

What do advocates need to counter industry interference?

Research Summary

What do tobacco control advocates need to counter tobacco industry interference?

Summary and recommendations from Needs of LMIC-based tobacco control advocates to counter tobacco industry policy interference: insights from semi-structured interviews, by Britta Katharina Matthes, Lindsay Robertson and Anna Gilmore, published in BMJ Open 2020.

About the research

How do advocates work to counter tobacco industry interference in tobacco control, what barriers do they encounter and how can these be overcome? Advocacy is vital for advancing tobacco control but there has been little research into the work of advocates and the challenges they face. This research explores the experiences of advocates from eight low- and middle-income countries (LMICs).

What do advocates need?

Advocates consistently pointed to **two overarching needs** which must be addressed to facilitate their work. These clearly identified needs for skills-training, capacity-building and longer-term investment should help donors to direct their funding to ensure the sustainability of advocates' work on tobacco control.

What do advocates do, and what challenges do they face?

All the advocate groups in the study were engaged in similar activities, and experienced consistent challenges. Advocates work by:

- Generating and compiling data and evidence ... but materials can be difficult to access and interpret.
- Working with policymakers ... but public officials may have informal tobacco industry contacts and be subject to conflicts of interest.
- Working with the media ... but gaining media attention can be difficult, and there may already be relationships between journalists and the tobacco industry.
- Engaging in national partnerships and coalitions... but short-term grant funding reduces their ability to be sustainable.

More information

This research is based on qualitative semi-structured interviews with 22 tobacco control advocates from eight LMICs (Bangladesh, Ethiopia, Columbia, India, Sri Lanka, Uganda, Ukraine and Zambia).

The full, open access paper is published online in BMJ Open: <https://bmjopen.bmjjournals.org/content/10/11/e044710.full>

Overarching needs:

1. A move from short-term to longer-term funding to allow sustainable capacity-building.

2. More opportunity to share knowledge and learn from each other's experiences.

In addition, four specific needs were identified:

WHAT	HOW
Data and evidence	<ul style="list-style-type: none">• Develop advocates' research skills in generating new data and evidence, industry monitoring and investigative research, via webinars or e-learning.• Help advocates interpret global data and apply to local contexts.
Working with policymakers	<ul style="list-style-type: none">• Help advocates learn the "language" of non-health public officials.• Use webinars and training to improve knowledge of FCTC Article 5.3 amongst advocates, non-health stakeholders and policymakers.• Use research to expose informal ties between policymakers and the tobacco industry, and the conflicts of interest those pose.
Working with the media	<ul style="list-style-type: none">• Raise awareness of, and interest in, tobacco industry interference among media professionals and help strengthen their investigative skills.
Coalition building	<ul style="list-style-type: none">• Gain more support for coalitions by widening the focus to cover broader development concerns.• Provide advocates with training on creating more effective working partnerships.