i>website, e-learning</i>)</p> <p>More training initiatives on how to <b>work more effectively</b> (<i>webinars, e-learning</i>)</p>	<p>Strengthen <b>networking</b> and facilitate <b>learning</b> among LMIC-based advocates (<i>app/website</i>)</p>

## DISCUSSION

To our knowledge, this is the first published paper to explore, across a broad group of LMICs, how advocates try to counter TII, and, more specifically the challenges they encounter and how these might be addressed. There was remarkable consistency both within and across countries in the activities, advocates engaged in to counter TII, the challenges they faced, their identified needs and, perhaps most importantly, the suggested solutions. As such, this work can be used to directly inform further efforts to address TII.

Our findings indicate that following significant investment in tobacco control advocacy, advocates are working effectively to address TII with their identified activities. The activities are aligned with those outlined in the literature on countering TII in LMICs<sup>16-19 31-34</sup>, HICs<sup>35 36</sup> and supranational settings<sup>37</sup> and directly addressing some of the main TII tactics, most notably, producing and disseminating information, seeking direct access to policy makers and using front groups and third parties.<sup>9 13-15 38</sup>

Nevertheless, advocates identified significant challenges which centre around the greater power of the tobacco industry. Far more significant information and financial resources are available to the tobacco industry than to CSOs and it has greater ability to access key stakeholders, particularly in powerful non-health ministries. Politicians' links to tobacco companies also enable such access<sup>15</sup>, and national policies in conflict with public health, for example, listing tobacco as a principal cash crop.<sup>39</sup> These challenges reflect the concerning implications of corporate power that are not limited to tobacco control<sup>40</sup>, the taming of which is described as "the key political issue of our time".<sup>41</sup>

The findings suggest some relatively straightforward measures could be taken to advance LMIC-based advocates' capacity to counter TII, and that some structural changes could also be considered.



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3 Firstly, our study highlights that enhancing advocates' skills is a high priority, both research  
4 skills as well as skills in monitoring and investigation. Upskilling advocates in these areas are  
5 already being undertaken and funded by international donors.<sup>42-44</sup> However, in line with  
6  
7 previous research<sup>45</sup>, our findings show the importance of tailoring training initiatives to the  
8 particular LMIC's context and moving beyond one-off training to sustain their impact. An  
9  
10 initiative that helps to address some of the identified needs is the 'Think Tanks' project  
11 delivered by the University of Chicago. The project aims to build research capacity into  
12 economic and fiscal policies for tobacco control.<sup>46</sup> It has the potential to nurture local  
13 expertise and provide important data that could help counter tobacco industry  
14 misinformation.

15  
16 Secondly, FCTC Article 5.3 training for non-health stakeholders holds the potential to redress  
17 the inequitable access that the tobacco industry has to policy makers compared to CSOs.<sup>47</sup> As  
18 reflected in our research, CSOs sometimes engage in training policy stakeholders and  
19 journalists, which is particularly beneficial since they know the context and audience. Thus,  
20 advocates would likely benefit from more initiatives that develop skills in designing and  
21 delivering such training. In line with previous research<sup>48-50</sup>, our work also points to potential  
22 benefits of framing tobacco control as a development priority and adds that this could be  
23 integrated into advocacy to facilitate access to non-health sector stakeholders.

24  
25 Thirdly, a stronger tobacco control network of LMIC-based advocates was perceived as  
26 important. While global tobacco control networks exist, our findings suggest having a  
27 dedicated network focused on countering TII could be worthwhile.

28  
29 Addressing the identified issues around funding requires more structural solutions that would  
30 not only address advocates' countering efforts but could strengthen tobacco control advocacy  
31 in LMICs more generally. In line with the literature on LMIC-based CSOs<sup>51-53</sup> and public  
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3 health<sup>54-56</sup> and tobacco control<sup>57 58</sup>, the CSOs represented in this study were typically  
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5 dependent on international (rather than national) and short-term (rather than long-term)  
6  
7 funding, the latter in particular made building lasting capacity and effective coalitions  
8  
9 difficult. This concern resonates with the literature on LMIC-based CSOs, suggesting that  
10  
11 long-term partnerships between international organisations and local partners build greater  
12  
13 capacity among advocates to successfully continue their work after the project ended.<sup>51 59</sup> The  
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15 feasibility of solutions suggested by advocates needs to be carefully unpacked, also  
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17 considering the implications of having private foundations rather than national governments  
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19 as key sponsors.<sup>52 53</sup>

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24 As the first study with the explicit aim of exploring advocates' needs in LMICs, its key  
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26 strength is that it includes the voices from advocates in eight countries (in four WHO regions  
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28 and from three income-groups). While all countries had recently advanced or attempted to  
29  
30 advance experienced recent advances in tobacco control policies, the policies were diverse –  
31  
32 from comprehensive to specific policies spanning different aspects of tobacco control.  
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36 A limitation is that, as with most qualitative research<sup>60</sup>, the views expressed are not  
37  
38 necessarily generalisable to the wider population of tobacco control advocates. Our  
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40 participants tended to be experienced and had received training provided by the international  
41  
42 tobacco control community, and their views may not necessarily reflect those of advocates  
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44 without similar opportunities. Yet, many interviewees offered insights into the needs of  
45  
46 colleagues rather than solely speaking about their own experience.  
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51 An additional limitation is that we only included participants who spoke English. This limited  
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53 the pool of potential participants, especially given that English is not the official language in  
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55 most included countries. A related limitation is that most participants were not native  
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57 speakers of English which we mitigated by refining the interview schedule following a pilot  
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3 interview with a non-native speaker of English. If we had not included the English-language  
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5 requirement, we would have needed support from several interpreters. This would have  
6  
7 created additional challenges.<sup>28</sup>  
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10 Future research is needed to deepen our understanding of tobacco control advocacy in LMICs  
11  
12 and their efforts in countering TII. For example, by studying cases of tobacco control  
13  
14 coalitions, one could better understand advocates' efforts in building and sustaining coalitions  
15  
16 and compare different approaches. This study raises important questions about structural  
17  
18 changes in the international tobacco control community; the implications and feasibility of  
19  
20 possible solutions require further exploration.  
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## 24 25 **CONCLUSION** 26

27  
28 To our knowledge, this is the first paper to research LMIC-based advocates' needs in  
29  
30 countering TII. Our findings highlight growing confidence in addressing TII among  
31  
32 advocates and we identified some tangible and straightforward initiatives that could address  
33  
34 unmet needs and enhance advocates' efforts in countering TII. This paper also highlights that  
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36 more structural changes in how tobacco control is funded and coordinated could strengthen  
37  
38 tobacco control in LMICs. Our study is important as LMIC-based advocates may not feel  
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40 able to advocate for such changes, given the continual pressure to obtain scarce funding from  
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42 international donors.<sup>58 61 62</sup>  
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2  
3 **Acknowledgements:** The authors would like to thank the participants for their time and trust,  
4 and Mateusz Zatonski and Emma Green for their comments on drafts of this paper. We would  
5 also like to thank the three anonymous reviewers for their constructive feedback.  
6  
7  
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9

10 **Competing interests:** This project was supported by Bloomberg Philanthropies Stopping  
11 Tobacco Organizations and Products project funding ([www.bloomberg.org](http://www.bloomberg.org)). The opinions  
12 expressed are those of the authors alone. The funders had no role in study design, data  
13 collection, analysis, decision to publish, or preparation of the manuscript.  
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20 **Contributors:** AG gained project funding. AG, LR and BKM conceptualised the project and  
21 designed the interview questionnaire. LR gained ethics approval. BKM and LR collected the  
22 data. BKM coded the data and prepared the draft manuscript. LR and AG provided feedback  
23 during manuscript preparation.  
24  
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30 **Funding:** This project was supported by Bloomberg Philanthropies Stopping Tobacco  
31 Organizations and Products project funding ([www.bloomberg.org](http://www.bloomberg.org)).  
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Adapted from <https://academic.oup.com/intqhc/article/19/6/349/1791966>

NO	ITEM	DESCRIPTION	PAGE
<b><u>DOMAIN 1: RESEARCH TEAM AND REFLEXIVITY</u></b>			
<b>PERSONAL CHARACTERISTICS</b>			
1.	Interviewer/facilitator	BKM/ LR	n/a
2.	Credentials	PhD/ PhD	n/a
3.	Occupation	Research Associate/ Research Fellow	n/a
4.	Gender	F/F	n/a
5.	Experience and training	Conducted 130+ in-depth interviews and training as part of PhD/ Experienced in conducting and analysing qualitative research; published seven peer-reviewed qualitative papers	n/a
<b>RELATIONSHIP WITH PARTICIPANTS</b>			
6.	Relationship established	Neither BKM nor LR had established relationships with participants prior to starting the study, although some participants knew people from our wider tobacco control research group and all participants worked in tobacco control - a reasonably cohesive sector - hence, there was a pre-existing collegial relationship to some extent.	n/a
7.	Participant knowledge of the interviewer	Prior to the study commencing, we shared an information sheet with participants that explained the names of researchers who would be conducting the interview, where we were employed, and who funded the project. We introduced ourselves briefly at the beginning of the interview.	n/a
8.	Interviewer characteristics	None were explicitly reported, though participants were made aware through the information sheet that we worked within tobacco control.	n/a
<b><u>DOMAIN 2: STUDY DESIGN</u></b>			
<b>THEORETICAL FRAMEWORK</b>			
9.	Methodological orientation and Theory	Qualitative Description	9
<b>PARTICIPANT SELECTION</b>			
10.	Sampling	Countries selected purposively (progress in TC, different regions, income-economy types), participants: through contacts and snowballing	6-9
11.	Method of approach	Initial contact was made via e-mail	8-9
12.	Sample size	22	10
13.	Non-participation	Some of the potential participants we approached, did not respond to our email. We don't know if they didn't want to participate, if the email addresses were incorrect, etc.	n/a
<b>SETTING</b>			
14.	Setting of data collection	Desk-based online interviews (BKM)/ in the field (LR)	n/a
15.	Presence of non-participants	None (BKM), a colleague (new member of the team) (LR)	n/a

16.	Description of sample	Given the nature of our research we chose to protect the anonymity of participants, hence, we do not report demographic data. In the results, we report the countries participants were selected from, and the tobacco control context.	10
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### **DATA COLLECTION**

17.	Interview guide	Questionnaire developed by AG, LR and BKM. BKM conducted a pilot interview with a colleague (tobacco control researcher and activist).	9
18.	Repeat interviews	None	n/a
19.	Audio/visual recording	Calls were recorded (BKM), Face-to-face interview recorded with a voice recorder (LR).	9/10
20.	Field notes	Some reflective notes were made.	n/a
21.	Duration	On average 90 minutes, with the vast majority being between 1 and 2 hours	10
22.	Data saturation	Was discussed and resulted in the decision not to conduct further interviews for the project.	n/a
23.	Transcripts returned	No.	n/a

## **DOMAIN 3: ANALYSIS AND FINDINGS**

### **DATA ANALYSIS**

24.	Number of data coders	1 (BKM)	9
25.	Description of the coding tree	We developed a coding framework which can be shared with interested parties on request	9
26.	Derivation of themes	General themes were identified before (based on research questions, reflected in questionnaire), subthemes were inductively identified during coding.	9
27.	Software	NVivo 12	9
28.	Participant checking	We shared a summary with 18 participants and gave them 2.5 weeks to provide feedback, 8 responded	9

### **REPORTING**

29.	Quotations presented	Each quote was identified. Yet, participants were anonymised.	n/a
30.	Data and findings consistent	In our view we have achieved consistency between the data and the findings we report. The eight participants who provided us feedback on the summary of findings (see Q28) found that their experiences were reflected in the findings.	9
31.	Clarity of major themes	We have structured the results around the major themes: i) the activities LMIC-based advocates engage when countering tobacco industry interference, ii) the challenges that arise when LMIC-based advocates engage in countering tobacco industry interference iii) how their efforts could be enhanced.	2/9
32.	Clarity of minor themes	As we were aiming to identify common themes, we did not include a discussion of minor themes or divergent cases.	n/a

# BMJ Open

## Needs of LMIC-based tobacco control advocates to counter tobacco industry policy interference: Insights from semi-structured interviews

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2020-044710.R1
Article Type:	Original research
Date Submitted by the Author:	03-Oct-2020
Complete List of Authors:	Matthes, Britta Katharina; University of Bath, Department for Health Robertson, Lindsay; University of Bath Department for Health, Gilmore, Anna; Tobacco Control Research Group, UK Centre for Tobacco and Alcohol Studies, Department for Health, University of Bath
<b>Primary Subject Heading</b>:	Global health
Secondary Subject Heading:	Health policy, Public health, Qualitative research
Keywords:	PUBLIC HEALTH, QUALITATIVE RESEARCH, Health policy < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

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**Manuscript title**

Needs of LMIC-based tobacco control advocates to counter tobacco industry policy interference: Insights from semi-structured interviews

**Corresponding author**

Britta Katharina Matthes, Department for Health, University of Bath, Claverton Down, BA27AY, Bath, UK; [bkm28@bath.ac.uk](mailto:bkm28@bath.ac.uk); ORCID ID: <https://orcid.org/0000-0003-2346-066X>

**Authors and affiliations**

Matthes, Britta K<sup>1</sup>/ Robertson, Lindsay<sup>1</sup>/ Gilmore, Anna B<sup>1</sup>

<sup>1</sup> Tobacco Control Research Group, Department for Health, University of Bath, UK/  
Stopping Tobacco Organizations and Products

**Word count** (excluding title page, abstract, summary, references, figures and tables): 4516

## ABSTRACT

### Introduction

Advocacy is vital for advancing tobacco control and there has been considerable investment in this area. While much is known about tobacco industry interference (TII), there is little research on advocates' efforts in countering TII and what they need to succeed. We sought to examine this and focused on low- and middle-income countries (LMICs) where adoption and implementation of the Framework Convention on Tobacco Control (FCTC) tend to remain slower and weaker.

### Method

We interviewed 22 advocates from eight LMICs with recent progress in a tobacco control policy. We explored participants' experiences in countering TII, including the activities they undertake, challenges they encounter and how their efforts could be enhanced. We used Qualitative Description to analyse transcripts and validated findings through participant feedback.

### Results

We identified four main areas of countering activities: (1) generating and compiling data and evidence, (2) accessing policy makers and restricting industry access, (3) working with media, (4) engaging in a national coalition. Each area was linked to challenges, including (1) lack of data, (2) no/weak implementation of FCTC Article 5.3, (3) industry ties with media professionals and (4) advocates' limited capacity. To address these challenges, participants suggested initiatives, including access to country-specific data, building advocates' skills in compiling and using such data in research and monitoring, and in coalition development; others aiming at training journalists to question and investigate TII; and finally, diverse interventions intended to advance a whole-of-government approach to tobacco control.

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3 Structural changes to tobacco control funding and coordination were suggested to facilitate  
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5 the proposed measures.  
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## 8 **Conclusion**

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11 This research highlights that following years of investment in tobacco control in LMICs,  
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13 there is growing confidence in addressing TII. We identify straightforward initiatives that  
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15 could strengthen such efforts. This research also underscores that more structural changes to  
16  
17 enhance tobacco control capacity-building should be considered.  
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21 **Keywords:** *tobacco control advocacy, LMICs, TII, capacity-building, FCTC Article 5.3*  
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### STRENGTHS AND LIMITATIONS OF THIS STUDY

- A key strength is that it includes the voices from advocates in eight countries (in four WHO regions and from the three low- and middle-income-groups).
- While all countries included experienced recent advances in tobacco control, our sample was drawn from countries that had enacted varying policies and regulations, meaning we identified advocates' common needs across different policy contexts.
- A limitation of the study is that the views expressed are not necessarily generalisable to the broader population of tobacco control advocates.
- Another limitation is that we only included participants who were fluent in English which limited the pool of potential participants.



## INTRODUCTION

The importance of tobacco control advocacy is enshrined in the WHO Framework Convention on Tobacco Control (FCTC), the first global public health treaty. Its guiding principles state that “the participation of civil society is essential in achieving the objective of the Convention and its protocol”<sup>1</sup>. In line with this, major public health organisations, including inter-governmental agencies, non-governmental organisations and funding agencies have been supporting tobacco control advocates worldwide. Given the evidence that tobacco industry interference (TII) is a major barrier to successful FCTC implementation<sup>2</sup>, some of these initiatives focus on TII, including via published materials and training.<sup>3-5</sup>

Given that the adoption and implementation of the FCTC provisions tend to remain slower and weaker in low- and middle-income countries (LMICs) than in high-income countries (HICs)<sup>6-8</sup>, finding ways to address TII effectively could lead to significant public health gains in LMICs.<sup>8 9</sup>

Impacts of initiatives such as the Bloomberg Initiative (BI) to Reduce Tobacco Use in LMICs have been documented<sup>10</sup>, and some tobacco control capacity-building initiatives evaluated.<sup>11</sup>

<sup>12</sup> However, to our knowledge, there has been no work exploring whether there are gaps that could if addressed, could enable advocates to address TII better. Furthermore, while there is a substantial body of literature on TII, the majority is based on HICs.<sup>13-15</sup> Few articles<sup>16-19</sup> focus on countering interference and the role of advocates in this. There is a distinct lack of published research on what support advocates need to counter TII successfully.

To inform future efforts to address TII in LMICs more effectively, this study aims to enhance our understanding of LMIC-based advocates’ experiences of countering TII and their unmet needs. We ask

- In what activities do LMIC-based advocates engage when countering TII?

- What challenges arise when LMIC-based advocates engage in countering TII?
- How could advocates' activities be enhanced, challenges overcome and unmet needs addressed?

Addressing these questions will provide a critical reflection on existing efforts to support tobacco control advocates in countering TII in LMICs and could enable future initiatives to be (better) tailored to advocates' needs.

## METHODS

This study took a qualitative approach<sup>20</sup> based on semi-structured interviews with LMIC-based tobacco control advocates which we analysed using Qualitative Description.<sup>21 22</sup>

### Sampling and recruitment

We purposely selected eight countries which had recently advanced or attempted to advance important tobacco control policies. The selected countries had adopted or consulted on health warning regulations (Bangladesh, India, Sri Lanka), comprehensive tobacco control policies including health warnings (Ethiopia, Uganda, Zambia), or significantly increased tobacco tax (Colombia, Ukraine) (see Table 1). We sought to capture experiences from a diverse set of LMICs and thus the eight countries represent four of the six WHO regions and the three income-economy groups within LMICs.

**Table 1: Selected countries' income group and recent policy**

Country (Region)	Income-economy type	Type of recent policy	Recent policy	Key provisions
Bangladesh (South-East Asia Region)	Lower middle-income	Health warning regulation	The Smoking and Tobacco Products Usage (Control)	Rules on-pack warnings require one of seven authorised picture/text warnings to occupy the upper 50% of the two principal display areas of the tobacco product package. If the package does not have two main sides, the

			Rules (2015)	warning must cover the upper 50% of the main display area. The text component of the warnings must be in Bangla and must be in white letters against a black background. Rotation of the warnings shall occur every three months.
<b>Colombia (Region of the Americas)</b>	Upper middle-income	Tax increase	Broad fiscal reform package approved by Colombia's Congress in 2016	The new taxes on tobacco products will nearly triple prices in 2017-2018, annual adjustments will be made for inflation and a mandated specific increase in subsequent years. The tobacco tax is estimated to generate about US\$350 million in additional revenue through 2022.
<b>Ethiopia (African Region)</b>	Low-income	Comprehensive regulation	Food and Medicine Administration Proclamation No. 1112/2019	It regulates, among other things, smoke-free environments, tobacco advertising, promotion and sponsorship, tobacco packaging and labelling, tobacco product regulation, protection against tobacco industry interference, and tobacco-related licensing and sales.
<b>India (South-East Asia Region)</b>	Lower middle-income	Health warning regulation	G.S.R. 727(E) (2015) G.S.R. 739(E) (2016) G.S.R. 331(E) (2016)	Increase in warning size from 40% of one side of tobacco product packaging to 85% of both sides of tobacco packaging and amended the rotation scheme (Start: 1/4/2015) 2016: New implementation date for health warnings (1/4/2016) and subsequent rounds established (start: 1/9/2018)
<b>Sri Lanka (South-East Asia Region)</b>	Upper middle-income	Health warning regulation	The National Authority on Tobacco and Alcohol (Amendment) Act (2015)	Health warnings in the form of pictures and text must be on every packet, package or carton containing cigarettes or other tobacco products. The warnings must be placed on the top surface area of both the front and back sides and must cover 80% of the top surface area of the front and back and must differ on each side. Manufacturers also must ensure that the warnings are changed every six months.
<b>Uganda (African Region)</b>	Low-income	Comprehensive regulation	Tobacco Control Act 2015,	It regulates smoking in public places; tobacco advertising, promotion and sponsorship;

			implementing regulations from 2019	tobacco product sales; tobacco packaging and labelling; and protection against tobacco industry interference, among other policy areas.
<b>Ukraine (European Region)</b>	Lower middle-income	Tax increase	2017 budget approved by Parliament, submitted by the Ministry of Finance	The 2017 budget includes a 40% specific excise tax increase on tobacco products over the 2016 level. The average excise tax burden will increase from 4 % in 2016 to 46% in 2017. The total tax burden will increase from 63% in 2016 to 67% in 2017.
<b>Zambia (African Region)</b>	Lower middle-income	Comprehensive regulation	Zambia Tobacco and Nicotine Products Control Bill	Draft Bill being considered by Line Ministries at the time of data collection.

Sources: WHO Region<sup>23</sup>, income-economy group<sup>24</sup>, information on health warning and comprehensive policies<sup>25</sup>, information on tax increases<sup>26</sup>.

Within these countries, we selected interviewees with sufficient experience of TII and their attempts to address it. They were required to have at least three years of experience in national-level tobacco control advocacy, meaning that they have been working to advance tobacco control policy in their country.<sup>27</sup> They also had to speak English. While the latter created limitations, it enabled us to avoid additional challenges associated with working with multiple interpreters.<sup>28</sup> To ensure we recorded varying perspectives from each context, we sought to include two to four interviewees from more than one civil society organisation (CSO) in each country. CSOs is a broader category than non-governmental organisations (NGOs) and include, for example, charities, NGOs and professional bodies<sup>29</sup> and is therefore more appropriate for capturing the range of organisations involved in tobacco control. We identified the first participants using our networks of tobacco control advocates and

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3 researchers and subsequently used a snow-balling approach. We invited potential participants  
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5 via email with an information sheet.  
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### 8 **Data collection**

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11 Informed by the existing peer-reviewed literature on TII, and particularly that on countering  
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13 TII and advocates' role<sup>16-19</sup>, we developed the interview guide. It explored participants'  
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15 experiences of countering TII and their views on what could facilitate CSOs efforts' in this  
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17 regard in their country. It also probed examples of TII in the participant's country; those data  
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19 form part of a separate study. The interview guide was revised through a series of author  
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21 meetings and piloted with a tobacco control advocate and researcher who was like most  
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23 research participants, not a native speaker of English. All interviews were conducted in  
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25 English, recorded with participants' permission, and subsequently transcribed.  
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### 29 **Data analysis**

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32 We used Qualitative Description to analyse transcripts<sup>21 22</sup>, facilitated by the use of NVivo  
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34 12. With this approach, we aimed to summarise the content of the data in a way that allowed  
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36 describing interviewees' perceptions and experiences, which lie at the study's heart.<sup>21 22</sup> Key  
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38 categories of analysis were derived from the research questions, reflected in the interview  
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40 guide and facilitated a deductive approach to coding. Further sub-categories were identified  
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42 inductively. BKM conducted the coding and met regularly with LR and AG to discuss coding  
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44 and refine key findings. To validate findings<sup>30</sup>, a summary was shared with 18 participants  
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46 who had previously agreed to provide feedback, and eight (44%) responded. They agreed  
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48 with our findings and suggested some refinement which we took on board.  
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### 54 **Ethics**

Ethical approval for the study was obtained from the University of Bath's Research Ethics Approval Committee for Health (REACH) [Reference: EP 18/19 012], and all participants gave consent to participate.

### **Patient and public involvement**

No patient involved.

## **RESULTS**

### **Sample**

Between June and October 2019, we conducted 20 interviews with 22 participants from eight countries; two interviews had two participants. Five interviews took place in-person and 15 remotely, using Microsoft Teams. The average length per interview was 90 minutes. While all interviewees met the inclusion criteria, some held research or public sector positions in addition to being involved in tobacco control CSOs. Yet, all saw themselves primarily as advocates. The distribution of interviewees per country and type of policy change are indicated in Table 2.

**Table 2: Distribution and IDs of interviewees**

<b>Recent tobacco control measures</b>	<b>Countries (No of Interviewees; interview medium)</b>	<b>Interviewee IDs</b>
Comprehensive bills/laws	Ethiopia (3; online), Uganda (3, online), Zambia (4; in-person)	P1-P22
Health warning regulations	Bangladesh (2; online), India (3; 1 online, 2 in-person), Sri Lanka (2; online)	
Tax increase	Colombia (3; online), Ukraine (2; online)	

Except for one country, at least two CSOs were included per country and the 22 participants came from 18 different organisations. The CSOs were diverse: Some focused exclusively on

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3 tobacco control and others also engaged in other public health issues. Almost all received  
4  
5 funding predominately from international tobacco control organisations.  
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### 8 **Countering activities: Key areas and challenges encountered**

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11 Countering TII was typically described as an integral part of a wider tobacco control  
12  
13 advocacy strategy to advance specific pieces of regulation and thus generally planned.  
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15 However, ad hoc responses were sometimes required to respond to specific developments.  
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17 Activities to counter TII were usually influenced by the stage of the policy process, the  
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19 specifics of policy-making within the given country, the type of tobacco control measure, and  
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21 participants' expertise and capacity.  
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26 Nonetheless, participants consistently described seeking to predict, pre-empt and counter TII  
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28 and identified four key areas of activity they regularly engaged in to achieve this. In each of  
29  
30 these areas, they reported crucial and partly overlapping challenges.  
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#### 33 1. Generating and compiling data and evidence

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36 Data and evidence were perceived as vital to pre-empt or counter industry arguments; “*as*  
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38 *long as you press them [tobacco industry] using evidence, (...) they are defeated*” (P12). Data  
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40 were seen as useful for informing decision-makers directly and exposing tobacco industry  
41  
42 misinformation in the media. A participant shared how a small-scale study on illicit trade  
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44 conducted by his organisation, helped rebut industry claims during policy consultations:  
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49 *It was like a game-changer during the public hearing meeting when we said*  
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51 *it's not true. Our illicit trade is not [more significant figure] [as the tobacco*  
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53 *industry claimed] it is only [less significant figure]. Then it changed the*  
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55 *mentality of the parliamentarians. (P2)*  
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3 Interviewees reported lacking up to date and reliable context-relevant data, especially on  
4 illicit trade, tobacco farming and cultivation, tobacco taxation, employment in the tobacco  
5 industry and on the environmental impact of tobacco. They emphasised the need for robust  
6 financial and economic data from sources independent of the tobacco industry. They found it  
7 difficult to obtain concrete evidence on TII, given that such activities were often hidden.  
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11 Beyond country-specific data, evidence detailing, for example, industry strategies and  
12 activities in similar countries, especially from the same region, was perceived as important.  
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14 Other more generic information and resources such as factsheets, provided by the WHO or  
15 tobacco control organisations, were seen as useful. Still, they would often need to be  
16 translated to the local context, which required time and skill from advocates.  
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20 Interviewees also recognised limitations of evidence and data in countering TII: Firstly,  
21 emotional narratives were said to matter as much as evidence since *“having human stories is*  
22 *also very, very effective for policy makers and for [...] the public”* (P15). Using such  
23 narratives would also mirror industry behaviour: *“for the industry it’s not about being*  
24 *precise, accurate, it’s about bringing the emotion, making people believe the industry and not*  
25 *the advocates”* (P18). Secondly, data and evidence need to reach the key people who need to  
26 act on them:  
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*so much has been written about TII... among the tobacco control community, the  
knowledge is there. This knowledge is, however, absent in the people there to make  
decisions. (P22)*

## 2. Accessing policy makers and restricting tobacco industry access

For countering TII, advocates saw establishing and sustaining direct access to policy makers  
as crucial. It enabled them to inform policy makers of tobacco industry conduct and  
misinformation, thereby, empowering them to make informed decisions.



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3 However, participants agreed that access to policy makers, particularly those in Ministries of  
4 Finance, Trade and Agriculture and their respective parliamentary committees was  
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6 challenging. Informal links between the tobacco industry and policy makers from outside the  
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8 health sector, who often believe the industry brings financial benefits, was a key hindrance. A  
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10 participant recalled an informant telling them:  
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15 *...the industry is in bed with finance, and with the committee in Parliament*  
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17 *[...] they [policy makers] have completely blacklisted tobacco control; they*  
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19 *don't come to any meetings, they don't want to be told anything, nothing.*  
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21 *Because [...] the industry gives them lots of money. What is tobacco control*  
22  
23 *going to offer? Nothing. That's where the challenge is. (P12)*  
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28 In some countries, policy makers were reported to have direct conflicts of interest, including  
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30 via the revolving door phenomenon or having a direct personal or family stake in a tobacco  
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32 company. In a few countries, such a conflict of interest existed alongside a formal  
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34 government commitment to tobacco control, for example, *"the Prime Minister would like to*  
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36 *make [country name] tobacco-free 2040 and at the same time, [the] government is the owner*  
37  
38 *of the tobacco company in X"* (P8).  
39  
40  
41

42  
43 Interviewees also reported issues which enabled industry access to policy makers while  
44  
45 constraining the tobacco control community's access. These included state agendas to  
46  
47 promote tobacco as a cash crop, the establishment of a public body with this mandate and  
48  
49 investor agreements between a tobacco company and public entity.  
50  
51

52  
53 While a formal implementation of FCTC Article 5.3 would help address this, policy makers  
54  
55 outside the health sector were often unaware of FCTC Article 5.3. Policies to domesticate this  
56  
57 provision lacked in all eight countries. In some, the health ministry was not seen as  
58  
59 sufficiently authoritative to introduce such a policy: *"health ministry guys are feeling that*  
60

1  
2  
3 *'we are not such an authority to prepare a policy on Article 5.3 for the whole*  
4 *government' ...*" (P17). Limited state capacity was identified as a barrier to any future FCTC  
5  
6 Article 5.3 policy implementation and enforcement.  
7  
8

### 10 3. Working with media

11  
12 Working with the media was seen as key to obtaining and disseminating data and evidence  
13  
14 exposing and countering tobacco industry conduct, convincing policy makers and the public,  
15  
16 and building public pressure on policy makers:  
17  
18

19  
20  
21 *They [tobacco industry] wrote something on the newspaper, we go against,*  
22 *whenever we see any report, we respond to that with media, with*  
23 *publications and also, we use media to aware community about their tactics,*  
24 *their influence and so on. (P20)*  
25  
26  
27  
28  
29

30  
31 Key activities included building relationships with media executives, editors and journalists,  
32  
33 organising press conferences and disseminating public statements. Where advocates were  
34  
35 unable to carry out in-depth investigative work, they sought close collaboration with  
36  
37 journalists who could *"get [missing] information"* (P22);  
38  
39

40  
41 *We regularly get some intelligence from them [journalists] on what has been*  
42 *happening regarding tobacco, in that particular ministry. That is one source*  
43 *of information. The main source, I would have to say. (P17)*  
44  
45  
46  
47  
48

49 One participant reported that the *"[media] did play a very strong role in ensuring that the*  
50 *correct evidence was presented to the public [...] that way media had a strong contribution*  
51 *to getting the [policy]"* (P15). In another case, the relationship with influential editors and  
52  
53 reporters was crucial:  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 *We knew all the content of the industry's opinion pieces before they came*  
4 *out on the newspaper. We had to inform the chair of the [parliamentary]*  
5 *Committee and the Minister of Health that this thing is coming from the*  
6 *industry through the [third party]. We had a reporter investigating for us,*  
7 *who provided the content before the publication [...] that was really*  
8 *successful. (P1)*  
9  
10  
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12  
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17  
18 Some in-country CSOs also offered training on tobacco control and industry monitoring for  
19 journalists, which was perceived as strengthening the national tobacco control network.  
20  
21

22  
23 However, working with the media was perceived as challenging as the tobacco industry  
24 sought to do the same. The industry built its relationships with the media, using incentives,  
25 including training for journalists. In all countries, interviewees saw their CSOs as unable to  
26 compete with the financial benefits the industry offered to media professionals. While  
27 participants from most countries reported that the tobacco industry concentrated on topic-  
28 specific media outlets popular among certain stakeholders, in other countries, it targeted  
29 widely read generic media outlets. A second challenge related to the above-mentioned lack of  
30 evidence: it was difficult to interest media professionals in exposing TII based on suspicions  
31 rather than clear evidence since this would require an investment of the journalist's time with  
32 an unknown return.  
33  
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#### 46 4. Engaging in a national tobacco control coalition

47  
48 Tobacco control CSOs often attempted to form national coalitions to join forces and use each  
49 other's strengths to harness strength and maximise advocates' impact. Yet, only in one  
50 country, where an alliance had existed for several years, was the national coalition perceived  
51 as robust. Elsewhere, coalitions were experienced as fragile, negatively impacting on the  
52 strength and scale of activities to counter TII and advance tobacco control.  
53  
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1  
2  
3 The capacity of coalition members, in terms of numbers, time and skills, was seen as a key  
4  
5 obstacle to a strong coalition – all perceived as determined mainly by financial resources.

6  
7  
8 Almost all CSOs depended on short-term project-based grants which had limitations:

9  
10  
11 *We cannot afford to have staff permanently. It is just a project that gets*  
12  
13 *approved, then we pool all the resources that we have, to make sure that the*  
14  
15 *project is executed. But it is expensive to operate as an organisation in a*  
16  
17 *country like ours. We need to pay taxes [...] we have bureaucratic*  
18  
19 *expenditures, that never stops. (P21)*  
20  
21  
22

23 Interviewees indicated that funding hindered coalition formation and functionality in two  
24  
25 ways. First, scarce opportunities to secure funds led to competition rather than collaboration  
26  
27 between CSOs, inhibiting coalition development and longevity. This was also identified as  
28  
29 leading to a lack of coordination among CSOs, resulting in duplication of efforts. Second,  
30  
31 CSOs were often constrained by their funders agenda, which often emphasised policy  
32  
33 advocacy and implementation rather than addressing TII:  
34  
35

36  
37  
38 *[our funder] now concentrates... less on tobacco industry accountability,*  
39  
40 *probably because of their area of focus or their internal issues. For that*  
41  
42 *reason, we had to compromise our staff assigned on industry accountability*  
43  
44 *work. (P17)*  
45  
46  
47

48 In some countries, CSOs reported a lack of flexibility from funders, which could mean  
49  
50 that locally-identified needs - such as countering TII – could not be addressed as part  
51  
52 of the contract:  
53  
54

55  
56 *I have seen organisations which come with ready agreements, and they are*  
57  
58 *not happy to change it, you just sign it or not sign it, right? That's not a true*  
59  
60 *partnership. (P16)*

## How to enhance activities, overcome challenges and address unmet needs

### 1. Generating and compiling data and evidence

Advocates identified two main ways through which the data and evidence gaps could be addressed. Firstly, by supporting the development of advocates' skills to generate new data and evidence, contextualise generic data and evidence, and undertake tobacco industry monitoring and investigative research. Webinars or e-learning modules were seen as having a wider reach than on-site training. Yet, the latter could be more impactful since they could be tailored specifically to the context. For virtual or on-site initiatives, advocates highlighted the need for continuous support; *"you cannot say I am giving a training once and people will be able to implement all those articles, forget about it."* (P12). Reflecting on their experience with courses to date, these were perceived *"like a foundation, [but] you need continuous input to strengthen"* (P6). Secondly, most advocates appreciated and used the information on TII available on websites such as Tobacco Tactics but wanted them to include more LMIC-specific data and success stories. Furthermore, an e-learning module could accompany existing resources such as this, guiding advocates on how to use the material.

### 2. Accessing policy makers and restricting tobacco industry access

To gain better access to policy makers, advocates reported they needed to become better at speaking the 'language' of non-health politicians and public officials. This could entail framing tobacco control as a development issue rather than just as a matter of public health. To restrict tobacco industry access to policy makers, participants proposed webinars and other forms of training to increase advocates' understanding of FCTC Article 5.3, as well as that of others such as non-health stakeholders and policy makers. These could be developed in close collaboration with local advocates to ensure they are context-specific and target the appropriate audiences. Lastly, interviewees suggested that the informal ties between policy

1  
2  
3 makers and the tobacco industry, and the conflicts of interest those pose, could be addressed  
4  
5 by better exposing these links which, again, could be achieved through investigative skills  
6  
7 training for advocates and also journalists.  
8  
9

### 10 3. Working with media

11  
12  
13 Advocates stressed the need to raise awareness of and interest in TII among media  
14  
15 professionals including editors and journalists and – as noted above - to strengthen their  
16  
17 investigative skills through training so they could better expose industry behaviour. The latter  
18  
19 could either take the form of webinars targeting journalists directly or written material which  
20  
21 LMIC-based advocates can adapt. Advocates also suggested that sharing success stories of  
22  
23 advocates working with journalists could inform their approach.  
24  
25  
26

### 27 4. Engaging in a national coalition

28  
29  
30  
31 Difficulties around developing robust and sustained tobacco control coalitions were arguably  
32  
33 more difficult to address in the short-term, as they reflected broader challenges relating to  
34  
35 funding and state capacity and government priorities. Nonetheless, one suggestion was to  
36  
37 support advocates in developing coalitions that extended beyond tobacco control, engaging  
38  
39 development-oriented CSOs to help frame tobacco control as a development priority. While  
40  
41 participants were confident that they could identify, approach and work with crucial coalition  
42  
43 supporters, including policy brokers, they suggested management training on coordinating  
44  
45 and working more effectively in a coalition.  
46  
47  
48

### 49 5. Overarching needs

50  
51  
52  
53 In addition to these focused and pragmatic measures, interviewees consistently pointed to two  
54  
55 overarching needs and linked solutions which could facilitate their work in all four areas of  
56  
57 activity and improve its impact.  
58  
59  
60

1  
2  
3 The first was an expressed need for structural change in the way support for LMIC-based  
4 tobacco control was funded and coordinated. A move from short-term to longer-term funding  
5  
6 to allow more sustainable capacity building, meaning that, for example, capacity built  
7  
8 through training would not be lost when funding came to an end. Second, a collaborative  
9  
10 rather than competitive approach to funding would encourage coordination among those  
11  
12 CSOs working in tobacco control and beyond. Through this, competition and duplication of  
13  
14 efforts which lead to inefficiencies could be prevented. Some participants also suggested the  
15  
16 possibility of having some additional flexibility in their contracts to more readily counter TII.  
17  
18 Lastly, some advocates wanted to be identified more as partners rather than recipients and  
19  
20 showed great interest in contributing their knowledge and experience to future capacity-  
21  
22 building efforts. This could add to South-South knowledge exchange. *“the beauty is that if  
23  
24 we stop thinking that I’m here to only benefit the other person. Then you start seeing that  
25  
26 there is a lot of scope for mutual learning, right?”* (P16).  
27  
28  
29  
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32

33  
34 The second overarching need related to sharing knowledge and learning from each other’s  
35  
36 experiences; *“We don’t need to reinvent the wheel because we need to learn from how others  
37  
38 handled this situation.”* (P11). One possible way of meeting this need was establishing or  
39  
40 strengthening a network linking LMIC-based advocates, where they could exchange  
41  
42 information on instances of TII and how to address it and share success stories. Meeting this  
43  
44 need would not require as large-scale changes as the other overarching need.  
45  
46  
47

48 Table 3 summarises the key findings from the result section.  
49

50  
51 **Table 3: Key activities to counter TII and ways of enhancing those activities and**  
52  
53 **addressing advocates’ needs**  
54  
55

Key activities to counter TII (their purpose)	How to enhance the activities and address unmet needs	Overarching needs and how to
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		<b>address them</b>
<p><b>Generating and compiling data and evidence</b> (to pre-empt or counter tobacco industry arguments)</p>	<p>Develop <b>research skills</b> to generate new data/evidence and contextualise generic data/evidence; to undertake tobacco industry monitoring and investigative research (<i>on-site training, webinars, ongoing support</i>)</p> <p>Make <b>more LMIC-specific data and success stories</b> available (<i>expanding websites like Tobacco Tactics, include infographics and offer e-learning materials on how to use the resource</i>)</p>	
<p><b>Accessing policy makers and restrict tobacco industry access</b> (to make policy makers aware of tobacco industry conduct and enable them to make informed decisions on policy and foster non-engagement with the tobacco industry)</p>	<p>Improve skills in accessing and working with <b>non-health policy makers and officials</b>, promoting a whole-of-government approach and improving FCTC Article 5.3 adoption, implementation and enforcement (<i>webinars, training material they can use</i>)</p> <p>More <b>training initiatives targeting non-health public officials and agencies</b> (<i>webinars, on-site trainings</i>)</p>	<p><b>Longer-term funding</b> enabling collaboration rather than competition between organisations (<i>funding and capacity-building</i>)</p>
<p><b>Working with media</b> (to help obtain and disseminate information on TII; to help counter tobacco industry arguments to convince policy makers/ public; build public pressure)</p>	<p>Awareness raising and <b>investigative training</b> for journalists (<i>webinars and material for advocates offering training or webinars and e-learning directly targeting journalists</i>)</p>	<p>AND</p>
<p><b>Engaging in a national coalition</b> (to join forces using each organisation's strengths to be more successful in other activities)</p>	<p>Training on how to <b>build and manage coalitions</b> beyond tobacco control (webinars, e-learning)</p> <p>Sharing <b>success stories</b> related to coalition building and management (<i>website, e-learning</i>)</p> <p>More training initiatives on how to <b>work more effectively</b> (<i>webinars, e-learning</i>)</p>	<p>Strengthen <b>networking</b> and facilitate <b>learning</b> among LMIC-based advocates (<i>app/website</i>)</p>



## DISCUSSION

To our knowledge, this is the first published paper to explore, across a broad group of LMICs, how advocates try to counter TII, and, more specifically the challenges they encounter and how these might be addressed. There was remarkable consistency both within and across countries in the activities, advocates engaged in to counter TII, the challenges they faced, their identified needs and, perhaps most importantly, the suggested solutions. As such, this work can be used to directly inform further efforts to address TII.

Our findings indicate that following significant investment in tobacco control advocacy, advocates are working effectively to address TII with their identified activities. The activities are aligned with those outlined in the literature on countering TII in LMICs<sup>16-19 31-34</sup>, HICs<sup>35 36</sup> and supranational settings<sup>37</sup> and directly addressing some of the main TII tactics, most notably, producing and disseminating information, seeking direct access to policy makers and using front groups and third parties.<sup>9 13-15 38</sup>

Nevertheless, advocates identified significant challenges which centre around the greater power of the tobacco industry. Far more significant information and financial resources are available to the tobacco industry than to CSOs and it has greater ability to access key stakeholders, particularly in powerful non-health ministries. Politicians' links to tobacco companies also enable such access<sup>15</sup>, and national policies in conflict with public health, for example, listing tobacco as a principal cash crop.<sup>39</sup> These challenges reflect the concerning implications of corporate power that are not limited to tobacco control<sup>40</sup>, the taming of which is described as "the key political issue of our time".<sup>41</sup>

The findings suggest some relatively straightforward measures could be taken to advance LMIC-based advocates' capacity to counter TII, and that some structural changes could also be considered.

1  
2  
3 Firstly, our study highlights that enhancing advocates' skills is a high priority, both research  
4 skills as well as skills in monitoring and investigation. Upskilling advocates in these areas are  
5 already being undertaken and funded by international donors.<sup>42-44</sup> However, in line with  
6 previous research<sup>45</sup>, our findings show the importance of tailoring training initiatives to the  
7 particular LMIC's context and moving beyond one-off training to sustain their impact. An  
8 initiative that helps to address some of the identified needs is the 'Think Tanks' project  
9 delivered by the University of Chicago. The project aims to build research capacity into  
10 economic and fiscal policies for tobacco control.<sup>46</sup> It has the potential to nurture local  
11 expertise and provide important data that could help counter tobacco industry  
12 misinformation.

13  
14 Secondly, FCTC Article 5.3 training for non-health stakeholders holds the potential to redress  
15 the inequitable access that the tobacco industry has to policy makers compared to CSOs.<sup>47</sup> As  
16 reflected in our research, CSOs sometimes engage in training policy stakeholders and  
17 journalists, which is particularly beneficial since they know the context and audience. Thus,  
18 advocates would likely benefit from more initiatives that develop skills in designing and  
19 delivering such training. In line with previous research<sup>48-50</sup>, our work also points to potential  
20 benefits of framing tobacco control as a development priority and adds that this could be  
21 integrated into advocacy to facilitate access to non-health sector stakeholders.

22  
23 Thirdly, a stronger tobacco control network of LMIC-based advocates was perceived as  
24 important. While global tobacco control networks exist, our findings suggest having a  
25 dedicated network focused on countering TII could be worthwhile.

26  
27 Addressing the identified issues around funding requires more structural solutions that would  
28 not only address advocates' countering efforts but could strengthen tobacco control advocacy  
29 in LMICs more generally. In line with the literature on LMIC-based CSOs<sup>51-53</sup> and public  
30

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2  
3 health<sup>54-56</sup> and tobacco control<sup>57 58</sup>, the CSOs represented in this study were typically  
4  
5 dependent on international (rather than national) and short-term (rather than long-term)  
6  
7 funding, the latter in particular made building lasting capacity and effective coalitions  
8  
9 difficult. This concern resonates with the literature on LMIC-based CSOs, suggesting that  
10  
11 long-term partnerships between international organisations and local partners build greater  
12  
13 capacity among advocates to successfully continue their work after the project ended.<sup>51 59</sup> The  
14  
15 feasibility of solutions suggested by advocates needs to be carefully unpacked, also  
16  
17 considering the implications of having private foundations rather than national governments  
18  
19 as key sponsors.<sup>52 53</sup>

20  
21  
22  
23  
24 As the first study with the explicit aim of exploring advocates' needs in LMICs, its key  
25  
26 strength is that it includes the voices from advocates in eight countries (in four WHO regions  
27  
28 and from three income-groups). While all countries had recently advanced or attempted to  
29  
30 advance experienced recent advances in tobacco control policies, the policies were diverse –  
31  
32 from comprehensive to specific policies spanning different aspects of tobacco control.  
33  
34

35  
36 A limitation is that, as with most qualitative research<sup>60</sup>, the views expressed are not  
37  
38 necessarily generalisable to the wider population of tobacco control advocates. Our  
39  
40 participants tended to be experienced and had received training provided by the international  
41  
42 tobacco control community, and their views may not necessarily reflect those of advocates  
43  
44 without similar opportunities. Yet, many interviewees offered insights into the needs of  
45  
46 colleagues rather than solely speaking about their own experience.  
47  
48  
49

50  
51 An additional limitation is that we only included participants who spoke English. This limited  
52  
53 the pool of potential participants, especially given that English is not the official language in  
54  
55 most included countries. A related limitation is that most participants were not native  
56  
57 speakers of English which we mitigated by refining the interview schedule following a pilot  
58  
59  
60

1  
2  
3 interview with a non-native speaker of English. If we had not included the English-language  
4  
5 requirement, we would have needed support from several interpreters. This would have  
6  
7 created additional challenges.<sup>28</sup>  
8  
9

10 Future research is needed to deepen our understanding of tobacco control advocacy in LMICs  
11  
12 and their efforts in countering TII. For example, by studying cases of tobacco control  
13  
14 coalitions, one could better understand advocates' efforts in building and sustaining coalitions  
15  
16 and compare different approaches. This study raises important questions about structural  
17  
18 changes in the international tobacco control community; the implications and feasibility of  
19  
20 possible solutions require further exploration.  
21  
22  
23

## 24 25 **CONCLUSION** 26

27  
28 To our knowledge, this is the first paper to research LMIC-based advocates' needs in  
29  
30 countering TII. Our findings highlight growing confidence in addressing TII among  
31  
32 advocates and we identified some tangible and straightforward initiatives that could address  
33  
34 unmet needs and enhance advocates' efforts in countering TII. This paper also highlights that  
35  
36 more structural changes in how tobacco control is funded and coordinated could strengthen  
37  
38 tobacco control in LMICs. Our study is important as LMIC-based advocates may not feel  
39  
40 able to advocate for such changes, given the continual pressure to obtain scarce funding from  
41  
42 international donors.<sup>58 61 62</sup>  
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1  
2  
3 **Acknowledgements:** The authors would like to thank the participants for their time and trust,  
4 and Mateusz Zatoński and Emma Green for their comments on drafts of this paper. We would  
5 also like to thank the three anonymous reviewers for their constructive feedback.  
6  
7  
8

9  
10 **Contributorship statement:** AG gained project funding. AG, LR and BKM conceptualised  
11 the project and designed the interview questionnaire. LR gained ethics approval. BKM and  
12 LR collected the data. BKM coded the data and prepared the draft manuscript. LR and AG  
13 provided feedback during manuscript preparation.  
14  
15  
16  
17  
18

19  
20 **Competing interests:** This project was supported by Bloomberg Philanthropies Stopping  
21 Tobacco Organizations and Products project funding ([www.bloomberg.org](http://www.bloomberg.org)). The opinions  
22 expressed are those of the authors alone. The funders had no role in study design, data  
23 collection, analysis, decision to publish, or preparation of the manuscript.  
24  
25  
26  
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29  
30 **Funding:** This project was supported by Bloomberg Philanthropies Stopping Tobacco  
31 Organizations and Products project funding ([www.bloomberg.org](http://www.bloomberg.org)).  
32  
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35 **Data sharing statement:** No additional data available  
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Adapted from <https://academic.oup.com/intqhc/article/19/6/349/1791966>

NO	ITEM	DESCRIPTION	PAGE
<b><u>DOMAIN 1: RESEARCH TEAM AND REFLEXIVITY</u></b>			
<b>PERSONAL CHARACTERISTICS</b>			
1.	Interviewer/facilitator	BKM/ LR	n/a
2.	Credentials	PhD/ PhD	n/a
3.	Occupation	Research Associate/ Research Fellow	n/a
4.	Gender	F/F	n/a
5.	Experience and training	Conducted 130+ in-depth interviews and training as part of PhD/ Experienced in conducting and analysing qualitative research; published seven peer-reviewed qualitative papers	n/a
<b>RELATIONSHIP WITH PARTICIPANTS</b>			
6.	Relationship established	Neither BKM nor LR had established relationships with participants prior to starting the study, although some participants knew people from our wider tobacco control research group and all participants worked in tobacco control - a reasonably cohesive sector - hence, there was a pre-existing collegial relationship to some extent.	n/a
7.	Participant knowledge of the interviewer	Prior to the study commencing, we shared an information sheet with participants that explained the names of researchers who would be conducting the interview, where we were employed, and who funded the project. We introduced ourselves briefly at the beginning of the interview.	n/a
8.	Interviewer characteristics	None were explicitly reported, though participants were made aware through the information sheet that we worked within tobacco control.	n/a
<b><u>DOMAIN 2: STUDY DESIGN</u></b>			
<b>THEORETICAL FRAMEWORK</b>			
9.	Methodological orientation and Theory	Qualitative Description	9
<b>PARTICIPANT SELECTION</b>			
10.	Sampling	Countries selected purposively (progress in TC, different regions, income-economy types), participants: through contacts and snowballing	6-9
11.	Method of approach	Initial contact was made via e-mail	8-9
12.	Sample size	22	10
13.	Non-participation	Some of the potential participants we approached, did not respond to our email. We don't know if they didn't want to participate, if the email addresses were incorrect, etc.	n/a
<b>SETTING</b>			
14.	Setting of data collection	Desk-based online interviews (BKM)/ in the field (LR)	n/a
15.	Presence of non-participants	None (BKM), a colleague (new member of the team) (LR)	n/a

16.	Description of sample	Given the nature of our research we chose to protect the anonymity of participants, hence, we do not report demographic data. In the results, we report the countries participants were selected from, and the tobacco control context.	10
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### **DATA COLLECTION**

17.	Interview guide	Questionnaire developed by AG, LR and BKM. BKM conducted a pilot interview with a colleague (tobacco control researcher and activist).	9
18.	Repeat interviews	None	n/a
19.	Audio/visual recording	Calls were recorded (BKM), Face-to-face interview recorded with a voice recorder (LR).	9/10
20.	Field notes	Some reflective notes were made.	n/a
21.	Duration	On average 90 minutes, with the vast majority being between 1 and 2 hours	10
22.	Data saturation	Was discussed and resulted in the decision not to conduct further interviews for the project.	n/a
23.	Transcripts returned	No.	n/a

## **DOMAIN 3: ANALYSIS AND FINDINGS**

### **DATA ANALYSIS**

24.	Number of data coders	1 (BKM)	9
25.	Description of the coding tree	We developed a coding framework which can be shared with interested parties on request	9
26.	Derivation of themes	General themes were identified before (based on research questions, reflected in questionnaire), subthemes were inductively identified during coding.	9
27.	Software	NVivo 12	9
28.	Participant checking	We shared a summary with 18 participants and gave them 2.5 weeks to provide feedback, 8 responded	9

### **REPORTING**

29.	Quotations presented	Each quote was identified. Yet, participants were anonymised.	n/a
30.	Data and findings consistent	In our view we have achieved consistency between the data and the findings we report. The eight participants who provided us feedback on the summary of findings (see Q28) found that their experiences were reflected in the findings.	9
31.	Clarity of major themes	We have structured the results around the major themes: i) the activities LMIC-based advocates engage when countering tobacco industry interference, ii) the challenges that arise when LMIC-based advocates engage in countering tobacco industry interference iii) how their efforts could be enhanced.	2/9
32.	Clarity of minor themes	As we were aiming to identify common themes, we did not include a discussion of minor themes or divergent cases.	n/a