

A conversation with the International Union Against Tuberculosis and Lung Disease, December 20, 2017

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by The Union.

Summary

GiveWell spoke with Dr. Gan Quan and Dr. Fujiwara of the International Union Against Tuberculosis and Lung Disease (The Union) as part of its investigation into tobacco control. Conversation topics included The Union's work on tobacco control, the impact of tobacco control policies, the types of data used to evaluate the effectiveness of tobacco control programs, potential challenges for future work on tobacco control, and The Union's room for more funding.

The Union's work on tobacco control

Tobacco control is a priority program area for The Union. It offers technical assistance to governments that wish to implement tobacco control interventions in their countries. The Union also conducts research and offers educational courses on tobacco control.

At the beginning of its work on tobacco control, The Union worked in the 15 countries which were a priority for Bloomberg Philanthropies. It has since reduced the number of priority countries to 10. Priority status is primarily determined by the number of smokers in that country. However, The Union still invests significant funds in tobacco control for non-priority countries.

Tobacco control as a portion of The Union's overall work

The Union spends approximately 35-40% of its budget on tobacco control. It employs 40 staff that provide technical assistance (either in-country or from The Union's headquarters) to governments implementing tobacco control initiatives. Some of the Union's country-level offices, such as its Mexico and China offices, focus mostly or exclusively on tobacco control.

Communications and collaboration with other tobacco control organizations

The Union communicates frequently with other prominent organizations that work on tobacco control, including the Campaign for Tobacco-Free Kids (CTFK), the World Health Organization (WHO), Johns Hopkins University, and Vital Strategies. These organizations collaborate and coordinate their activities at both the global and country level.

Differentiation of roles

CTFK, The Union, and Vital Strategies each focus on different aspects of tobacco control:

- **CTFK** – CTFK is primarily an advocacy organization that works with non-governmental organizations (NGOs) at the country level.
- **The Union** – The Union works mostly with governments to build their capacity and help them implement tobacco control programs. It sometimes also works with NGOs at the country level.
- **Vital Strategies** – The Union considers Vital Strategies its sister organization. They work closely together in most countries. Vital Strategies conducts educational campaigns to change public opinion on tobacco. Its messaging is primarily delivered through traditional mass media, but it is beginning to conduct social media campaigns as well. Vital Strategies tests five to six messages with a focus group prior to launching a campaign, selecting the one or two most effective messages to use for the campaign, and conducting an impact evaluation of the campaign based on the target population's ability to recall the campaign messages. In a recent publication, Vital Strategies expressed the impact of one of its campaigns in terms of lives and dollars saved.

Impact of tobacco control policies

Reduction in smoking prevalence

Based on the results of the Global Adults Tobacco Survey in the Philippines and India, both countries have experienced strong reductions in smoking prevalence over the past seven years. The Global Adults Tobacco Survey conducted a national level survey on smoking prevalence in China in 2010 and is in the process of planning a second survey there. A particular country may encounter unanticipated obstacles, such as strong tobacco industry opposition, that hinder the potential impact of tobacco control policies.

In some countries, The Union has had more success establishing tobacco control policies and gathering smoking prevalence data at the city level than at the national level. It has observed strong reductions in smoking prevalence in certain cities in China and Indonesia following citywide tobacco control measures, although these reductions may not be reflected in national smoking prevalence statistics.

Reduction in smoking-related diseases

A recently published meta-analysis (which includes results from both developed and developing countries) examines the impact of smoke-free policies. This analysis and other research have identified an association between the implementation of tobacco control policies and declines in the prevalence of smoking-related diseases.

Differences in effectiveness between developing and developed countries

The current evidence base for the effectiveness of tobacco control policies includes data from a diverse group of countries. The Union thinks the effects of most tobacco control policies should not differ greatly between developing and developed countries. Certain tobacco control policies, such as increased taxation on tobacco products, might cause a stronger smoking prevalence reduction in developing countries than in developed countries. However, a tax increase policy would still likely have positive effects in a developed country.

Assumptions made in modeling the impact of tobacco control policies

Based on a model created by Professor David Levy, Bloomberg Philanthropies has estimated that its work on tobacco control has saved 30 million lives. A significant amount of empirical evidence was inputted into this model.

Types of data used to evaluate the effectiveness of tobacco control programs

Smoking prevalence

When evaluating the effectiveness of a particular tobacco control policy in a country, the strongest indicator of success or failure is smoking prevalence. However, declines in smoking prevalence can often take several years to manifest following the implementation of a tobacco control program. Furthermore, conducting the surveys necessary to determine smoking prevalence requires researchers to visit a sample of homes in the target population, which can be expensive.

Lack of smoking prevalence data

Ideally, national smoking prevalence surveys should be conducted every year. However, the countries in which The Union works often do not have the capacity and resources necessary to conduct regular national surveys of smoking prevalence. Some countries (including priority countries) conduct these surveys every 10 years, and others may have only ever conducted one or two national surveys on smoking prevalence. Part of The Union's work involves helping countries conduct these national surveys more frequently. The Union also believes that it is important to gather state-level data in large countries such as India, where tobacco control policy implementation and smoking prevalence likely differs significantly between states.

Other indicators of tobacco control program effectiveness

When smoking prevalence data is not available, other indicators can be used to evaluate the effectiveness of tobacco control programs. While these indicators do not illustrate whether or not smoking prevalence *has* decreased, they do provide researchers with an impression of whether or not smoking prevalence *will* decrease in the future.

One indicator that can be useful in evaluating the effectiveness of tobacco control programs, especially policies that ban smoking in public places, is secondhand

smoke exposure. It is easier to gather data on secondhand smoke exposure than smoking prevalence. The data can be attained either through small surveys or through observation of smoking-related behavior in restaurants, office buildings, and public transportation vehicles.

Another useful indicator is the knowledge level among the public about the harms of smoking and secondhand smoke exposure.

Potential challenges for future tobacco control work

Preventing the spread of tobacco use in Africa

Smoking prevalence in Africa has historically been low. However, the presence of the tobacco industry in Africa is now highly visible, as many tobacco industry leaders see Africa as one of the last lucrative markets for selling their products. Tobacco control organizations and advocates are concerned that if significant efforts and funding are not invested in preventing the use of tobacco in Africa, the continent may experience a smoking epidemic in 15 to 30 years.

Current level of investment in Africa

The Union employs a technical advisor for tobacco control in Francophone Africa, who has helped to control the spread of tobacco in Chad. The Bill & Melinda Gates Foundation has also invested some funding in tobacco control for Africa. However, there is still a need for significantly more investment in Africa, particularly for raising public awareness about the dangers of smoking and preventing children from smoking.

Philip Morris International's involvement in tobacco control

A new non-profit called the Foundation for a Smoke-Free World will receive \$80 million per year for the next 12 years from Philip Morris International (PMI). Researchers from Johns Hopkins University's Institute for Global Tobacco Control published a paper in 2009 outlining the criteria a foundation that receives funding from the tobacco industry should meet in order to be considered independent. The authors of that paper believe that the Foundation for a Smoke-Free World does not meet the criteria. Therefore, The Union and other tobacco control organizations believe that the foundation may be aligned with the interests of PMI and other tobacco industry leaders.

The Foundation for a Smoke-Free World's stated goal is to eliminate smoking globally. Its focus areas include aiding tobacco farmers and conducting research on heat-not-burn tobacco products, both of which benefit the tobacco industry.

Concerns with the promotion of smoking alternatives

The Union is concerned that the Foundation for a Smoke-Free World may be used by PMI to promote smoking alternatives, particularly heat-not-burn products. Heat-not-burn products are produced exclusively by tobacco industry groups. Some e-

cigarette companies are not affiliated with the tobacco industry, although tobacco industry groups are beginning to dominate the e-cigarette market.

There is little empirical evidence establishing the relative harm of smoking alternatives compared to cigarettes. The effectiveness and harm reduction potential of smoking alternatives may also depend on location. In certain settings, The Union has observed that people who begin using e-cigarettes as a tool for quitting smoking may ultimately use both e-cigarettes and regular cigarettes. There are also various studies suggesting that children who use e-cigarettes may eventually use tobacco products.

Promoting the use of smoking alternatives may also enable tobacco industry groups to shape tobacco control policy. For example, if a government is interested in promoting e-cigarettes or heat-not-burn products to reduce tobacco use in their country, tobacco industry leaders will likely be introduced into the policy discussion. Once tobacco industry groups become part of a discussion on tobacco control policy, they may be able to manipulate the conversation for their benefit.

Room for more funding

Current budget and allocation of funding

The Union is highly dependent on grant funding. Most of its funding for work on tuberculosis comes from USAID as well as the French and Canadian governments. Most of its funding for work on tobacco control comes from Bloomberg Philanthropies. Some of the funds that The Union receives from Bloomberg Philanthropies originate from a contribution made by the Bill & Melinda Gates Foundation.

Approximately 70% of The Union's budget for tobacco control work is allocated towards a grants program jointly managed by The Union and CTFK, which makes grants that support tobacco control work at the country level. The remainder of The Union's budget is allocated towards the staff costs of managing the grants program and providing technical support.

Uses of additional funding

If The Union received additional funding for its work on tobacco control, it would expand its activities in three main ways:

1. **Supporting governments in implementing tobacco control policies** – The Union's Tobacco Control Department is comprised of tobacco control technical experts who are experienced in providing technical consultation to governments of developing countries. The Union would like to expand this work to support additional countries.
2. **Bridging tuberculosis (TB) and tobacco control research** – Tobacco smokers are more likely to develop (and die from) TB than non-smokers, and TB patients who smoke have a higher risk of getting TB again. The Union developed a guide on creating smoke-free TB clinics and assisting

TB patients to quit smoking. Interventions have been carried out in a few countries but the Union would like to expand these to different countries.

3. **Promoting sustainability of tobacco control** – The Union developed an Index for Sustainability of Tobacco Control, which can be used to evaluate the sustainability of a specific country’s tobacco control program in terms of policy implementation, program functioning, and financial support. It helps countries identify gaps in sustained tobacco control programs. With additional funds, The Union would like to provide follow-up technical assistance to governments to ensure sustainability of current tobacco control programs.

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