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# Taking on Goliath

Civil Society's Leadership  
Role in Tobacco Control



OPEN SOCIETY INSTITUTE  
Public Health Program



Taking on Goliath



# Taking on Goliath

Civil Society's Leadership Role  
in Tobacco Control

Kazakhstan

Moldova

Romania

Ukraine



OPEN SOCIETY INSTITUTE  
Public Health Program

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# Preface

This publication aims to increase awareness of civil society's crucial role in initiating and leading tobacco control efforts and improving public health. It also seeks to draw attention to the obstacles faced by tobacco control advocates, notably limited resources and strong opposition from the well-financed and influential tobacco industry.

The four case studies in this report present just a few of the many and widely varying examples of civil society leadership in tobacco control around the world. The organizations discussed in the case studies and the countries in which they work are at different stages and are focusing on different short- and medium-term objectives. Yet there are similarities and shared experiences that link tobacco control efforts not only in these countries but also in other countries around the world.

*Taking on Goliath* was drafted by Jeff Hoover, with guidance from Roxana Bonnell and Sai Jahann from OSI's Public Health Program and Judith Watt, OSI's external consultant on tobacco control.

OSI would like to thank the following individuals from the local civil society organizations and networks profiled in the report: Dzhamilya Sadykova ("For Smoke-free Kazakhstan"); Irina Zatushevski (Moldovan Health Communications Network); Florin Mihaltan and Cornel Radu (Romanian Network for Smoking Prevention); Tatiana Andreeva (Alcohol and Drug Information Centre, in Ukraine); and Serhiy and Yulia Honchar (Parity Foundation, in Ukraine).

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Tobacco-related diseases kill more than 700,000 people a year in Central and Eastern Europe and Central Asia and nearly 40 percent of middle-aged men die prematurely as a result of tobacco use.

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## Summary

The global tobacco control movement is more than three decades old, but its impact is inconsistent. For every city or nation that takes strong action to reduce tobacco use, there is another where little if anything has been done to help people stop smoking or to establish tobacco control policies opposed by powerful tobacco industries.

Tobacco continues to kill and cause debilitating illnesses, severely retarding progress in improving local, national, and global health and economic conditions. Recent data indicate that smoking is the leading cause of deaths from cardiovascular diseases (1.69 million deaths annually), cancer (1.4 million deaths), and chronic obstructive pulmonary diseases (970,000 deaths). About 1.25 billion people smoke cigarettes, representing more than one-sixth of the Earth's population. According to reports from the World Cancer Congress and the 13th World Conference on Tobacco OR Health, held in Washington, D.C., in July 2006, if current trends hold, tobacco will kill a billion people in the 21st century, 10 times the toll it took in the 20th century.

These sobering statistics are counterbalanced by some good news. In numerous countries, public health officials, civil society organizations, and various other advocacy groups have joined forces to initiate policies and programs designed to reduce tobacco use. Most comprehensive efforts have included a mixture of awareness raising; restrictions on the sale, promotion, and place of use of tobacco products; and taxes and laws that affect the price and availability of these products. A major milestone was

achieved when the landmark Framework Convention on Tobacco Control (FCTC), a global treaty initiated by the World Health Organization (WHO), entered into force on February 27, 2005. As of the end of March 2007, a total of 168 countries had signed the treaty, and 146 of those had ratified it. Parties to the FCTC are expected to create national action plans to meet the treaty's minimum requirements in areas such as tobacco advertising, access to smoking cessation programs, the size of warnings on cigarette packs, and the creation and enforcement of smoke-free public spaces.

Wealthier countries have more potential resources at their disposal to implement tobacco control policies, yet there are plenty of examples—some of which are examined in this report's case studies—of innovative and increasingly successful tobacco control efforts in resource-limited places.

Central and Eastern Europe and Central Asia, however, remain in dire need of more extensive tobacco control. According to the World Health Organization, tobacco-related diseases kill more than 700,000 people a year in the region and nearly 40 percent of middle-aged men die prematurely as a result of tobacco use.<sup>1</sup> In some Eastern European countries, lung cancer mortality rates in men are the highest ever recorded anywhere in the world. The WHO has concluded that tobacco use is the major preventable cause of poor health in the region—and that comprehensive tobacco control is the best investment in health reform.

Policymakers have been listening. By 2006, all Central and Eastern European countries and a majority of those in the former Soviet Union had enacted some tobacco control legislative and policy measures. However, many legislative regulations and national tobacco control programs, especially in the less developed countries farther east, are not effectively enforced and still have serious loopholes that prevent them from meeting WHO standards.

One common thread has been the leadership of civil society groups in devising, implementing, and demanding the enforcement of tobacco control policies and regulations. Local nongovernmental organizations often have been among the first entities of any kind to advocate for tobacco control in their countries, including accession to the FCTC. Many of these civil society groups have received support from the Open Society Institute (OSI), which first provided grants for tobacco control in 2002. Among OSI's most successful grantees is Poland's Health Promotion Foundation (HPF), which since 1991 has played a leading role in lowering the burden of smoking-related diseases through tobacco control in its home country. Recently, HPF began planning the development of a regional center for tobacco control to enable the sharing of information and expertise on tobacco control throughout the region. Based in Warsaw, the Regional Tobacco Control Network and Center (RTCNC) is expected to be fully operational by the end of 2007.

The case studies in this report document the advocacy efforts of NGOs in four countries expected to participate significantly in such regional engagement. The nations—Kazakhstan, Moldova, Romania, and Ukraine—are at different stages in tobacco control. The activities of these civil society groups represent a range of strategies reflecting the opportunities, obstacles, and expectations unique to their own nations and circumstances.<sup>3</sup> Taken together, though, the case studies offer important lessons for future tobacco control efforts anywhere in the world. No matter where they live, committed activists generally are able to utilize even a small amount of funding to initiate a process of change; the success of their efforts is multiplied many times over with each increase in resources and capacity. Local leadership of this sort is essential to reversing the current trends in tobacco use, illness, and death that place millions of people at risk.

Among the notable lessons are the following:

- ▶ **Civil society is crucial to successful tobacco control efforts.** The Polish experience in the early 1990s is instructive. After restrictions were lifted on civil society, groups pushed for greater openness about all political, economic, and social issues—including health. Tobacco control efforts gained momentum and policy reforms soon followed, including tobacco control legislation and improved public- and private-sector services designed to raise awareness and promote healthy lifestyles. Experience elsewhere reinforces the strong correlation between comprehensive tobacco control and engaged, fully independent civil societies.
- ▶ **Effective tobacco control efforts require comprehensive, multipronged approaches and strategies.** Given the power and influence of the tobacco industry in most countries, tobacco control advocates must continually seek to broaden the ways in which they raise awareness of tobacco’s negative medical, social, and financial consequences. Important strategies include extensive media campaigns; expanding coalitions within civil society and with government partners; directly challenging policymakers to publicly justify their opposition to tobacco control or reluctance to make it a priority; and collecting and disseminating solid health data, such as the number of deaths and hospitalizations due to tobacco-related illnesses.
- ▶ **Economic research is an important, yet often neglected, component of effective advocacy.** Policymakers and the general public are often unaware of the massive financial costs to society of tobacco use. Tobacco-related sickness and premature

death reduce economic productivity in ways that can be quantified through rigorous data collection. Disabling tobacco-related conditions also force a redirection of individual and public resources from investment and savings—needed to help grow economies and raise living standards—to health care.

Tax policies can be used to raise revenues for health promotion activities that lead to a reduction in tobacco-related health care costs. For example, several European countries and U.S. states have raised cigarette taxes and earmarked a portion of the higher revenues specifically for tobacco control activities, such as education and media campaigns. Enshrining health promotion earmarks in laws or government policies improves the likelihood of withstanding tobacco industry pressure to counter comprehensive tobacco control efforts.

- ▶ **Media can be a powerful tool for and ally of tobacco control advocates.** Tobacco control advocates in Kazakhstan invited members of the media on several tours of Almaty, pointing out violations of the national antitobacco law. The resulting newspaper articles and television coverage helped prompt local officials to introduce the “Smoke-free Almaty” initiative. Such effective use of media is relatively rare in the region. Civil society groups need to train in media advocacy and to share successful strategies and experiences more consistently.
- ▶ **Tobacco control regulations and affordable “quit smoking” services are equally important in reducing tobacco use.** Restrictions are far more effective in reducing tobacco use when accompanied by health promotion campaigns and accessible, affordable services to help people quit smoking. Incentives for changing behavior must be based on recognition of the medical and psychological elements of tobacco addiction. On their own, punitive measures rarely make an impact on complex behaviors that require extensive treatment and support.
- ▶ **Expanded regional learning and cooperation offer clear benefits to local tobacco control efforts.** Strategies used successfully in one country or context can have similarly positive impacts elsewhere. Expertise should be tapped more effectively through greater sharing of information and resources across the region, down to the grassroots level. Regional cooperation will also help sustain and expand civil society advocacy that has already shown great promise for improving health. The creation of the Regional Tobacco Control Network and Center should help facilitate such efforts.

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Tobacco use is the major preventable cause of poor health  
in Central and Eastern Europe and Central Asia and  
comprehensive tobacco control is the best investment in health reform.

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## Introduction

The past three decades have marked a sea change in public perception of tobacco use. The fact that cigarette smoking is harmful to health has been documented since the early 1950s and extensively so since the 1960s, but significant global strategies and efforts to reduce tobacco use—known by the catch-all term “tobacco control”—only began in earnest the following decade. Key factors invigorating the movement have included the following:

- ▶ Greater attention to surging rates of lung cancer (which were first documented in the 1940s)
- ▶ Evidence linking second-hand smoke to illness (first revealed in the mid-1970s)
- ▶ Revelations, which first came to light in the early 1990s, that tobacco industry officials suppressed internal documents from two decades before showing the health-related consequences of regular use of their products.

In numerous countries around the world, public health officials and civil society organizations joined forces to establish policies and programs to reduce tobacco use. Most comprehensive efforts have included a mixture of awareness raising; restrictions on the sale, promotion, and place of use of tobacco products; and tax and legal



regimes that affect the price and availability of these products. A major milestone was achieved when the landmark Framework Convention on Tobacco Control (FCTC), a global treaty initiated by the World Health Organization (WHO), entered into force on February 27, 2005. As of the end of March 2007, a total of 168 countries had signed the treaty, and 146 of those had ratified it.<sup>3</sup> Parties to the FCTC are expected to create national action plans to meet the treaty's minimum requirements in areas such as tobacco advertising, access to smoking cessation programs, the size of warnings on cigarette packs, and the creation and enforcement of smoke-free public spaces.

Although a large majority of the world's countries have ratified the treaty, enforcing and strengthening its provisions to provide greater protection for public health will be much more challenging. Tobacco firms, rich and influential, have shown that they will put up a fierce fight to halt or mitigate the impact of restrictions on their business. Many countries lack either the political will or the resources (or both) to implement and enforce the treaty provisions. People working on tobacco control have a long way to go in their efforts to provide all citizens and governments with information about the harm smoking causes and to promote a forceful response to the epidemic.

The stakes are high and getting higher. The news was sobering from two international conferences held in Washington, D.C., in July 2006, the World Cancer Congress and the 13th World Conference on Tobacco OR Health. The American Cancer Society released two publications at the meeting, *The Cancer Atlas* and *The Tobacco Atlas*, and reading them is a grim undertaking. According to those two comprehensive reports, if current trends hold, tobacco will kill a billion people in the 21st century, 10 times the toll it took in the 20th century. According to *The Cancer Atlas*, "Globally, the leading causes of death [each year] from smoking are: cardiovascular diseases (1.69 million deaths), cancer (1.4 million deaths), and chronic obstructive pulmonary diseases (970,000 deaths)."<sup>4</sup> Both publications note that about 1.25 billion people across the globe smoke cigarettes, which represents more than one-sixth of the Earth's population. All smokers are at significantly heightened risk for contracting cancer, emphysema, heart disease, and innumerable other conditions that compromise their health, burden their families, and place increasing strain on health systems.

According to the WHO and the World Bank, tobacco use is the major preventable cause of poor health in Central and Eastern Europe and Central Asia and comprehensive tobacco control is the best investment in health reform. Tobacco-related diseases kill more than 700,000 people a year in the region and nearly 40 percent of middle-aged men die prematurely as a result of tobacco use.<sup>5</sup> In some Eastern European countries, lung cancer mortality rates in men are the highest ever recorded anywhere in the world.

By 2006, all Central and Eastern European countries and a majority of those in the former Soviet Union had enacted some tobacco control legislation and policies. But many national tobacco control programs and laws, especially in the former Soviet Union, are not effectively enforced and still have serious loopholes that prevent them from meeting WHO standards.

### **Civil society leadership: Poland's example**

Statistics such as those presented at the Washington conferences and the current state of affairs in parts of the region do not mean that the tide cannot be turned. Over the past two decades, several countries have initiated and sustained comprehensive tobacco control efforts. An important similarity in each of these nations was the leadership of civil society groups in devising and implementing tobacco control policies and regulations, and demanding their enforcement. Local nongovernmental organizations often were—and are—among the first entities to advocate for tobacco control in their countries, including accession to the FCTC.

The Open Society Institute first began providing support for tobacco control in 2002, primarily in Central and Eastern Europe. It has since given grants to NGOs and public-sector health agencies in other regions as well, including Southeast Asia. Given the small size and limited resources of most tobacco control entities, its support in many cases has ensured the vitality of local efforts.

The Polish Health Promotion Foundation, one of OSI's first tobacco control grantees, has made regional development one of its priorities. It has provided training and assistance to tobacco control advocates throughout Central and Eastern Europe and Central Asia, which has some of the world's highest smoking rates and most dismal health statistics.<sup>6</sup> In its first year of operation (1990), the foundation organized a conference in Kazimierz, Poland, for other tobacco control organizations and advocates across the region, experts on tobacco and health from Europe and the United States, and representatives from international health groups such as the WHO. The gathering, titled "A Tobacco-Free New Europe," marked the beginning of the region's tobacco control movement. The conference was the first to present comprehensive scientific evidence on the devastating health impact of smoking in the region. Many of the participants later became national leaders in tobacco and health policies in their own nations.

Meeting attendees endorsed what became known as the Kazimierz Declaration, which recommended that national governments adopt comprehensive tobacco control programs to reduce the health consequences of cigarette smoking. The declaration emphasized that in a democratic state legislation plays a central role in helping curb the damage to health from smoking. Today, less than 20 years later, Poland has met or

exceeded nearly all of the recommendations, including implementing and enforcing direct bans on all forms of advertising and sponsorship of tobacco products; imposing health surcharges on tobacco products to raise minimum prices; regularly monitoring tobacco-related mortality and smoking prevalence; introducing and enforcing laws creating smoke-free environments; educating the public, especially the young, about the dangers of smoking; and introducing viable smoking-cessation programs.

Similar efforts are being taken elsewhere in the region, with varying impact to date. With the support of the Open Society Institute and other donors, the Health Promotion Foundation has used its expertise and experience to assist and fund numerous projects initiated by local NGOs. The foundation's regional development activities over the past three years include the following:

- ▶ Organizing two summer schools on public health and tobacco for participants across the region. The foundation prepared a course curricula that focused on the epidemiology of smoking and tobacco control policy.
- ▶ Holding training seminars on treatment of tobacco dependence for Bulgarian and Kazakh medical doctors, nurses, and other health providers.
- ▶ Assisting Ukrainian public health students in applying for OSI research scholarships.
- ▶ Assisting the "Smoke-free Kazakhstan" coalition in preparing a comprehensive strategy and action plan.

The foundation has also promoted the participation of researchers from the region in multicountry research projects that focused on issues such as causes of premature mortality (in nine countries of the region); the effects of second-hand smoke in the home on children and nonsmoking women (five countries); cigarette smuggling in Poland and Ukraine; the use of cytosine to treat tobacco dependence (clinical trials in Bulgaria and Poland); and interventions aimed at protecting children from tobacco smoke (at least five countries). Among the partners involved in these projects have been European research institutions such as Oxford University in the United Kingdom and the European Institute of Oncology in Milan, Italy; U.S. institutes, organizations, and agencies, including Harvard and Johns Hopkins universities, the National Cancer Institute, the Roswell Park Cancer Institute, the American Cancer Society, and the Environmental Protection Agency; and international bodies including the WHO, the World Bank, the International Agency for Research on Cancer, and the International Union Against Cancer.

Most tobacco control groups in Central and Eastern Europe and Central Asia do not have the resources or capacity to be as wide-ranging or as ambitious as Poland's

Health Promotion Foundation. Many of them also operate in environments much less conducive to tobacco control—or even hostile to it—for country-specific cultural, political, economic, or social reasons. As a result, their short-term objectives may be limited and their achievements comparatively modest. Even so, the fact that they exist and are engaging in tobacco control advocacy is a victory in itself. They have laid the groundwork for sustainable change that can greatly improve the health and well-being of their nations' citizens. This report showcases some important efforts undertaken in recent years by civil society groups and their allies.



# Case Studies

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Local leadership is essential to reversing the current trends in tobacco use that place millions of people at risk of illness and death.

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The case studies in this report highlight recent advocacy efforts of NGOs in four countries at different stages in tobacco control. These activities in Kazakhstan, Moldova, Romania, and Ukraine represent a range of strategies that reflect opportunities, obstacles, and expectations unique to their own nations and circumstances. A quick glance at just one marker, FCTC accession, indicates the following differences: Romania and Ukraine have signed and ratified the treaty, while Kazakhstan and Moldova have signed but still had not ratified the treaty when this report was prepared in late 2006. (It should also be noted that Poland, regularly touted as a shining star in tobacco control, only ratified the treaty in September 2006—well after many nations that have made hardly any headway in tobacco control in general.)

The differences in the scope, reach, and enforcement of national tobacco control laws are extensive even within individual countries with significant progress in one place often coinciding with setbacks and disinterest in another.

- ▶ Billboards with cigarette ads towered over Ukrainian streets in October 2006, months after such advertisements were banned. Two years earlier, however, a small local organization pushed one municipality to pass a milestone law banning smoking in public places.
- ▶ Moldova's Ministry of Agriculture positions itself as the champion of domestic tobacco growers and has easily blocked efforts by the Ministry of Health to introduce meaningful health promotion campaigns. Yet at the same time, the country is on the brink of FCTC ratification, largely as a result of civil society groups using longstanding personal contacts with parliamentarians and government officials.



- ▶ Cigarette smuggling remains a major problem along Romania's borders, but the country's accession to the European Union in January 2007 raises hopes that smuggling and other tobacco control problems will be addressed as new resources become available.
- ▶ In Kazakhstan, a grassroots campaign documented widespread violations of the national tobacco control law, prompting Almaty to establish and fund a citywide tobacco awareness and health promotion initiative. Advocates hope that this development will help reverse the national government's disinclination to consider tobacco control a priority from either a health or financial perspective.

The case studies offer important lessons for future tobacco control efforts anywhere in the world. No matter where they live, committed activists generally are able to utilize even a small amount of funding to initiate a process of change; the success of their efforts is multiplied many times over with each increase in resources and capacity. Community groups have laid the groundwork for reform even in countries like Kazakhstan and Moldova that are lagging behind in tobacco control. Such local leadership is essential to reversing the current trends in tobacco use that place millions of people at risk of illness and death.

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Armed with video cameras, advocates invited journalists to accompany them on a series of walking tours of Almaty to document violations of the national antitobacco law.

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## Kazakhstan

### “For Smoke-free Kazakhstan” national coalition

Dzhamilya Sadykova, of the national coalition “For Smoke-free Kazakhstan,” is infectiously optimistic about her group’s tobacco control efforts. She has no choice, she said, because she is determined to avenge the killer that took her father’s life.<sup>7</sup> He was only 52 when he died of liver cancer in 1997—fighting to the end but ultimately unable to hang on for a few more weeks to see his daughter graduate from medical school. He knew how much becoming a doctor meant to her—and to him—because he, too, was a doctor.

As Sadykova watched her father suffer during his final years, she suffered alongside him, as do many family members and friends of people with cancer. Her medical degree in hand, she vowed to do whatever she could to reduce the need for other people to experience such pain and suffering in the future. She decided to devote her passion and energy to fighting tobacco use—the most direct cause of many types of cancer and of millions of deaths around the world each year.

She and her allies have not had an easy road to reform and healthy behavior. Smoking is entrenched among much of the population: an estimated two-thirds of all adult men are regular smokers, according to the 2006 edition of *The Tobacco Atlas*,

and smoking prevalence is increasing (albeit from the much lower level of 10 to 20 percent). Throughout the country, health care professionals, including government ministers, have done a poor job of raising awareness of the risks of smoking. Due to growing oil wealth and a decentralized taxation regime, the national government has little financial incentive to raise revenues by increasing cigarette taxes.

The tobacco lobby is strong and influential in Kazakhstan. Transnational cigarette companies have moved into the country in recent years, raising their profiles and seeking to garner support for blocking restrictions on their business. For example, Philip Morris in 2003 opened a US\$14 million tobacco processing factory in Almaty that can process eight tons of tobacco a day. This facility provides jobs and other economic benefits that can be quite seductive to both authorities and the public alike.

Kazakhstan has lagged behind many other nations in tobacco-related legislation as well. The government signed the FCTC in June 2004, but for more than two years after that there was little urgency to ratify it. As this report was being completed, Sadykova reported that the president had signed the FCTC ratification law on November 25, 2006.<sup>8</sup> An existing national law, “About Tobacco Preventive Measures and Restrictions,” which came into force in 2002, needs significant modifications and revisions if it is to be effective, according to Sadykova. She said that although the law has good elements (it bans smoking in health facilities, schools, and government offices), they are outweighed by its weaknesses (lack of enforcement and insufficiently extensive advertising restrictions).

In the midst of this seemingly unreceptive climate, however, members of the “For Smoke-free Kazakhstan” coalition have recorded some notable achievements. The creation of the coalition, in 2005, was in itself an important development. The coalition consists of governmental and nongovernmental entities with different strengths, interests, and resource levels; among the groups are the National Center of Healthy Lifestyle, the Public Health Institute, and the Kazakhstan Press Club. Members agreed that given the relative newness of tobacco control in the country, coordinating efforts and creating joint strategies would increase their reach and effectiveness.

The coalition is moving forward with a combination of media-savvy advocacy and health awareness campaigns. Its overall goals are similar to the goals of tobacco control NGOs in most other countries: to put the appropriate laws and standards in place, and enforce them; to remove obstacles that limit individuals’ ability to obtain smoking-cessation assistance; and to reduce young people’s inclination to begin smoking.

### **Smoke-free Almaty: Local solution for a national problem**

Tobacco control advocates' most notable achievement over the past couple of years occurred at the local level in Almaty, the country's commercial and media capital and its most populous municipality. Advocates are using the new local government initiative, called "Smoke-free Almaty," as a model for other cities and regions throughout the country to adapt.

The initiative resulted from a successful grassroots campaign showcasing the determination of coalition members to collect irrefutable evidence for their advocacy efforts. Armed with video cameras, teams of parliamentarians, police officers, health inspectors, and advocates invited journalists to accompany them on a series of walking tours of Almaty to document violations of the national antitobacco law. They visited restaurants, tobacco vendors, food shops, health care and educational facilities, and public transport stations and vehicles. Among the violations caught on tape were the selling of single cigarettes instead of by the pack, sellers neglecting to ask for age verification, and people smoking in public places where it is against the law. Clearly the law was not being enforced, yet it was also not apparent whether those violating the law even knew of its existence.

The resulting video presentation was shown at a public hearing attended by media and several key officials in the local government. In response to this highly effective monitoring and advocacy activity, the officials acknowledged shortcomings in enforcing the national law and vowed to improve. They allocated 41 million tenge (US\$315,000) for 2006–2007 to create "Smoke-free Almaty," and they promised to increase the budget in future years. This marked the first such specific allocation for a tobacco control initiative by any government entity in the entire Commonwealth of Independent States. The Almaty city council also issued a public rebuke to Philip Morris for its proposal to be involved in all tobacco-related initiatives as part of a "social partnership."

Smoke-free Almaty, specifically geared to reduce smoking among Almaty residents, has five action priorities:

- ▶ Rolling out education campaigns about the risks of smoking
- ▶ Providing smoking-cessation assistance, including the establishment of a quit-line and other support services
- ▶ Mobilizing key elements of society against tobacco, including youth groups
- ▶ Launching and sustaining a media information campaign
- ▶ Monitoring and evaluating the effectiveness of the overall initiative as well as enforcement of existing tobacco laws

The education campaigns are the core of the initiative because education and awareness-raising are necessary elements of all the other priorities as well. Initiative organizers are working closely with coalition members to develop strategies and programs to meet the priorities. For a start, they are focusing on antitobacco messages on TV and radio; training programs for health professionals, teachers, and youth leaders; and innovative outreach efforts such as encouraging theaters to present antitobacco messages before performances.

Because “Smoke-free Almaty” is so new—it was officially launched only in April 2006—its impact on smoking rates and awareness could not be measured at the time this report was prepared. But to the coalition’s advocates, the highly publicized initiative has already had a vital, positive effect. Local authorities from other municipalities have begun inquiring about the program. This will greatly improve coalition members’ ability to spread their message throughout the country.

### **Engagement at the national level**

Sadykova acknowledged that promising steps at the local level have been counterbalanced by glacial change at the national level. Members of “For Smoke-free Kazakhstan” have redoubled their efforts over the past year to gain traction with national government officials and lawmakers, but frequently they have found that far too few understand the issues involved or consider tobacco control a priority.

Sadykova emphasized that a useful way to effect change in these areas is to maximize the use of personal contacts, both within government agencies and among parliamentarians. It helps, she added, that a former health minister and member of parliament, Talapkali Izmukhambetov, is the leading force in tobacco control nationally and regularly lobbies government officials and lawmakers himself.

The big question is how to make tobacco control a priority among them. Unlike the situation in many other countries, she said, national officials in Kazakhstan are less likely to be influenced by economic arguments. Tobacco revenues are essentially insignificant at the national level, especially when compared with revenues from oil production and other natural resource–extraction activities. Indeed, nearly all tax revenues from the production and sale of tobacco go to regional governments, including in areas where tobacco is manufactured. Tobacco companies wield extensive power in many of those areas, especially when they remind authorities of the jobs their factories have created.

For these reasons, according to coalition advocates, their primary advocacy argument with national policymakers must be the health burden of tobacco use. Coalition organizations have sponsored and conducted extensive research in this area among patients, caregivers, economists, and health administrators. The results are grim.

Lung cancer incidence and deaths are rising, especially among men. Furthermore, according to a recently completed coalition research survey, the financial costs of treating tobacco-related illnesses are increasing as well.

Projected deaths and economic costs will rise inexorably if current trends continue. This will place a growing strain on the national health care system, most likely reducing economic growth, productivity, and social satisfaction.

Sadykova noted that she and her colleagues also have pointed to international trends, especially in the developed countries of Europe that Kazakhstan government officials are keen to emulate. Many of those nations have implemented strict tobacco control policies and laws, and are allocating an increasing amount of resources to reduce smoking. Researchers have compiled data from abroad and are distributing it throughout the government through key contact persons.

Tobacco control advocates in Kazakhstan set as their initial goal the achievement of two key, interlinked objectives at the national level: FCTC ratification and strengthening compliance with the national antitobacco law. With FCTC ratification now completed, the focus is on the national law. Among their desired changes to the law, advocates want a complete ban on tobacco advertising and sponsorship (including promotions), and would like 50 percent of the design of all tobacco packs to be made up of explicit health warnings, including graphic images.

### **Major obstacles and next steps**

The first obstacle to tobacco control work, Sadykova said, is that the majority of people in Kazakhstan do not recognize smoking and tobacco as a problem. Smokers regularly underestimate the risk, assuming “it won’t happen to me.” Changing such attitudes and behaviors requires persistent education campaigns that not only stress the health issues, but also reduce the lingering belief among many people—especially the young—that smoking is fashionable.

The second obstacle is that few people in Kazakhstan understand tobacco control or advocacy work. They lack training in how to seek policy change effectively. The dedicated, core group of individuals involved in the work has remained small in number, which understandably limits their scope and reach. The coalition hopes to allocate an increasing percentage of its resources over the next few years to training new advocates in both local and international tobacco control. Through its regional development initiative, Poland’s Health Promotion Foundation is also helping train advocates and increase awareness among Kazakh parliamentarians as to the serious health effects of tobacco use.

Sadykova listed several other major goals for the coalition in Kazakhstan. They include the following, some of which are closely associated with initiatives already under way in Almaty:

- ▶ **Raise awareness among medical doctors.** Not only do many oncologists in the country smoke, Sadykova observed, but a large number still do not believe that nearly all cases of lung cancer are caused by smoking. Strategies to remedy this lack of knowledge include holding workshops and seminars for medical doctors and improving training in medical universities. A core group of trained MDs is necessary to ensure that teaching will be based on documented international and national evidence.
- ▶ **Increase tobacco taxes.** Efforts to achieve this goal will be based on research proving that in Kazakhstan (as elsewhere), price sensitivity makes a big difference in cigarette sales and, subsequently, smoking rates. Sadykova said the coalition is wrapping up research that she hopes will, with the assistance of the media, influence policymakers to seriously consider raising taxes. “My dream,” she said, “would be a 100 percent or more rise” in current taxes “with an earmark for tobacco control efforts” from the revenue collected.
- ▶ **Launch nationwide information campaigns.** The campaigns would expand on the ones launched with “Smoke-free Almaty,” including their strong focus on young people. The coalition has enlisted popular television entertainers, Sadykova said, to assist in role-playing exercises that highlight the negative health and social impact of smoking. The coalition is also hoping to emulate Australia by introducing national TV ads showing stark images of and testimonials from people affected by cancer and other tobacco-related diseases.
- ▶ **Develop a strategy to reduce female smoking.** As the country gets richer and more urbanized, young women are more inclined to smoke. Identifying useful strategies for blunting the “cool” and “modern” associations with smoking will require extensive research among young women and other important target groups.
- ▶ **Redouble efforts to enforce tobacco control laws.** It is difficult to expect police officers to issue citations and levy fines without firm commitments from local and national authorities to enforce the laws’ provisions. The coalition believes that using media to pressure authorities and establishments, including restaurant and shop owners, is a useful strategy to ensure greater commitment and follow-through.

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According to research commissioned by the Moldovan Health Communications Network in 2003, 69 percent of Moldovans believed the laws regulating and controlling tobacco products should be strengthened and enforced.

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## Moldova

### Moldovan Health Communications Network

It would be difficult to find a less hospitable environment for tobacco control than Moldova. The country became Europe's poorest not long after Transdnier, the region with most of its industry, declared itself independent in the 1990s (a declaration recognized by only one country in the world, Russia). The Moldovan economy has since relied on two key agricultural products, wine and tobacco. The support of one of these products was knocked away in March 2006 when the Russian government, citing unsubstantiated hygienic concerns, imposed an unexpected and immediate ban on imports of wine from Moldova and Georgia. Russia lifted its ban on Moldovan wine in November 2006, but the nine-month ban had dealt a crippling blow to the country's economy. Previously, as much as 90 percent of Moldovan wine exports, valued at more than US\$250 million per year, had gone to Russia.<sup>9</sup>

The subsequent near-collapse of the wine industry left tobacco the undisputed king through most of 2006. This development only heightened the crop's already significant influence among policymakers; the domestic tobacco industry remains



under state control and officials are loath to take any action that might reduce revenues or adversely affect tobacco-related employment. According to Irina Zatushevski, a longstanding Moldovan antitobacco crusader, tobacco control advocates are now routinely derided by some opponents in government as the “biggest enemies” of Moldova’s economy.<sup>10</sup>

Such rhetoric has been accompanied by likeminded action—or, more accurately, lack of action. The FCTC ratification process came to a standstill for several months following the Russian wine ban when the Moldovan government withdrew plans to submit ratification papers to parliament. The Ministry of Health did not comment on the government’s move, apparently preferring—or being forced by top officials—to defer to the more vocal and powerful Ministry of Agriculture, which not only opposes the FCTC and most tobacco control measures, but also has sought to increase tobacco cultivation. The health ministry’s attitude was encapsulated in a remark, as reported by Zatushevski, from a ministry representative at a roundtable on tobacco that was organized in early 2006 by Moldovan NGOs: “You should not forget that without tobacco, we would die.”

These developments seem to bode poorly for tobacco control efforts across the board. But it would be shortsighted to dismiss either the short- or long-term prospects of Zatushevski, the head of the Moldovan Health Communications Network (MHCN), and her allies in other NGOs and among a growing number of public-sector policy-makers. Given the importance of tobacco to the Moldovan economy, it is remarkable that the country is even on the brink of FCTC ratification. This achievement is due at least in part to advocacy efforts at all levels of Moldovan society, from personal contacts with government officials to awareness campaigns involving schoolchildren. In a small country such as Moldova, targeted advocacy of this sort is relatively inexpensive and can have a disproportionate impact on changing attitudes and policies. Indeed, according to research commissioned by MHCN in 2003, 69 percent of Moldovans believed that laws regulating and controlling tobacco products should be strengthened and enforced.

### **Existing legal framework**

The FCTC ratification process, which stalled after the Russian wine ban, began again when the government submitted a draft bill to parliament in September 2006. Several parliamentary committees supported the bill and recommended that it be submitted to the full legislative body for a vote. However, in November the vote was postponed indefinitely after a large number of legislators expressed concern that FCTC ratification would harm the rural economy. The parliament had yet to vote on the measure by the end of March 2007.

Meanwhile, since the late 1990s several laws aimed at chipping away at the powerful tobacco industry have been passed and amended. The most sweeping law, passed in 2001, contains provisions regarding the sale and advertising of tobacco products. For example, selling cigarettes is prohibited

- ▶ on the grounds of schools and medical and sports facilities,
- ▶ without health warning labels on packs,
- ▶ from open packs (i.e., selling cigarettes singly), and
- ▶ to people under age 18.

Advertising tobacco products is banned on radio and TV, and outside advertising visible to the general public is restricted to places where tobacco is sold. Smoking is prohibited in most indoor public places, including cinemas, concert halls, and schools. In 2004, the prime minister also signed a decree forbidding smoking on the premises of all government ministries and local public administration buildings.

Zatushevski said, however, that there are significant gaps in the laws—gaps that she and her advocacy colleagues are seeking to plug. There are no provisions limiting tobacco industry sponsorship of events; tobacco firms, she said, have held promotional activities at nightclubs, subsidizing entrance fees for young people who might otherwise not have been able to attend. Enforcement is also reportedly lax, with many people continuing to smoke in their offices in violation of the law. MHCN has organized “check ups” in which staff and volunteers document and publicize violations. In one recent case, a cigarette distribution firm was caught promoting its wares on the grounds of a school. A journalist covering the “check up” wrote a story about the firm’s violations; in the wake of the bad publicity, some kiosks located at or near school grounds stopped selling cigarettes altogether.

Through their personal contacts in the government and elsewhere, Zatushevski and other colleagues are currently seeking to amend existing tobacco control laws to close the promotion loophole and also place a complete ban on tobacco advertising. (Permitting outside advertising where cigarettes are sold has resulted in tobacco kiosks in Chisinau, the capital, being covered with massive cigarette advertisements that are visible up and down the streets.) The proposed changes are expected to be considered by the government in 2007.

### **Tobacco control advocacy activities**

Efforts on the legal front are only one part of recent tobacco control advocacy initiatives. Over the past five years various other activities designed to reduce smoking

—about one-third of adults smoke, most of them men but a growing percentage are women—have been undertaken to draw greater attention to the consequences and offer solutions. According to Zatushevski, such activities include the following:

- ▶ Monitoring the coverage of tobacco issues in the Moldovan press and disseminating information on tobacco control issues, through press kits, to health journalists.
- ▶ Holding workshops and roundtables on tobacco issues for health officials, personnel from other NGOs (particularly those working with youth and women), and members of the media. One key goal is to raise awareness about the health repercussions of tobacco use, based on experience abroad and in Moldova. The seminars and workshops are also intended to expand the number of trained tobacco control activists and to advocate for specific policy changes when officials are present.
- ▶ Organizing, in cooperation with youth NGOs and the WHO Liaison Office in Moldova, an annual drawing and essay competition called “Let’s Grow Up Without Tobacco!” Each year, 1,000 copies of a booklet containing the winning essays are printed and distributed, with at least one copy going to each of the country’s schools.

### **Major obstacles and next steps**

MHCN and its allies have helped to usher in changes that just a decade ago would have been unthinkable in this tobacco-dependent country. The momentum slowed in 2006, but the Russian government’s repeal of its ban on Moldovan wine was expected to relieve pressure on Moldovan authorities to defer to the domestic tobacco industry in the way that they did during the ban. The return of the wine industry as a counterbalance is likely to help weaken a major obstacle to tobacco control efforts—the importance of tobacco within Moldova’s agricultural sector and, by extension, its overall economy.

Zatushevski said she also expects the momentum to be regained as members of the media and an increasing number of legislators become more committed to ratifying the FCTC and adding more restrictive amendments to tobacco laws. This trend may be enhanced by research and data that show the clear health effects of smoking in Moldovan society and demolish the financial arguments used by the tobacco industry. Already, according to Zatushevski, an economic expert has prepared a presentation showing that in reality, the majority of profits from cigarette sales go not to domestic tobacco firms (which are controlled by the state), but to multinational tobacco importers. Additional research is necessary to determine the overall economic costs to society of tobacco use, taking into account funds spent on health costs such as oncology and pulmonary care.

Other obstacles identified by Zatushevski follow below. She said MHCN is developing strategies to overcome them, often in collaboration with funders, government and NGO allies, and the media.

- ▶ **Lack of civil society expertise and pressure.** There are no NGOs dealing specifically with tobacco control in Moldova. MHCN has been the most active, but it is small itself and has to pursue other objectives in its broader mission of strengthening Moldova's overall health conditions, not just those related to tobacco.
- ▶ **Low tax burden.** The cheapest domestic cigarettes cost just 10 to 12 U.S. cents a pack, according to Zatushevski, while a loaf of bread is three times as expensive. In 2004, the government tried to raise the tax on imported cigarettes (which generally cost a bit more but are still relatively inexpensive). It was forced to abandon that effort, however, because it went against World Trade Organization rules mandating similar tax regimes for similar products, regardless of origin. The government reportedly is now considering raising taxes on domestic producers, but that proposal may fail because of fears of social unrest.
- ▶ **Cigarette smuggling.** "No one knows the level of cigarette smuggling," Zatushevski observed, "but it's big." It goes both ways, too. Smuggled cigarettes enter through the Transdnister region, which is outside Moldovan government control, and exit to Romania and the broader European Union. Reducing smuggling will require improved relations among central authorities, Transdnister leaders, and the Russian and Ukrainian governments.
- ▶ **Lack of enforcement of existing laws and poor examples.** Greater enforcement is needed of all provisions in Moldova's tobacco laws. The most egregious violations are those that occur regularly in medical institutions, including where lung cancer patients are treated. It is difficult to stress the seriousness of tobacco use when the head of Moldova's oncological institute continues to smoke regularly, even during interviews with journalists about tobacco control. MHCN believes that greater media attention to lack of enforcement will create public pressure on authorities to respond appropriately.
- ▶ **Lack of leadership from the Ministry of Health.** "If the ministry were more active, things would be much better," Zatushevski said. She noted, however, that ministry officials often seem reluctant to confront the protobacco stance

of the Ministry of Agriculture. The ministry's lack of consistent commitment to tobacco control is the most important obstacle to remove, Zatushevski said. If ministry officials played a greater public role in pushing for ratification and more stringent tobacco control, most Moldovans would accept its recommendations out of the belief that it was concerned for their health, she added.

Despite these significant obstacles, Zatushevski is cautiously optimistic. The small size of the country—and the fact that most players in tobacco control know each other and the government officials and parliamentarians with whom they are working—means that change can occur quickly and suddenly. Moreover, she said, authorities in three districts—Balti, Calarasi, and Cahul—recently have implemented smoke-free policy programs that could serve as models for the rest of the country.

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Among the most recent government initiatives was the imposition, in May 2006, of a so-called “sin tax” of 30 percent on sales of tobacco and alcohol (excluding beer and wine).

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## Romania

### Romanian Network for Smoking Prevention

The critically acclaimed Romanian movie *Moartea Domnului Lazarescu* (The Death of Mr. Lazarescu) was billed as a comedy, but this documentary-style film of the last days of a lonely, isolated and elderly man is bleak and disturbing. He is shuttled from hospital to hospital across Bucharest, greeted only infrequently by compassion and more commonly by harried, frustrated, or indifferent health care workers who either cannot or will not help him. Some viewers consider the 2005 movie to be an indictment of modern health care and, more broadly, the pace and focus of modern life not only in Romania but throughout the world.

The film also offers an intriguing snapshot of life in the capital as the country of 22 million people struggles to put behind it the abuses and economic, social, and moral degradation perpetrated by the Ceaușescu regime for more than two decades until its collapse in 1989. Among the more arresting images from a public health perspective are those in which individuals from all walks of life—including health care personnel—are shown smoking. This may not be unusual because, according to the 2006 edition of *The Tobacco Atlas*, at least one-third of Romanian adults are regular smokers, but it does point to the challenges faced by tobacco control advocates in their ongoing battle to reduce consumption. After all, hospitals have been required by law

to be smoke-free environments since 2002, but the movie illustrates what everyone knows: this regulation is hardly ever enforced.

Advocates have made major strides, however. In many respects, developments in Romania over the past half-decade echo those in Poland the previous decade. Both countries had only a relatively recent history of health-related advocacy and civil society engagement in general. Yet committed and focused advocates successfully pushed their government to stand up to a formidable tobacco industry and initiate reforms. Partly as a result of pressure from advocates, Romania ratified the FCTC in December 2005; in the past six years, several individuals and organizations have been instrumental in the passage of numerous laws intended to reduce tobacco use. With the support and prodding of fellow European Union members and the EU bureaucracy, this trend toward greater promotion of healthy lifestyles should increase with Romania's membership in the union.

Even with EU accession, however, the role of independent, civil society organizations will likely remain vital to tobacco control efforts in the future. The government may continue to pass laws and regulations, but it has shown inadequate interest in taking seriously many of those already on the books—at least in terms of enforcement. The risk is that citizens, such as health care workers who have yet to be deterred from smoking on hospital premises, will not take them seriously either. Civil society has a crucial watchdog role to play. Ongoing monitoring of rules and regulations will be an important way for tobacco control advocates to hold the government accountable for implementing the laws appropriately and improving the health of all Romanians.

One of the leading tobacco control NGOs has been Aer Pur Romania. In November 2002, it formed a partnership with the Ministry of Health and the state-run television network to establish the country's first National Smoke-out Day. Two years later, Aer Pur helped set up the Romanian Network for Smoking Prevention (RNSP), a national coalition of civil society organizations that were already engaged in or interested in working on tobacco control. The dynamic leadership of both Aer Pur and RNSP has enabled them to seize opportunities to achieve major tobacco control objectives and to launch new initiatives despite the government's insignificant support for civil society.

RNSP's first major initiative, launched in 2004, was a project titled "Leading interventions for a smoke-free environment in Romania." Among the network's more than 20 institutional partners for the project were public health local administrations and central government agencies, including the Ministry of Public Health and the Ministry of Labor, Social Solidarity and Family; public education facilities, including medical schools in three cities; hospitals; private companies in six counties; and various media outlets, including some at the local level. The project's two main objectives were the following:

- ▶ Raise awareness and capacity for smoke-free policies in Romania, initially focusing on smoke-free workplaces and hospitals. This effort consisted of 1) reminding Romanian businesses and hospitals of the provisions in Romania's 2002 tobacco control law that mandate smoke-free environments in public places, and 2) assisting businesses and hospitals in developing their own tobacco-use policies based on best practice models adapted elsewhere.
- ▶ Create a critical mass of parliamentarians committed to passing and ratifying the FCTC.

The first objective continues to be a work in progress. Its effectiveness will undoubtedly be enhanced in the long run by the successful achievement of the second one. The stalled effort to ratify the treaty was moved forward as a result of the network's advocacy efforts coupled with the election in 2004 of a new, more open-minded legislative body. Harmonization with EU legislation on tobacco control was also an important condition for EU accession.

### **Existing legal framework**

RNSP was founded at an auspicious time. Starting from an admittedly low base, Romania has moved quickly and aggressively to pass tobacco control legislation and implement new antitobacco policies in recent years. These developments increase the need for credible and determined organizations to play watchdog roles, particularly regarding commitment and enforcement, and to help sustain the momentum.

#### *Tobacco control laws*

The first major step was a national tobacco law, passed in 2002. The law's primary provisions focused on banning smoking in most public places. Its implementation was delayed, but not halted, by the tobacco industry. Two years later, the Ministry of Public Health drafted a bill—which the parliament passed—that prohibits the advertisement of tobacco products. The law is broadly in line with FCTC and EU requirements regarding total bans on tobacco advertising in all media venues, including print, radio, and television. The law took effect in July 2005.

#### *Taxation policies*

The government began raising tobacco taxes in July 2003. This marked the first step of its gradual plan to bring cigarette taxes up to EU levels by 2010, a process mandated by EU entry obligations.<sup>11</sup> As of early 2006, cigarette prices remained low by EU standards, at around US\$1 to US\$1.50 per pack; barring a sudden lack of will on



the part of the government, they will rise sharply over the next few years to comply with EU mandates.

The government defends its tax changes on the basis of the EU requirements. Even so, most of the changes have been vigorously opposed by the tobacco industry, which claims that higher taxes will hurt local business and encourage smuggling. The impact since 2003 of higher cigarette taxes on tobacco retailers is difficult to determine, but most observers do not believe it has been as substantial as industry lobbyists predicted.

The impact on smuggling is also hard to quantify, but experience elsewhere indicates that pushing up cigarette taxes can lead to an increase in smuggling when prices vary significantly among neighboring nations. The tobacco industry has not been shy about exploiting this possibility in the Romanian context. At a press conference in 2006, a group of tobacco firms alleged that more than 10 percent of cigarettes on the market in Romania were smuggled, most from neighboring Moldova. Yet even if accurate, this statistic is misleading if presented on its own: Few would deny that cigarette smuggling remains a major problem. However, there is no proof that the new cigarette tax policies have contributed to the problem, especially since smuggling to and from Moldova was common before the changes. In many parts of the world, the tobacco industry itself has been behind much of the smuggling as part of an effort to pressure governments to reduce (or not raise) cigarette taxes. The industry has not been accused of playing a direct role in smuggling cigarettes into and from Romania, but its track record is cause for concern and close monitoring in the future.

The government continues to say it is committed to cracking down on smuggling, whatever its source. But the government has yet to live up to its commitment. The country currently remains a major smuggling transit point involving cheap cigarettes from countries in the former Soviet Union to Western Europe.

Among the most recent government initiatives was the imposition, in May 2006, of a so-called “sin tax” of 30 percent on sales of tobacco and alcohol (excluding beer and wine). The tax has two objectives: to deter the use of tobacco and alcohol, and to finance the health system. The health minister estimated that the tax would bring in between 100 million and 200 million euros (between US\$127 million and US\$153 million) a year, beginning in 2007. Civil society was united in support of the initiative, and its passage marked a major victory for tobacco control advocacy.

The “sin tax” was and remains controversial, however. The Central Bank has expressed concerns about its impact on inflation, and some libertarians consider it to be an example of an overreaching state. Moreover, the tobacco industry was split. Philip Morris, the largest and most powerful multinational cigarette importer, sup-

ported the initiative. Yet at least one domestic producer opposed it, citing concerns that the new tax would increase smuggling and black market activities.

The government's willingness to raise taxes on tobacco and alcohol coincides with its decision to follow the example of several of its Eastern European neighbors and implement a flat tax regime. As of January 2006, individual and corporate tax rates are standardized at 16 percent; this replaces a multitiered personal income tax system and lowers the corporate rate by 9 percentage points. The government of Prime Minister Calin Popescu Tariceanu hopes that the simplified system and lower rates will increase the nation's ability to attract foreign investment, raise its economic competitiveness, and put more money in citizens' pockets.

These positive economic developments, if they transpire, are medium- to long-term. In the near-term, meanwhile, RNSP and many of its allies are concerned that the flat tax—which is expected to reduce overall tax revenues—will further deplete the government's budget and reduce its public health spending. The organizations argue that such laws and policies, while important, are rendered useless if the money to implement and enforce them is not allocated. Health promotion efforts, especially those directed at young people, need a steady supply of government funds and support. NGOs cannot be expected to shoulder the entire burden of developing, implementing, and sustaining vital education and smoking-cessation programs, for example.

### **Tobacco control advocacy efforts to date**

Over the past three years, RNSP and its member organizations have been increasingly active in working with government officials and parliamentarians to put in place many of the important legal changes noted previously. In addition to direct advocacy with these sectors, RNSP has also undertaken the following activities:

- ▶ Supporting the development of at least 10 models of “good practices” among enterprises that have energetically and effectively implemented tobacco control policies. Information about these models, compiled in guides and pamphlets, has been made widely available.
- ▶ Increasing the number of smoke-free hospitals by supporting local advocacy and monitoring efforts in individual communities and districts.
- ▶ Printing the FCTC in Romanian and distributing it to government agencies, private-sector professional associations, and key public health entities.
- ▶ Establishing a mechanism for national coordination for FCTC implementation. This effort includes collaborating with parliamentarians to devise and introduce appropriate implementing legislation. As a result of its activities in this area, RNSP intends to establish itself as a regional resource for FCTC ratification and

implementation as well as other aspects of tobacco control, especially in nearby countries where ratification has not occurred.

### **Major obstacles and next steps**

RNSP and its member organizations are quite hopeful about the future. For one thing, they are hopeful that the requirements of EU membership will secure the government's increased commitment to tobacco control. Much more work needs to be done throughout Romanian society, however, to raise awareness about tobacco control and to solicit greater public support for continued reforms. Among the key obstacles identified by RNSP are the following:

- ▶ The government does not allocate money specifically for tobacco control. All potential funds are directed instead for general health issues. Some of these funds are eventually allocated to NGOs, but not usually to groups focused on tobacco control. As a result, RNSP and other tobacco control groups face ongoing concerns about funding sustainability.
- ▶ Romanian authorities' interest in tobacco control, especially monitoring and enforcement, has flagged in 2006, with the exception of the "sin tax" policy change.
- ▶ The well-funded tobacco industry has strengthened its relationships throughout the political environment, thus reducing the likelihood of more intensive reform.
- ▶ Health officials lack vision about the future of tobacco control in Romania, thus compromising their leadership roles.

RNSP is seeking to overcome these obstacles through a variety of ways. First of all, in terms of its own capacity, it hopes to obtain EU funds to help put it and other network organizations on more sound financial footing. Those additional funds would increase its ability to initiate broader awareness-raising efforts designed to break down some of the barriers and resistance. It has identified the following objectives:

- ▶ **Increase the network's expertise about economic issues and analysis.** The network wants to commission and publish studies about the health and economic costs of tobacco use in Romania. One potential difficulty may be that some health journals in Romania are financed by tobacco companies, but other outlets are likely to be available.

- ▶ **Create new connections with Romanian politicians and policymakers.** Network staff say that existing connections are excellent, but add that more are needed to increase the likelihood that advocacy efforts will continue to be successful.
- ▶ **Initiate new partnerships with other organizations and networks, notably those in civil society.** In addition to helping create a united advocacy front, this may assist the network in preparing and disseminating reports to greater effect.
- ▶ **Maintain existing good partnerships with key government agencies, and improve less successful partnerships.** For example, network staff say they have an excellent working relationship with the Anti-Drugs National Agency, which has collaborated with the network on a smoke-free project for youth. At the same time, they describe the network's relationship with the critically important Ministry of Public Health as lukewarm at best.
- ▶ **Initiate and implement procedures to monitor media reporting of tobacco issues.** This undertaking is expected to improve accuracy, counter tobacco industry assertions, and encourage reporters to better understand tobacco control and the health and economic impact of tobacco use.



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The 2005 tobacco control law was a victory for tobacco control advocates.

One notable provision requires public establishments such as bars, cafes, and restaurants to provide a nonsmoking area of at least 50 percent of the total space.

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## Ukraine

Parity Foundation  
Alcohol and Drug Information Centre

Uncertainty has plagued Ukraine since December 2004, when the so-called Orange Revolution further exposed the country's deep political, ethnic, cultural, and economic divides. The new president, Viktor Yushchenko, vowed to unite the nation, but he has had little success to date. Just 18 months after he took office, Yushchenko was forced to appoint as prime minister his bitter rival after the president's party was bested in parliamentary elections.

Tobacco control developments are in many ways a microcosm of the political upheavals over the past few years. Most of the developments are positive: With strong support from the Yushchenko government, the Verkhovna Rada (parliament) passed a relatively comprehensive tobacco control law in September 2005 and ratified the FCTC six months later. Yet there have been other decisions that are puzzling in their inconsistency, and ultimately represent a step backward from the perspective of tobacco control advocates. In January 2006, for instance, the parliament rejected a bill that would have required health warnings to occupy 45 percent of the total space of cigarette and tobacco product advertisements.

Tatiana Andreeva, a tobacco control advocate who works out of the Alcohol and Drug Information Centre, was not particularly surprised by the divided nature of recent tobacco-related developments in Ukraine. “When a country has to deal with other things,” she observed, “it’s not easy to focus on tobacco. It’s not seen as a priority by officials and politicians.”<sup>12</sup> She said she believes tobacco control efforts will begin to bear significant fruit only when government members are accountable to the public in a more transparent and direct way. “We first need improved democratic processes so that policymakers feel they have a responsibility to help people survive,” she said. “Advocacy efforts will be much more effective only after stability and the beginning of a democratic tradition. Right now, however, society is not prepared or ready for the kind of advocacy seen in many other countries.”

Andreeva’s realistic analysis of the impact of tobacco-related advocacy in Ukraine has influenced but not limited her efforts. She and a small yet growing number of advocates, including those working locally, have played important roles in moving tobacco control forward—as witnessed by the FCTC ratification. Occurring during the middle of the political crisis, the ratification offered proof that targeted advocacy can work at the national level even when the government appears dysfunctional or paralyzed by dissension. Furthermore, the crisis had eased by the time the treaty formally entered into force in Ukraine in September 2006. It may very well be that the first solid support structures of the democratic framework, which Andreeva believes is a prerequisite for effective advocacy, have been erected.

Perhaps more important, however, are developments at the local level, where tobacco control advocates are not waiting for guidance or leadership from national authorities in Kyiv. For example, the Parity Foundation has parlayed grant funding into policy change in Cherkassy, a city of about 300,000 people in central Ukraine. In 2004, Cherkassy became the first Ukrainian municipality to ban smoking in public places. The Parity Foundation, a small yet determined NGO led by Serhiy Honchar, remains committed to devising and carrying out strategies to reduce tobacco use in its home city. At the same time, it has initiated a project to assist NGOs in five other municipalities across Ukraine in their efforts to push for similar policy changes.

### **Smoking prevalence and the legal framework**

Smoking has long been ingrained in Ukrainian society. Yulia Honchar, a colleague of her husband Serhiy at the Parity Foundation, noted that it is not uncommon for children as young as 10 years old to begin smoking regularly, often because they are emulating their parents or peers.<sup>13</sup> By 14 or 15, she added, many of them are addicted. According to a 2005 report from the International Centre for Policy Studies, far more men (67 percent) smoke regularly than do women (20 percent).<sup>14</sup> This

contributes to the wide gender gap in life expectancy, a demographic trend that several of Ukraine's neighbors in Central and Eastern Europe also are experiencing. Nearly 100,000 Ukrainians die each year from smoking-related diseases, the majority of them middle-aged men.<sup>15</sup>

The 2005 tobacco control law was a victory for tobacco control advocates who have long called attention to these dire statistics. Its effectiveness is difficult to determine because the first of its provisions only came into force in October 2005, with others taking effect in stages through 2009. On paper, though, the law contains some important and useful elements. One notable provision requires public establishments such as bars, cafes, and restaurants to provide a nonsmoking area of at least 50 percent of the total space. Individuals who light up in nonsmoking areas face fines of up to US\$17. However, owners of such establishments face no fines at all if they fail to comply with the law mandating the nonsmoking area.

The new law does not regulate tobacco advertising; instead, it contains a provision stating that tobacco advertising is regulated by the national law on advertising. That law currently prohibits tobacco advertising on TV, radio, in publications aimed at minors, and in cinemas and theaters.

Andreeva and her colleagues have welcomed the new tobacco control law, but they also say they intend to seek amendments strengthening the law. For example, they would like public establishments to be completely smoke-free.

Moreover, Andreeva said, FCTC ratification and recent moves toward political stability may pave the way for higher tobacco taxes and a greater commitment to health promotion funding at the national level. Certainly there is significant room for changes in tax policy. In October 2006, the average cost of a pack of cigarettes was less than 3 hryvnas (about 60 U.S. cents) throughout Ukraine. That was about the same price as a loaf of bread in most of the country.

### **Local advocacy at the forefront**

At the local level, the Parity Foundation's success in Cherkassy is all the more surprising considering that the city is home to a tobacco factory that provides tax revenues to the national government and employment to numerous local residents. Serhiy Honchar stressed that changing people's attitudes and behavior will not happen immediately, but that even incremental steps are important and will eventually lead to full compliance. As an example, he pointed out that people in his office building in Cherkassy do not always go outside to smoke, as the law requires. However, they no longer smoke in their offices, tending to gather in more isolated stairwells instead.

Since the passage of the 2004 law banning smoking in public places in Cherkassy, the Parity Foundation has continued to work with government officials and



other local entities to raise awareness about tobacco use and control. Among its activities in Cherkassy over the past year were the following:

- ▶ Organizing a roundtable with local authorities to coordinate plans for tobacco control. All local TV channels covered the event in news programs.
- ▶ Helping draft a letter to the Ukrainian president, sent from Cherkassy city officials, spelling out the harmful effects of cigarette smoking and urging him to support tobacco control efforts.
- ▶ Printing brochures and posters spelling out the provisions of local smoke-free regulations, and indicating where citizens can file complaints about violations.
- ▶ Organizing a citywide soccer tournament for teams of young people aged 10 to 12. The tournament's motto, "Champions do not smoke," was the basis for an accompanying information campaign aimed at young people at or nearing the age when many might consider smoking.
- ▶ Persuading city authorities to consider reduction of cigarette smoking as a key part of efforts to improve the air quality.

Many of these activities are relatively simple to initiate and carry out and cost little money. Yet in Cherkassy at least, they have had a huge impact on policy reform. Believing that such activities will work elsewhere in Ukraine, the Parity Foundation began a 12-month project in July 2006 to train and assist staff at NGOs in five other Ukrainian municipalities. The first step focused on soliciting proposals from interested NGOs across the country and then evaluating the organizations' commitment and ability to meet project requirements. The openness of local government officials to civil society engagement was also a factor, given the project organizers' desire to have valuable short-term impacts. NGOs were eventually chosen in Kher-son, Kirovograd, Rivne, Sumy, and Uzhgorod. The ultimate goal is for the NGOs to become effective tobacco control advocates and serve as additional models for other cities and regions.

In the fall of 2006, the Parity Foundation conducted training workshops for the NGOs in Cherkassy, and assisted them in organizing roundtables on tobacco use and control in each city. Participants at those roundtables included government officials, members of the media, private-sector business leaders, health and social welfare authorities, and staff from other NGOs. The roundtables sought to raise awareness about the impact of tobacco use among all members of society; build support for smoke-free workplace laws; and lay the groundwork for other initiatives that could

reduce tobacco use and improve compliance with national and local regulations. With support from the Cherkassy organization's experienced team, the other NGOs are gaining valuable expertise in how to initiate successful media campaigns and ensure that tobacco control remains a high public health priority in their municipalities.

### **Next steps and objectives**

The impact of these local developments, although potentially widespread, undoubtedly would be heightened by more extensive commitment at the national level. If the Orange Revolution fulfills its prodemocracy potential, Andreeva argued, tobacco control advocates' ability to advance their agendas will be greatly improved.

Andreeva also identified several short- and long-term objectives for her organization and other tobacco control advocates. One key objective is to collect locally relevant evidence. Andreeva noted that even when citizens and government officials realize tobacco may be bad for individual health, they are ambivalent about tobacco control because they believe tobacco is good for the economy. "This is a huge misunderstanding," Andreeva said. "We need updated evidence showing the real impact of tobacco on the economy." As elsewhere, that impact is almost certain to be negative when taking into account the health-related effects of tobacco use.

Other objectives identified by Andreeva:

- ▶ Improve communications, both with the media and among civil society groups engaged in tobacco control.
- ▶ Build national and regional coalitions among NGOs and other stakeholders, including government agencies. Such coalitions can help maximize available resources for all members.
- ▶ Increase the availability of direct assistance and services for smokers. Easily accessible smoking-cessation information and resources are crucial to the future of tobacco control, according to Andreeva.

Andreeva's objectives may not be fulfilled everywhere in the country for several years. However, the Parity Foundation has already moved toward meeting many of them in Cherkassy, including collecting evidence of the impact of smoking; initiating sophisticated communications strategies; building coalitions among key stakeholders in government and elsewhere; and working to raise awareness among young people. Eventually legislators and government officials at the national level will be forced to pay closer attention to these local changes and the people working to establish tobacco control throughout the country.



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Civil society is crucial to successful tobacco control efforts.

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## Lessons Learned

The four case studies in this report present just a few of the many and widely varying examples of civil society leadership in tobacco control around the world. Moreover, the organizations discussed in the case studies and the countries in which they work are at different stages and are focusing on different short- and medium-term objectives.

The differences aside, there are similarities and shared experiences that link tobacco control efforts wherever they occur. The lessons learned from the perspective and experience of the Health Promotion Foundation and its regional partners also point to potentially useful future steps for tobacco control advocates both in the region and elsewhere. Among the notable lessons are the following:

- ▶ **Civil society is crucial to successful tobacco control efforts.** The Polish example from the early 1990s is particularly instructive. Restrictions were lifted on civil society, thereby enabling increased citizen- and community-inspired advocacy. Tobacco control efforts subsequently gained traction and momentum as civil society groups pushed for greater transparency and openness about all political, economic, and social issues—including health. Policy reform at all levels soon followed, including tobacco control legislation and improved public- and private-sector services designed to raise awareness and promote healthy lifestyles.

Compared with Poland today, civil society's roots are shallower or nonexistent in many of the world's other countries, including some in Central and Eastern Europe and Central Asia. Citizens in these nations may not always be

in poorer health, but in general they have a more limited ability to influence health-related policy. Experience indicates that countries with the most comprehensive tobacco control policies and programs are those with engaged, fully independent civil societies.

- ▶ **Effective tobacco control efforts require comprehensive, multipronged approaches and strategies.** Given the power and influence of the tobacco industry in most countries, tobacco control advocates and their allies must continually seek to broaden the ways in which they raise awareness of tobacco’s negative medical, social, and financial impacts. Important strategies include devising and implementing extensive media campaigns; expanding coalitions within civil society and with government partners; directly challenging policymakers to publicly justify their opposition to tobacco control or reluctance to make it a priority; and collecting and disseminating solid health data. Such data might include deaths and hospitalizations due to tobacco-related illnesses. Data should also be collected on the “indirect” consequences of tobacco use that are equally debilitating—such as the effect of secondhand smoke on children’s health.
- ▶ **Economic research is an important, yet often neglected, component of effective advocacy.** Economic research on tobacco use lags in the four countries highlighted in this report. Throughout the world, policymakers and the general public are often unaware of the massive financial costs to society of tobacco use. Tobacco-related sickness and premature death reduce economic productivity in numerous ways, many of which can be quantified through rigorous data collection. For example, workplace absenteeism of ill people and caregivers stunts labor productivity. Disabling tobacco-related conditions also force a redirection of individual and public resources from investment and savings, which are needed to help grow economies and raise living standards, to health care.

Policymakers are also likely to be positively swayed by targeted data showing how tax policies can be utilized to raise revenues for health promotion activities that in turn lead to a reduction in tobacco-related health care costs. For example, several European countries and U.S. states (notably California) have raised cigarette taxes and earmarked a portion of the revenues for tobacco control activities, such as education and media campaigns. Enshrining health promotion earmarks in laws or government policies improves the likelihood of withstanding tobacco industry pressure to counter comprehensive tobacco control efforts.

- ▶ **Media can be a powerful tool for and ally of tobacco control advocates.** Tobacco control advocates in Kazakhstan invited members of the media to tour Almaty, the country's largest city, and see firsthand the many violations of the national antitobacco law. The resulting newspaper articles and television coverage helped prompt local officials to introduce the landmark "Smoke-free Almaty" initiative. Such effective use of media is relatively rare in the region because tobacco control advocates often have limited experience using media to advance their objectives. Going forward, it is important for advocates to learn to work effectively with the media and to share successful strategies and experiences more consistently.
  
- ▶ **Tobacco control regulations and affordable "quit smoking" services are equally important in reducing tobacco use.** Restrictions are more effective in reducing tobacco use when accompanied by health promotion campaigns and accessible, affordable services to help people quit smoking. Incentives for changing behavior must be based on recognition of the medical and psychological elements of tobacco addiction. On their own, punitive measures rarely make an impact on more complex behaviors that may require extensive treatment and support.
  
- ▶ **Expanded regional learning and cooperation offer clear benefits to local tobacco control efforts.** Unique economic, social, and political issues in each country directly influence local tobacco control advocacy. Yet it is also true that strategies, mechanisms, and approaches used successfully in one country or context can have similarly positive impacts elsewhere. Significant regional expertise already exists, notably in Poland: that country's Health Promotion Foundation has engaged others working on tobacco control in the region for several years. Expertise, down to the grassroots, should be tapped more effectively through greater sharing of information and resources. Regional cooperation will also help sustain and expand civil society advocacy that has already shown great promise for improving health.

The establishment in 2007 of the Regional Tobacco Control Network and Center (RTCNC) marks an important step forward to formalizing efforts toward regional cooperation. The network, to be based in Warsaw, aims to represent the region's coalitions, allies, and partners that advocate for tobacco control and to articulate the region's needs at international forums. It will also seek to strengthen the position of the region's countries in European and global partnership networks and help them in applying for international resources.

The RTCNC will endeavor to ensure that its members have direct and immediate access to best practice resources on tobacco control by creating close links with the WHO Collaborating Centre in Warsaw, which is responsible for implementing WHO tobacco control policy in the region. Close and consistent collaboration will also be sought with universities, health institutes, public health schools, and other NGO movements in the region and elsewhere.

# Notes

1. See WHO country profiles, online at <http://data.euro.who.int/tobacco/Default.aspx?TabID=2444>.
2. The organizations profiled include “For Smoke-free Kazakhstan” national coalition (Kazakhstan); Moldovan Health Communications Network (Moldova); Romanian Network for Smoking Prevention (Romania); and Parity Foundation and the Alcohol and Drug Information Centre (Ukraine).
3. See [www.who.int/tobacco/framework/countrylist/en/index.html](http://www.who.int/tobacco/framework/countrylist/en/index.html) for detailed information about the treaty as well as which countries have signed and ratified it. Among the world’s most populous and influential countries, the United States has signed but not ratified the FCTC, and Russia has neither signed nor ratified it.
4. See [www.cancer.org/downloads/AA/CancerAtlas05.pdf](http://www.cancer.org/downloads/AA/CancerAtlas05.pdf).
5. See WHO country profiles, online at <http://data.euro.who.int/tobacco/Default.aspx?TabID=2444>.
6. For the purposes of this publication, Central and Eastern Europe and Central Asia comprises all 15 independent countries that were once part of the Soviet Union, as well as countries that were in the Soviet sphere of influence prior to the end of the Cold War.
7. Sadykova’s comments throughout this case study are based on an interview conducted in July 2006.
8. The president’s action, according to Sadykova, was prompted at least in part by a month-long national campaign in support of FCTC ratification that was initiated by the coalition. She



said the campaign included extensive media coverage and direct contacts with government officials. (According to the World Health Organization's Tobacco Free Initiative website, Kazakhstan ratified the FCTC on January 22, 2007. See [www.who.int/tobacco/framework/countrylist/en/index.html](http://www.who.int/tobacco/framework/countrylist/en/index.html), accessed March 29, 2007.)

9. The lifting of the bans on wine and beef resulted from Moldova's threaten to block Russia's accession to the World Trade Organization if the bans remained in place. No specific evidence was ever presented to support Russia's claims that Moldovan agricultural products were unsafe.

10. Zatushevski's comments throughout this case study are based on an interview conducted in July 2006 and e-mail correspondence two months later.

11. The EU directives on cigarette taxation (last revised in 2002) set the minimum excise tax incidence at 57 percent of retail price and the tax burden at 1.28 euros for a pack (which contains 20 cigarettes). See <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32002L0010:en:HTML>. According to the 2006 edition of *The Tobacco Atlas*, released by the American Cancer Society, cigarette taxes in most EU countries are at least US\$2.00 per pack. (See [www.who.int/tobacco/en/atlas35.pdf](http://www.who.int/tobacco/en/atlas35.pdf).)

12. Andreeva's comments throughout this case study are based on an interview conducted in July 2006.

13. Comments throughout this case study from Serhiy and Julia Honchar are based on an interview conducted in October 2006.

14. See [http://www.icps.com.ua/doc/Tobacco\\_in\\_Ukraine\\_ENG.pdf](http://www.icps.com.ua/doc/Tobacco_in_Ukraine_ENG.pdf).

15. Peto R., Lopez A., Boreham J., Thun M. (June 2006). *Mortality from smoking in developed countries, 1950–2000*.

## Open Society Institute

The Open Society Institute (OSI) works to build vibrant and tolerant democracies whose governments are accountable to their citizens. To achieve its mission, OSI seeks to shape public policies that assure greater fairness in political, legal, and economic systems and safeguard fundamental rights. On a local level, OSI implements a range of initiatives to advance justice, education, public health, and independent media. At the same time, OSI builds alliances across borders and continents on issues such as corruption and freedom of information. OSI places a high priority on protecting and improving the lives of marginalized people and communities.


Investor and philanthropist George Soros in 1993 created OSI as a private operating and grantmaking foundation to support his foundations in Central and Eastern Europe and the former Soviet Union. Those foundations were established, starting in 1984, to help countries make the transition from communism. OSI has expanded the activities of the Soros foundations network to encompass the United States and more than 60 countries in Europe, Asia, Africa, and Latin America. Each Soros foundation relies on the expertise of boards composed of eminent citizens who determine individual agendas based on local priorities.

## Public Health Program

The Open Society Institute's Public Health Program aims to promote health policies based on social inclusion, human rights, justice, and scientific evidence. The program works with local, national, and international civil society organizations to combat the social marginalization and stigma that leads to poor health, to facilitate access to health information, and to foster greater civil society engagement in public health policy and practice. The Public Health Program works in over 60 countries in Central and Eastern Europe, the former Soviet Union, Central Asia, Southeast Asia, Africa, China, and the Middle East. The program collaborates with Soros foundations or other local partners to develop and fund projects that are responsive and appropriate to local needs.







The countries of Central and Eastern Europe and Central Asia are in dire need of more extensive tobacco control policies and programs.

Tobacco-related diseases kill more than 700,000 people a year in the region and nearly 40 percent of middle-aged men die prematurely as a result of tobacco use. The case studies in this report document the advocacy efforts of NGOs in four countries—Kazakhstan, Moldova, Romania, and Ukraine—at different stages of tobacco control. Taken together, the case studies offer important lessons for future tobacco control efforts anywhere in the world. Local leadership is essential to reversing the current trends in tobacco use, illness, and death that place millions of people at risk.

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