

AGF

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ISPM

**Swiss Federal Office of Public Health
Global Tobacco Programme 1996-1999**

**Final Report on the Results
of the Global Evaluation**

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Summary

A) The Global Tobacco Programme 1996-1999

In August 1995, the Swiss Federal Office of Public Health (FOPH) was mandated by the Federal Government to implement a "package of measures designed to reduce the harmful effects of tobacco on health" (GTP). This mandate was occasioned by the following factors in particular:

- the increasing prevalence of smoking among women and adolescents;
- the need to improve the protection of non-smokers in Switzerland;
- the pledge within the context of the "twin initiatives" to adopt a more aggressive prevention policy; and
- the World Health Organization's (WHO) efforts to co-ordinate tobacco prevention policy on an international scale.

An annual budget of approximately CHF 2.5 million was allocated to the global programme. The first concept paper defined eight "strategies" to be pursued. However, these were rapidly acknowledged as being too ambitious, and efforts were subsequently concentrated on the following three areas:

- primary prevention
- passive smoking
- fighting tobacco dependency.

In these three areas projects designed by other providers were supported, initiated or carried out by the FOPH itself. The principle of delegation or subsidiarity was to be respected. Another aim was to intensify collaboration between private organisations, the cantons and the Federal Government. More than two dozen intervention projects and half a dozen or so research projects received funding through the GTP between 1996 and 1999. Most of this funding went to primary prevention projects (almost half the annual budget on average), followed by the fight against tobacco dependency (over 20 %) and passive smoking (nearly 20 %). The remainder was used to support research projects, for the global evaluation and for other tasks.

Initially the primary objective of the GTP was to lower the prevalence of tobacco consumption in Switzerland, Switzerland being currently among the highest in Europe (i.e. to reduce it from the current level in excess of 30 % to below 30 % of the population). However, it was very soon realised that this goal was unattainable, and it was subsequently abandoned. It is not possible to influence the prevalence data with a budget of CHF 10 million over four years. One objective, however, was retained: to concentrate funding efforts rather than to support a large number of projects with nominal amounts using a "sprinkling" approach.

Another stated objective was to enhance the visibility of the GTP and the FOPH, but this goal, too, was subsequently revised, not least in response to the data that emerged from the first phase of the global evaluation. Ultimately this objective was redefined as 'making the GTP known among specialist groups involved in tobacco prevention'.

A further objective was to avoid any form of social discrimination of smokers. All the projects funded by the GTP observed this principle.

B) The global evaluation of the GTP

The global evaluation of the programme was carried out as a formative process evaluation. In the course of the work, the following four evaluation questions were developed, and the evaluation sought to find answers to specific questions in these four categories, predominantly with respect to the three areas on which the GTP focused:

1. To what extent were the general conditions governing the design and implementation of the GTP conducive to achieving its objectives?
2. Did the GTP foster improved collaboration in Switzerland in the area of tobacco prevention in general and the fight against tobacco dependency in particular?
3. Was the GTP able to improve what was on offer in terms of prevention?
4. Were the main target groups reached more easily as a result of the GTP?

To help answer these questions, the evaluation team produced an extensive list of indicators. The data collected used tools, based on social-science methods, which were developed by the evaluation team. We carried out ten separate studies, each of which was documented in its own work report (known as the satellite reports). The present final report is a distillation and synthesis of these satellite reports.

C) Results

During the course of the GTP, public health policy was affected by a number of events at an international level (e.g. the EU Health Ministers' ban on tobacco advertising, the priority that the WHO gave to the fight against tobacco, and the billions of dollars in compensation that the tobacco industry was forced to pay to the authorities in the USA). However, these events had at most an indirect effect on events in Switzerland.

The launching of the GTP in itself was considered to be a positive sign; it was interpreted as an expression of political determination to become more active in this important area of prevention. The programme's main objective (to reduce the current rate of smoking in Switzerland – from 30% to 25-28%) was viewed as unrealistic from the outset, as mentioned before. The GTP is only familiar to any great degree among a fairly small group of specialists; the general public is not aware of it at all. Certain projects (particularly the national and large-scale ones) are well known, and these are viewed as both useful and important. However, most of these were in existence before the GTP was launched. The GTP team felt that there was a high level of competence in both the FOPH and the organisations involved in tobacco prevention. The reporting of GTP projects in the print media can be considered heartening. Most of this reporting appeared in German-language Swiss newspapers and regional (i.e. smaller) publications. In Switzerland, there are now approximately 33 full-time jobs in tobacco prevention, although central Switzerland does not have any specialised TP positions. Seven new jobs have been created in the last four years, but this is due only in part to the GTP.

We identified certain project management deficits in the GTP; e.g. there was no reliable, complete project documentation. However, there was a distinct learning effect at the FOPH as a result of criticism of this type being expressed during the interim evaluation. The criticism was levelled at the Global Alcohol Programme "Handle with care!" and the ongoing efforts to formulate and implement a forward-looking tobacco policy.

The GTP is not a meticulously planned and co-ordinated programme; it is rather a package of projects designed to underpin and complement existing and new activities related to tobacco prevention. In order to promote a more incisive global policy towards the fight against tobacco use in Switzerland, the FOPH needs to assume its role of organiser and co-ordinator with greater determination. This would mean, for example, even more targeted definition of the main areas of activity, although steps in this direction are discernible. It is also important for the FOPH to decide to what extent it wants to take charge of operations itself or delegate tasks under contract to the Swiss Association for the Prevention of Tobacco Use (AT), a central player in this field. Such a move would strengthen the position of this organisation within tobacco prevention in Switzerland. The FOPH now appears to have reached a decision on these questions.

By supporting research projects, the FOPH sent out a clear signal that it was aiming to expand its epidemiological database, which had been considered rather narrow. However, better use needs to be made of the results produced by this research (in project submissions, for example, almost no reference is made to scientific results). One study financed by the GTP proposed a modular instrument for surveying the population's smoking habits. It is intended that this instrument be implemented by the FOPH in conjunction with the planned Health Observatory.

Collaboration between the organisations involved in GTP was improved both qualitatively and quantitatively. The impact of the GTP on this improvement was thought to be low overall, although university and research institutes did improve their collaboration with the public administration. Collaboration between the FOPH and the tobacco prevention organisations, on the other hand, was viewed critically. This is probably mainly due to the failure of the FOPH to provide sufficient information.

It was only in the context of the research projects that the GTP succeeded in creating a feeling of identification. This was not the case with the intervention projects where, for example, the attempt to introduce a common GTP logo failed. Joint projects such as "No-Smoking Day", on the other hand, did succeed in fostering a common identity.

Prevention provision was expanded, creating concern that this could dissipate resources. Innovations were not the main focus of attention; it was mainly existing large-scale projects that received support from the GTP.

In a self-evaluation, the project leaders described their projects as efficient. However, an analysis of the project proposals (as an empirically documented predictor of the impact of a project) showed considerable scope for improvement (e.g. more precise definition of target groups and interim goals, reference to scientific data). Against this background, the

FOPH could improve the quality of projects by imposing specific criteria as a condition for support.

The managers of the intervention projects felt that the level of information among the target groups was only moderately good, but at least acceptance of the campaigns was good and the demand from the target groups was greater than anticipated.

1. The political situation regarding tobacco in Switzerland *prior* to the Global Tobacco Programme (GTP)

1.1. Prevalence

"Of the approximately 60,000 deaths in Switzerland every year, around 10,000 are due to smoking" (Abelin, 1993, p. 219). This was the most recent figure available at the start of the GTP. In other words, when the Global Tobacco Programme was initiated, i.e. in 1996, about one sixth of all deaths in Switzerland were caused by tobacco. Almost half the potential years of life which are lost through premature death can be ascribed to tobacco dependency (Pfluger, 1992). The process of fighting tobacco dependency is a complex one, and only one sixth of all the people who try to stop smoking actually succeed, i.e. five in every six people give up their effort (Swiss Federal Office of Public Health [FOPH], 1996, p. 5).

One sixth of all deaths caused by tobacco

Five in every six people who try to stop fail

In a European comparison on tobacco consumption, Switzerland had one of the highest levels, matched only by Greece, Hungary and Poland. Daily consumption of tobacco by adults is lower in all other European countries (Swiss Institute for the Prevention of Alcohol and Drug Problems [SFA], 1999, p. 36). Approximately 30 % of the Swiss population over the age of 15 smoke, giving Switzerland a leading position in Europe in terms of prevalence too (Müller, Meyer & Gmel, 1997, p. 30). Over the longer term (1974 to 1992/3) the number of smokers in Switzerland has declined from 61 % to 36.5 % for men and from 40 % to 24.1 % for women (Gmel, 1995, reproduced from Padlina, Gehring, Martin, Hättich & Somaini, 1998, p. 15; SFA, 1999, p. 37). But even these prevalence rates put Switzerland a long way from reaching the target suggested by the World Health Organisation (WHO) in its European Regional Objective 16 ("Promotion of healthy behaviour") - the goal of 80 % non-smokers in the population (WHO, 1985).

Tobacco consumption and prevalence: Swiss lead the European statistics

Long-term trend towards declining tobacco prevalence

In the years prior to the launch of the GTP, the proportion of the population who smoked had stabilised overall, but the proportion of women smokers had increased. The same was true for youth in the 15 to 16 year old age brackets. In this group the proportion of young people who smoked every

Increase in number of women and young people who smoke

day increased from 8 % in 1986 to 15 % in 1994, with more girls than boys smoking (Müller, Meyer & Gmel, 1997, reproduced from Zeyen Bernasconi, Abel & Cloetta, 1998). "As the smoking habits of the two sexes became more similar, female mortality related to cancerous conditions of the respiratory tract (trachea, bronchi, lungs) increased by an alarming 86 % between 1980 and 1993 in Switzerland (by 17 % in all EU countries). Mortality due to all other causes of death, including breast cancer, decreased during the same period." (FOPH, 1995a, p. 19-20, reproduced from Zeyen Bernasconi, Abel & Cloetta, 1998). In absolute terms, the figures (1994) for lung cancer-related mortality among women are still well below those for men (619 male deaths compared with 2,128 among women), but the trend is still a steep upward one (Schüler & Bopp, 1997, p. 3). This is in contrast to the trend among the male population, where the figures are in decline (Schüler & Levi, 1996, p. 301).

Economic burden

The cost of tobacco consumption in economic terms is estimated at CHF 1.1 to 1.6 billion for the year 1996 (Müller, Meyer & Gmel, 1997, p. 161). However, a study carried out in connection with the GTP (Vitale, Priez & Jeanrenaud, 1998) showed a figure of approx. CHF 10 billion annually in tobacco-related social costs incurred in Switzerland (see also Chapter 4.2).

Increase in female smoking-related mortality

1.2. The legal situation

1.2.1. General background

Originally no health-policy objectives

Switzerland's policy on tobacco was not originally designed to serve health-policy objectives. It was intended to pursue labour-policy aims and to protect the domestic cigar industry against foreign competition. For example, cigars, which in the early 20th century were still exclusively hand-rolled, for a long time received preferential tax treatment compared with industrially produced cigarettes (Hengartner & Merki, 1993, p. 384). Until recently, therefore, there was no legal basis for a policy of tobacco prevention. As in many areas of social policy, these activities were left to non-profit organisations. The Federal Law on Tobacco Taxation, which unlike the legislation governing alcohol has no explicit health-oriented objectives, does, however, provide for a special tax on tobacco products,

Tobacco prevention through non-profit organisations

revenues from which go exclusively to the social security facilities operated under the AHV/IV old-age pension and disability insurance systems.

Special tax to support the AHV/IV insurance system

The Federal Commission on Tobacco-related Questions (ETK) was set up in 1988 as a consultative body to the Swiss Federal Government. The Commission was composed on a parity basis of representatives of the tobacco, agriculture and advertising industries on the one hand and of health organisations on the other. The work done by this Commission was characterised by each side's efforts to block the interests of the other.

Establishment of Federal Commission on Tobacco-related Questions (ETK)

1.2.2. Statutory protection of non-smokers

Although legislation to protect non-smokers in the workplace has been in place since 1995 (see Chapter 1.2.3), the existing legal provisions in Switzerland are still insufficient. Awareness of the harm that can be caused by passive smoking has encouraged many countries to ban smoking in public buildings, public transport and in the workplace. Smoking is banned or restricted in many public and semi-public places (hospitals, cinemas, theatres, ticket counters, and public transport) by the bodies that operate these facilities. Schools also forbid students under 16 to smoke.

Statutory protection of non-smokers inadequate

Voluntary non-smoking areas in public and semi-public places

Some cantons have introduced regulations requiring the provision of non-smoking areas in restaurants. For example, since 1986 legislation governing the catering industry in Zurich has required that restaurant owners provide separate areas for non-smokers, (HENGARTNER & MERKI 1993: 417). Nonetheless, restrictions on smoking in restaurants are still a major problem. Smoking in most forms of public transport in Switzerland was banned as long ago as the early 1960s. The Swiss Railway SBB recently reintroduced, at considerable expense, smoking compartments for second-class passengers on regional train services (NZZ, 1997a). This move illustrates the pragmatic approach of the SBB's managers, who decided to ensure that the majority of compartments would remain smoke-free, thus protecting the interests of non-smokers.

Cantonal regulations for the catering industry vary

Non-smoking compartments in public transport since the 1960s

1.2.3. Statutory regulation of smoking in the workplace

The Labour Law: the only nationally valid statutory regulation

The only statutory regulation that applies throughout the country concerns smoking at the workplace. The new decree that came into force in 1995 under the Labour Law requires "the employer, taking the specific company situation into account, to ensure that non-smokers are not annoyed by other people's smoking" (ArGV 3 Art. 19). Employees have the right to take action as soon as they feel disturbed by tobacco smoke.

Few clear regulations in Swiss companies

Most companies in Switzerland have very few clear regulations to protect non-smokers, although restrictions on smoking at the workplace, in particular, have in fact proven very effective since they protect non-smokers and can help to reduce the number of cigarettes consumed by smokers (Müller, 1997, p. 191). A survey of more than 12,000 white-collar workers in Switzerland showed that over two-thirds of all employees whose companies have not introduced regulations on smoking at the workplace would like to see such regulations in force. As many as one third of regular smokers would welcome such regulations. In companies that already have regulations governing smoking, just 7 % of smokers describe them as unfair (KRIEGER, KRIEGER & MÜHLEMANN 1991: 7). Recent surveys confirm that people nowadays expect to have the right to a smoke-free workplace. 80 % of the population feel that non-smokers should have this right. Around one quarter of people in gainful employment are bothered by tobacco smoke at the workplace [AT (Arbeitsgemeinschaft Tabakmissbrauch/Swiss Association for the Prevention of Tobacco Use) 1997, reproduced from Zeyen Bernasconi, Abel & Cloetta, 1998).

Few smokers are against regulations protecting non-smokers

1.2.4. Popular initiative to limit the ban on tobacco advertising

Twin initiative: call for a ban on advertising

In 1979, the popular initiative launched by the „Good Templars youth organisation“ to ban advertising for addictive substances was rejected. Ten years later, in 1989, the "twin initiative" was submitted with the aim of banning advertising for alcoholic drinks and tobacco products. The Federal Government recommended the people and the cantons to reject the initiative, while putting forward a less stringent counter-proposal. The National Council and the Council of States also rejected this.

Counter-proposal from Federal Government

These popular initiatives represented a threat to the tobacco industry, but the powerful influence of this sector and a strong ally in the advertising industry enabled it to mount a successful counter-attack. The strong Swiss tradition of free trade was certainly a factor here too. The opponents of the initiatives argued that they were a threat to advertising and jobs. They were supported by the print media which, in a time of declining advertising volumes, were keen to side with their potential customers (the advertising industry) (Hirter, 1993, p. 211). The campaign was extremely successful. Although surveys showed that three months before the referendum there was a majority in favour of an advertising ban, the initiative was rejected roundly in 1993 with more than 74 % no-votes. On this basis, only one quarter of voters were in favour of a ban on advertising. At the referendum on the Good Templars' initiative in 1979, 41 % had voted in favour of the advertising ban (Zeyen Bernasconi, Abel & Cloetta, 1998).

Massive rejection:
74 % no-votes

1.3. International co-ordination of tobacco policy

The main driving force for a tobacco policy with health-policy objectives came from the international arena, and more particularly from the World Health Organisation (WHO). The dangers of smoking had been known for a long time when in 1975 the WHO asked its member countries to control the production, marketing and consumption of tobacco products by law. In 1984 the WHO passed the "Health for All" strategy. The member states undertook to evaluate progress in implementing the strategy every three years. In 1992 the European regional office approved an "action plan for a tobacco-free Europe". The WHO issued another catalogue of measures in 1996 that was intended to form the basis of a comprehensive tobacco-prevention policy. The federalist structure of Switzerland meant that the WHO strategies were never implemented in the form of a national health strategy, although the AT/Arbeitsgemeinschaft Tabakprävention (Swiss Association for the Prevention of Tobacco Use) has been working with the WHO documents since the 1970s (e.g. No Smoking Day). The FOPH also based its Global Tobacco Programme (GTP) (see Chapter 2) on the "Health for All" strategy and the subsequent action plans (BAG 1995: 6).

Impetus from the WHO

AT and FOPH in line
with WHO strategies

Swiss legislation
lagging behind

Nonetheless, compared with most of its European neighbours, Switzerland is lagging behind in terms of legislation to prevent tobacco consumption. Many of these countries (Italy, Finland, Portugal, France, Sweden and Belgium) had a government ban on advertising for alcohol and tobacco, for example, even before the GTP was started.

1.4. Special features of tobacco prevention in general and HIV/Aids prevention in particular

Prevention through
behaviour and
environment

Prevention experts feel that prevention must be pursued on two levels (see for example Gutzwiller, Wydler & Jeanneret, 1996): fostering a preventive environment and fostering preventive behaviours.

Aids prevention
encouraging,
tobacco prevention
discouraging

On the behavioural level, the individual wishing to stop smoking is faced with a number of problems that need to be mentioned briefly here. The figures and knowledge gained from HIV/Aids prevention provide a basis for comparison with prevention work in other areas. There are pragmatic reasons for this: the data are fairly readily available, and the Aids education campaign run in recent years can be considered as exemplary in comparison with the very modest achievements in tobacco prevention. It is far more difficult to modify behaviour relating to tobacco consumption (see Table 1), and the very limited financial resources allocated to tobacco prevention (see Chapter 1.5) add a further confounding factor. The figures given here have been rounded off.

Few Aids victims,
many smokers

The most recent HIV and Aids statistics (dating from 28 February 1999) show that a total of around 6,600 cases of Aids and around 2,400 HIV-positive individuals have been recorded since reporting became mandatory in the early 1980s. These figures cover an approximately 15-year period (FOPH, 2000). In contrast, there were 1.95 million smokers in Switzerland in 1997/98 (33 % of the population) aged between 15 and 74 who smoked almost 22 cigarettes per day (SFA, 1999, p. 37).

Between 1984 and 1999, i.e. during the 15-year reporting period, approx. 4,800 people were recorded as having died from Aids. Switzerland records approx. 8,700 deaths every year, which are considered to be tobacco-related. This means that some 14 % of deaths are due to smoking (FOPH,

2000, SFA, 1999, p. 43). (The discrepancy between this level of tobacco-related mortality and the figure of 10,000 given in Chapter 1.1 [Abelin, 1993] is due to differences in the way the figures were calculated.)

There are significant differences between the risks associated with Aids and smoking in terms of preventive behaviour on an individual level. Selected aspects of the problem have been compiled into a table for greater clarity.

HIV/Aids: protective behaviour is easier

Table 1: Selected aspects of individual preventive behaviour focusing on two preventive actions (using condoms and not smoking)

Individual sacrifice involved in using condoms	... not smoking
"Cost" of modifying behaviour	Relatively low: behaviour is widely accepted	Relatively high: involves a change of social identity (Falomir & Mugny, 1998)
Complexity of modifying behaviour	<ul style="list-style-type: none"> • Need to learn a new habit • Delicate area (intimate and personal) • Using a condom may be perceived as disruptive and impairing pleasure • The original action can be performed almost as intended (with the appropriate modification) 	<ul style="list-style-type: none"> • Need to take leave of an addictive behaviour • Need to learn a non-action (doing without) • Physical substitution (e.g. nicotine patch) • Mental substitution (apple instead of cigarette, pencil to occupy hands) • Sensations associated with smoking (social acceptability, urge fulfilment, relaxation) cannot be experienced in the same way
Perception of risk/vulnerability	Major immediate threat: one unprotected encounter can be life-threatening	Little immediate threat: even years of smoking do not necessarily lead to a serious illness (although statistically it is far more likely)

Major differences in personal sacrifice involved

The aspects shown in Table 1 illustrate clearly that there are considerable differences in the amount of effort or personal sacrifice required from the individual if he/she is to modify his/her behaviour. This naturally also affects the

preventive messages, which in the case of using condoms to prevent HIV/Aids are relatively easy to communicate. In this instance, a relatively minor behavioural modification provides a high level of protection against a life-threatening infection that can mean fairly rapid death. The "Stop Aids" campaigns run by the FOPH emphasise (quite correctly from an advertising point of view) that modifying behaviour can even enhance pleasure.

Tobacco prevention:
negative
consequences not
definite and not
immediate

The situation in tobacco prevention is far more difficult. Prevention activities need to convey the abstract message that the immediate satisfaction of an urge must be stopped because of negative consequences that may or may not develop in the distant future. They also need to persuade their target audience that a non-action (i.e. going without tobacco) is a pleasurable exercise. The problem defined in terms of tobacco prevention is that the substitute behaviour needs to be presented as a pleasurable activity (as in the "Stop Aids" campaign) (see "Be Cool – Don't light up" campaign) although there is no immediately plausible reason why not smoking should be perceived as pleasurable.

Different approaches
for different
messages

This comparison shows that prevention messages may need to be delivered in very different ways, depending on the theme, in order for the target audience to accept the call for behavioural change. In this context, given the complexity of reasons relating to behavioural change tabled above, the challenges for messages about stopping smoking, are much greater than those of the HIV/Aids prevention. This naturally makes it unlikely that a campaign to reduce smoking will have either a short-term or a spectacular impact.

FOPH has played a
prominent role in
HIV/Aids prevention
from the start

The two fields of HIV/Aids prevention and tobacco prevention also differ in structural terms. Perhaps the most important difference is in their historical development. The Federal Government, i.e. the FOPH, has been active in HIV/Aids prevention since 1986. The problem was then relatively new and little attention was being paid to it by other organisations. The FOPH's activities allowed it to adopt a strategic 'shaping' role that it still plays today. The uncontested lead taken by the FOPH and the delegation of fundamental tasks (e.g. to the Aids-Hilfe Schweiz/Swiss Aids Federation) have resulted in a homogeneous prevention policy and the effective co-ordination of all the parties involved.

The Global Tobacco Programme, in contrast, was launched in 1996 in an environment in which other, long-established organisations were already operating. The role played by the FOPH is a secondary one, and the FOPH has never sought to take the lead. The financial power of the FOPH coupled with its low profile in this arena have tended to unsettle the partner organisations in the past, and this has led to a situation in which the ideal form of co-ordination between the FOPH and the tobacco-prevention organisations has still not been found.

Tobacco prevention run by well established organisations

There is also a tremendous discrepancy between the economic interests that co-exist at the structural level. In HIV/Aids prevention, the prevention experts and the pharmaceutical industry by and large share the same interests, while in tobacco prevention the aims of health policy and industry could hardly be more disparate. This conflict naturally makes prevention tremendously difficult and affects the way prevention activities are funded (e.g. there are practically no fund-raising activities in tobacco prevention, but many in HIV/Aids prevention). The research efforts by the pharmaceutical industry concerning HIV/Aids are complemented by research funded by the Aids Research Monitoring Commission (expenditures in 1990-1998 CHF 73.8 million). Scientific research into tobacco use was funded by the FOPH to the tune of slightly over CHF 0.5 million between 1996 and 1998 as part of the Global Tobacco Programme.

Different economic interests

1.5. The conclusions drawn by the Federal Government

Given these facts, the Federal Government resolved to give tobacco prevention a higher priority. The worrying data on prevalence no doubt influenced this decision, as did the fact that protection of non-smokers in Switzerland requires a large measure of improvement. There was also a need to keep the promise to pursue a more aggressive prevention policy that the Federal Government had made in the run-up to the "twin initiatives". It was fortunate that around this time, efforts were being made on a global scale, predominantly by the WHO, to co-ordinate international tobacco prevention policy. "In view of this situation, the Federal Government approved on 16 August 1995 a catalogue of measures to reduce the harmful impact of tobacco consumption on health (...). The

Decision by the
Federal Government to
implement the Global
Tobacco Programme

Federal Government thus responded (...) to the request for preventive measures at a federal level that had been expressed during the hearing of its counter-proposal to the 'twin initiatives'." (FOPH, 1996, p. 5). The tobacco prevention activities were stage two of a planned comprehensive programme to prevent substance dependence, and took a concrete form as the Global Tobacco Programme (GTP). The first global programme – focusing on illegal drugs – was approved in 1991. The GTP represented the achievement of a further goal of the Federal Government's 1991-1995 legislation. In fact this legislation was the first in which more intensive efforts to combat use of legal addictive substances (alcohol, tobacco and in the medium term drug products with addictive potential) were announced.

Relatively modest
budget in spite of
high prevalence

In spite of the high prevalence of tobacco use, the budget allocated to the Global Tobacco Programme has remained relatively modest at approx. CHF 2.5 million annually, particularly in comparison with the resources allocated to the HIV/Aids campaigns between 1996 and 1999 (approx. CHF 14 million annually).

2. The Global Tobacco Programme 1996-1999

The groundwork that preceded the introduction of the Global Tobacco Programme (GTP) had already begun a few years before. In the early 1990s the Federal Tobacco Commission presented a paper to the Federal Government that proposed measures to promote non-smoking. This initiative can be considered as the birth of the GTP. The oldest documents that we have are the internal minutes of an "official FOPH meeting" held on 3 November 1994. This shows us that even then documents were available which bore the major hallmarks of the subsequent global programme. The name "global tobacco programme" was also already in widespread use. In April 1995 an event was held in Olten at which a workshop presented the global programme to an invited specialist audience. At the end of May 1995, the Federal Government received a letter from the Federal Department for Home Affairs, signed by Federal Councillor Dreifuss, that formed the basis of the Federal Government's decision. The government finally approved the Global Tobacco Programme on 16 August 1995, and it came into force immediately, although it did not actually get off the ground until 1 January 1996.

Long preparatory phase

Federal Government decision on 16.8.1995

2.1. What the GTP contains

2.1.1. The primary objective

"The overriding objective of all efforts related to tobacco policy is to reduce mortality and disease caused either directly or indirectly by tobacco consumption" (Zeyen Bernasconi, Abel & Cloetta, 1998).

Overriding objective: to reduce tobacco-related mortality

The primary objective of the GTP was derived from this overriding concern; reduce the numbers of smokers in Switzerland to a level below that of the three countries with the highest prevalence in Europe by 2000, i.e. to reduce prevalence from 30 % to between 25 % and 28 %. The quantified target set here is equal to the aim stated in the WHO's "Health for All" strategy, but this is generally considered to be as unrealistic as the primary objective of the GTP, and unlikely to be achieved. This is the view expressed mainly by representatives from tobacco-prevention organisations working on a national or cantonal level, who were very critical

Primary objective: by 2000, to reduce smoking prevalence in Switzerland to a rate lower than that of the top three countries in Europe

Unrealistic primary objective

Critical opinions
expressed

about the chances of achieving a reduction in prevalence (Bähler, Bolliger-Salzmann, Cloetta & Hofmann, 1997, p. 19 and 24; Müller & Hofmann, 1999a, p. 5). A comment made in our first evaluation report is interesting in this connection: "Opinions are divided as to the wisdom of loudly proclaiming goals that are in any case impossible to achieve. However, if such goals are seen rather as guidelines, and if the specific activities are subordinated to this primary objective, then a coherent programme can emerge which points in one direction which is generally perceived to be correct" (Bähler et al., 1997, p. 47). This can be achieved by setting intermediate objectives, or milestones.

Lack of precise
intermediate goals

One striking feature is the fact that no specific intermediate objectives were formulated in addition to the primary goal described above. The GTP states three main points and three strategies (see below). These elements could be expressed as six goals, although appropriate milestones would have to be included in order to quantify the success of the programme once it had been completed. There was a call for less vaguely formulated criteria in the GTP at a very early stage (Bähler et al., 1997, p. 25).

2.1.2. Other elements of the programme

a) Main points of the global programme

The brochure issued by the Swiss Federal Office of Public Health describing the global programme (FOPH, 1996) lists the following main points: "This global programme is based on the recommendations of the WHO, the European Union and the Federal Commission on Tobacco-related Questions and pursues a "global" prevention strategy, i.e. the intention is to act concurrently in a number of areas. The global programme focuses on three areas:

Focus on three
areas

1. Intensification of primary prevention. The trend among adolescents between 11 and 18 years of age, whose tobacco consumption is increasing, must be gradually reversed.
2. Expansion of the regulations protecting non-smokers at the workplace, in public areas and on public transport.

3. Promotion of and support for the fight against tobacco dependency, specifically an increase in the number of people who want to give up smoking (...).

The Federal Government also hopes that this programme will enhance the existing co-operation between private organisations, the cantons and the Federal Government. For this reason the Federal Government will play only a secondary role" (p. 6).

Co-operation and
delegation

b) Strategies adopted by the global programme (principles)

The same brochure talks about the following strategies, which we shall refer to as principles in order to distinguish them from the elements mentioned under c). "All the activities pursued within the global programme are governed by three strategies:

1. Efficiency (the available financial resources will not be allocated to a large number of individual projects but will be concentrated);
2. Visibility (of the GTP and the FOPH);
3. Avoidance of any form of social discrimination against smokers" (FOPH, 1996, p. 6).

It is sensible to call these strategies "principles" since the same brochure later (FOPH, 1996, p. 9-33) unfortunately refers to strategies again in a completely different context (see the following chapter c).

c) The eight strategies (areas of involvement)

Selection of areas of involvement not clear

The brochure lists eight areas of involvement under the heading of "Summary of the most important theses" (FOPH, 1996, p. 9-33). The title is not really appropriate for what follows since the reader does not know what these pages are a summary of, nor does the text actually describe the theses (which the dictionary defines as propositions or statements). Perhaps the authors meant that they did not want to justify their choice of these eight "strategies" and simply took it for granted that these eight areas of involvement were important. The strength of this summary lies in the fact that it discusses issues important for a programme of this kind in a compact and accessible form. The summary answers four questions for each of the eight "strategies" (for the sake of consistency with the original text we have retained the term in inverted commas):

1. What do we want?
2. Why?
3. How?
4. Within what timeframe?

The eight "strategies" can be summarised as follows (we have considered only the first three questions because the length of time for which an activity was intended to run is not relevant to our approach):

"Strategy 1": Collaboration between the Federal Government, cantons and partner organisations

Inadequate collaboration between tobacco-prevention organisations in the past

All programme activities were intended to serve the same objective, i.e. the reduction of tobacco consumption in Switzerland, and this was to be ensured through efficient collaboration. This point was specified because on the one hand it was realised that collaboration between the organisations involved in tobacco prevention had been inadequate in the past and on the other, because of the need to concentrate financial resources. Co-ordination and planning amongst the three major players in health promotion (the Federal Government, the cantons and the partner organisations) were to be improved. The "Health Promotion in Switzerland 1993-1997" campaign sponsored by the Swiss Foundation for Health Promotion (SSGF) and the priorities of this campaign (the workplace, young people and cancer prevention).

"Strategy 2": Providing information for the public and health education

The programme aimed to promote the flow of information between the public and the scientific community, with educational campaigns to improve the level of public knowledge. "Be Cool – Don't light up" and "No-Smoking Day", both organised by the AT, are mentioned specifically. The reasoning was that "the current level of popular knowledge about smoking and its consequences (...) is not adequate to enable the individual to take a fundamental decision about his/her future as a smoker or non-smoker" (FOPH, 1996, p. 11). A special effort was to be made to address the non-Swiss population.

Information for the public

"Strategy 3": Better protection against passive smoking

Against the background of scientific findings concerning the hazards of passive smoking, the programme also included taking steps to prevent the effects of secondary smoke on two target groups: children and workers. The brochure specifically mentions the "Infant Protection" project run by SAN the Swiss Non-smoking Association (now known as pro aere).

Protection against passive smoking for children and in the workplace

"Strategy 4": Tobacco prevention among young people (intensified)

The aim was for fewer young people to start smoking. The approach was to be a target group-specific adaptation of Strategy 2, i.e. enhancement of individual and collective awareness of tobacco consumption so that the individual is empowered to make a conscious decision (for or against smoking). The strategy was prompted by a number of observations:

Expansion of primary prevention among young people

- Today adolescents and women are two of the most important target groups for the tobacco industry;
- There is a correlation between the health risks associated with smoking and the age at which the individual starts smoking;
- Tobacco is viewed as an entry-level drug ("gate keeper").

This "strategy" was to be implemented through sensitisation campaigns (in schools/training centres and in conjunction with leisure activities) such as the "Be Cool – Don't light up" campaign. Another idea was a prevention campaign to be tied in with sporting events for young people (sponsorship),

and research was to be carried out into young people's perceptions of a smoke-free society. Support was also to be given to the BAN (Berne Non-smoking Association, now known as TAG) project "Helping young people to fight tobacco dependency".

"Strategy 5": Tax policy

Search for optimum taxation that takes account of indirect consequences

Price is one of the most effective ways of reducing tobacco consumption, although certain indirect consequences must be borne in mind. Specifically, prohibitively high prices for tobacco would force young people, in particular (because of their low income), to switch to cheaper products, and smuggling would be likely to increase. Various research projects were planned to cover this area (see also Strategy 8):

- Study of the costs of tobacco consumption
- Study of price flexibility as a function of the demand for tobacco products
- Legal expertise on the constitutional compatibility of the tobacco tax
- Ideas based on the research results
- Examination of the proposal put forward by the Council of States' Commission on Health and Social Security that part of the revenues generated by tobacco taxation be used for preventive purposes.

"Strategy 6": Sponsorship

Actions favouring health-promoting behaviour that are not however, skewed towards prohibition

Campaigns for health-promoting behaviour were to be made more attractive through positive (= non-prohibitive) sponsorship (cf. Strategy 4). Ultimately, the aim here was to foster and ultimately establish a healthy life style as well as make a positive link between the campaigns and the sponsoring organisations in the public eye. Health-promotion appeals need to have a positive thrust in order to be better accepted and internalised. Specific support was therefore to be given to the project aimed at creating a Swiss Foundation for the Promotion of Sport, Culture and Health (analogous to the Victorian Foundation in Australia). The necessary funding could come from Strategy 5 (tax policy).

"Strategy 7": Support for the fight against tobacco dependency

The existing support for individuals wishing to fight tobacco dependency was to be improved and expanded with the aim of reducing the relapse rate among former smokers. Certainly 90 % of people who manage to give up smoking do so on their own, but only one attempt out of five ultimately succeeds (other sources talk of a one-in-six success rate). Efforts were to be concentrated on the following strategic points:

Reducing the relapse rate by increasing the support for people fighting dependency

- Primary prevention (cf. Strategies 2, 3, 4, 5 and 6)
- Secondary prevention in individuals who are not yet "dependent" (cf. Strategy 2)
- Fighting tobacco dependency (cf. Strategies 6 and 7)
- Preventing relapses.

These points were to be pursued through support for a competition for non-smokers held to mark "No-Smoking Day" and by supporting a scientific project to evaluate various methods of fighting tobacco dependency. Support was also to be given to courses and methods dedicated to giving up smoking and to training healthcare professionals. The establishment of smoke-free hospitals is another point mentioned under the heading of fighting tobacco dependency.

"Strategy 8": Research and training

Research: Although a certain amount of data was already available, reliable scientific data were to be produced with special emphasis on particular aspects such as tobacco consumption in conjunction with other diseases (Aids, Alzheimer's disease, etc.), or the econometric aspects of smoking. Research was to be based on an objective need, a particular health problem or a shortcoming in the health system. Research projects must also be in the domain of what is possible, reasonable, and scientifically based whilst recognising any limitations. A non-exhaustive list of research projects comprises the following:

Support for various research projects

- *Information and education (Strategy 2)*
 - Needs analysis
 - Development of reliable statistics on tobacco prevention
 - Improved consumption statistics

- Study of smoking habits among foreign population groups in Switzerland, using data from the 1992 Swiss Health Survey
- *Protection of non-smokers (Strategy 3)*
 - Study of passive smoking
- *Pricing/sponsorship (Strategies 5 and 6)*
 - Study of the costs incurred by the public sector through consumption of alcohol and tobacco; development of different scenarios
 - Legal expertise on the constitutional compatibility of tobacco taxation and the legal possibilities for new financing schemes through tobacco sales

Training of professionals and increasing awareness of role models

Training: The programme aimed at training a larger number of people to support the process of fighting tobacco dependency, as well as increasing the awareness of those individuals involved in tobacco prevention and/or those who have an influential role (parents, teachers, doctors, prominent sports personalities, etc.). It was noted that there were too many places offering advice on fighting tobacco dependency, but that the public was not familiar enough with them. The following steps were planned:

- Needs analysis
- Greater awareness of tobacco prevention among teachers and possibly parents too (cf. Strategies 2, 3 and 7)
- Encouragement for the training of mediators and multipliers (cf. Strategies 2, 3 and 7)
- Development of software and other play-oriented aids for prevention
- Continuation of the "Free From Tobacco" programme for doctors (in conjunction with the Swiss Medical Association [FMH]) (cf. Strategy 7)
- Expansion of this project to other healthcare professionals (cf. Strategy 7)

Intentions of the GTP originally ambitious

The eight areas of involvement listed here show just how ambitious the intentions of the GTP originally were. The original policy of concentrating financial support rather than spreading it more thinly was practically condemned to fail right from the start simply because of the number of areas envisaged. The subsequent reduction to three of the main points certainly supported the perceived need for financial concentration, but is

not viable as a steering instrument in a situation in which the umbrella headings are such that practically any and every subtopic can be grouped under them (see Chapter 2.2).

d) The list of criteria for obtaining financial support for projects

At this point it is appropriate to consider briefly the list of criteria put together by the FOPH for the financing of external projects; the list governed not the content but the form of projects submitted for support. The titles of the individual requirements are generally self-explanatory; where they are not, explanations have been added. A report was also written on such requirements (Bähler & Hofmann, 1999), which provided some interesting information. The following criteria had to be met by projects submitted for funding:

List of criteria as a formal requirement

1. Congruence with the objectives of the global programme
2. Congruence with the scientific state of the art
3. Congruence with national and local needs
4. Co-ordination and networking (enhancement of collaboration and promotion of synergies with partners involved in tobacco prevention).
"Project planners must state how contacts that have already been made with the cantonal and municipal authorities (education, health service, social services, sport and culture) were established and developed. They must also provide information on their relationships with other institutions or projects in the same field" (FOPH, 1996, p. 35f).
5. Wider applicability, documentation, evaluation (it should be possible to extrapolate the projects to other regions or settings, and they must be documented and evaluated).
6. Project duration and continuity (the length of the project and institutional and financial continuity must be stated, even if this goes beyond assistance received from the Federal Government).
7. Financing (basically a maximum of 60 % of the total budget; 100 % can be allocated as start-up finance as long as the continuation of the project is assured in the event of its success, or if the project is particularly innovative, or is a research or evaluation project).
8. Transparency (disclosure of the identity of the project planner, mandatory meeting between the project participants and the FOPH

before the start of the project, and an obligation to provide regular feedback on the progress of the project).

List of criteria barely used as a means of assuring quality

These criteria for project support were in fact well thought-out and logical, but in practice they were applied very pragmatically to the point of inconsistency. Given the need for quality assurance, we feel that the FOPH could have done more in this respect (see Chapter 7.3.6).

2.2. The implementation of the Global Tobacco Programme

Vaguely defined requirements hamper consistent implementation

Put in plain terms, the FOPH did not find it easy to implement the content of the programme. Implementation of the main points, strategies (principles) and "strategies" (areas of involvement) was a delicate matter both structurally and conceptually. The juxtaposition of these different concepts, which were not sufficiently defined and whose content appears to have been as much random as anything, made it impossible to implement the programme systematically and with authority. At a very early stage of the conceptual phase (Gertsch, 1995, p. 5) priority was given to four of the eight "strategies" – collaboration between the Federal Government, cantons and local authorities ("Strategy 1"), protection against passive smoking ("Strategy 3"), prevention of smoking among children and adolescents ("Strategy 4") and the fight against tobacco dependency ("Strategy 7"). Further streamlining occurred subsequently, as a result of which "collaboration" was implicitly understood to be a "horizontal" task of equal importance to all three of the other "strategies" (oral communication to the evaluators). In the Swiss Federal Office of Public Health's 1996-1997 activity report on the GTP (FOPH, 1998), the following comment appears after a list of the eight "strategies" (areas of involvement): "However, the GTP has moved slightly away from these eight strategies, choosing to concentrate on the following three: primary prevention, passive smoking and the fight against tobacco dependency" (p. 2). This redefinition of the programme eliminated the original distinction between focal points and "strategies", which caused some confusion. This change of direction, which in fact is not one at all because the three areas of involvement had already been designated as priority points before the GTP started, was justified as follows: "This realignment was the result of the following factors:

- The growing urgency of public health problems:
 - Increasing tobacco use among adolescents;
 - The need to improve the success rate among people trying to give up smoking in Switzerland;
 - Confirmation of the harmful effects of passive smoking on non-smokers;
- The limited human and financial resources provided by the FOPH to implement the programme.

The initial phase of implementation of the GTP is characterised by a heavy emphasis on primary prevention (...). Nonetheless, the concentration on these three areas does not mean that the others have been abandoned. They are simply less urgent at the moment and will continue to be developed passively (i.e. as the opportunity arises)" (FOPH, 1998, p. 2).

The three priority headings of primary prevention, passive smoking and the fight against tobacco dependency can be used as an umbrella for anything to do with tobacco prevention. To this extent the concentration originally intended is not selective enough. Representatives from major organisations involved in tobacco prevention said as much in interviews carried out by us. Our interim evaluation report comments (Bähler et al., 1997): "(...) the focal points of the GTP as such were not criticised. They are not bad as guidelines, one person said during an interview. However, there was criticism of the fact (...) that the goals within the individual points were formulated in very general terms. The three focal points were in fact wide enough to cover the whole field of tobacco, and to this extent no priorities were set at this stage" (p. 25).

The three areas chosen are not selective

2.2.1. How the GTP evolved

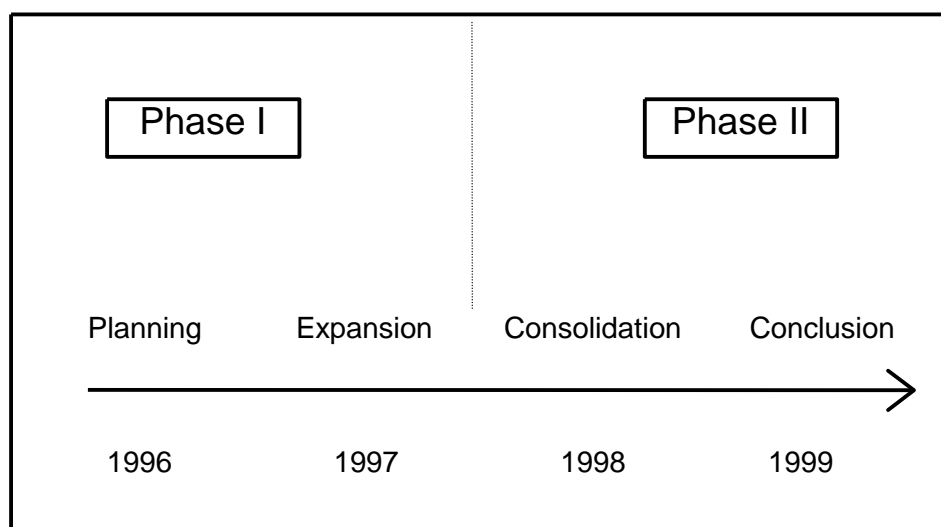
The four-stage process is not atypical of a project of this size, although it would seem far more appropriate to divide the GTP into two phases (Fig. 1):

1. A personnel change at the head of the GTP at the FOPH which came more or less at the end of the expansion phase meant that different

priorities were set and, in some instances, the programme moved away from its original goals.

2. Certain findings from the global evaluation, which had been intended as a process evaluation, resulted in a step by step re-orientation of the GTP (e.g. revision of the objectives, a change in the flow of information).

Fig. 1: Schematic representation of the Global Tobacco Programme (GTP)



2.2.2. The planning phase (1996)

Detailed planning
and establishment of
the global evaluation

Until 1996 the global programme existed only in outline form and; once it had been approved by the Federal Government, a phase of detailed planning started in which a coherent concept had to be developed. During this phase it was also important to publicise the global programme, to establish the standards needed to ensure the necessary support for the project, and to determine the specifications for the GTP's global evaluation. It was also during this time that the Swiss Federal Office of Public Health underwent a process of reorganisation, which absorbed some of the human resources that had been allocated to the global programme. It is striking that, during this phase, most of the projects that received support were among those tobacco-prevention activities that the FOPH had already been (co-) financing before the global programme was launched. There was a certain logic to this approach (financing existing projects) since the aim of the GTP was after all to promote tobacco prevention as a whole and not only to provide financial support for new projects. Moreover, it is precisely the well-known and established projects that tend to develop new and innovative thrusts, and this is certainly in keeping with the GTP's

objectives. In primary prevention, for example, just 5 % or so of the projects being financed or earmarked for financial support during the early conceptualisation phase were new; the remainder were already in existence. Much of the budget went for the national campaign "Be cool – Don't light up". About one quarter of the budget for preventing passive smoking was allocated to new projects, with three-quarters being put to financing existing projects that were already up and running. In the fight against tobacco dependency the split was about fifty-fifty.

This planning phase lasted up to the conference held under the motto "1 year of GTP" organised by the FOPH in December 1996 and to which representatives of organisations involved in tobacco prevention were invited. This conference was important because until then many of the partners in the project had not been able to gauge the direction, dimensions and importance of the GTP. The FOPH's information policy, which various major organisations described as poor, in some cases even non-existent, was one of the main points of criticism levied at the FOPH.

Major conference: "1
year of GTP"

FOPH's information
policy criticised

At the conference the raven logo (a raven holding a flower in its beak) was chosen as the "mascot" which would give the GTP an identity and make it visible to the public. However, the appeal to partners to use this logo fell practically on deaf ears (see below).

2.2.3. The expansion phase (1997)

The expansion phase was heralded by the FOPH's distribution of a brochure in which the GTP was presented, the criteria for project financing were explained, and an accompanying letter called for projects to be submitted for consideration (FOPH, 1996). This brochure did indeed meet the need for information that had been identified, but it was in fact nothing more than a slightly modified version of one that the FOPH had issued well over a year previously (FOPH, 1995b). It was during this phase that the GTP expanded the most, with more than 30 projects being promoted and started with GTP funding. The major national projects that were submitted every year for continued funding were also (co-) financed during this phase by the GTP. In 1997, the year in which the GTP peaked in volume terms, the available resources were allocated as follows:

Information brochure
on the GTP distributed
after more than a year

"In 1997 CHF 2.333 million was allocated to the GTP:

- 41 % for primary prevention (8.9 % less than in 1996)
- 11.6 % for passive smoking (+ 0.1 %)
- 13.3 % for the fight against tobacco dependency (-0.7 %)
- 15.6 % for miscellaneous activities (0.6 %)
- 9.2 % for research projects (+9.2 %, new)
- 9.3 % for projects other than GTP (0.9%)" (FOPH, 1998, p. 17).

A footnote attached to "miscellaneous activities" lists the following: global evaluation, specialist fees, development of various tobacco products with the Swiss Medical Association, demoscopic surveys, participation in an international study of tobacco advertising in women's magazines, raising awareness of the tobacco problem at the BEA exhibition centre (FOPH stand)" (FOPH, p. 17). The percentage of the annual budget for 1997 that was allocated to research projects is striking; at just under 10 % it is the same as the volume allocated to "projects other than GTP", a heading whose actual content we do not know.

2.2.4. The consolidation phase (1998)

1998 was the year in which the GTP was running at full momentum. A few projects had already been concluded, most were still under way; some had not yet been started. This was the case for both intervention projects and research projects. In this phase of the global programme, too, the major national projects (co-) financed by the GTP were also carried out.

2.2.5. The concluding phase (1999)

A large proportion of the projects was completed in the final year of the GTP. In this phase, an effort was also made to formulate a national tobacco strategy and to find ways of implementing it in the coming years.

1999 was also a year of great activity among the evaluators, whose task it now was to present and publish the data that had been gathered (in satellite reports, see below). This work culminated in ten reports documenting the data recorded, three descriptive papers and the present final report (synthesis of the programme's evaluation).

The evaluators' reports

Formulation of a national tobacco strategy

3. International and national events relevant to tobacco *during* the GTP

Switzerland not only acts autonomously in the field of tobacco; it also reacts to events and trends outside the country. At this point, it is interesting to take a brief look at what was going on outside Switzerland's borders where, during the course of the GTP, three major events relevant to tobacco policy occurred. Individuals working in tobacco prevention claim that these events had little impact on the use of tobacco in Switzerland (Bähler, 1999); however, these events all had one thing in common; they were directed at limiting the tobacco epidemic. Specifically, the events are as follows:

- On 5 December 1997, the health ministers of the EU Ban on tobacco products member states voted extremely narrowly in favour of in the EU banning tobacco products in the EU. The result of this vote certainly gives pause for thought (the exact number of votes needed for a qualified majority were cast in favour, Germany and Austria voted against, Spain and Denmark abstained) (NZZ, 1997b). This ban will be introduced in stages, reaching full force in 2006, and covers advertising (direct and indirect, i.e. also messages that do not contain direct references to tobacco products) and sponsorship (NZZ, 1997c). Switzerland missed this milestone when it rejected the twin initiatives in 1993 (see above), and consequently it does not even rank in the middle field in European terms.
- In her address to the World Health Assembly following The fight against tobacco her election to the post of Director General of the WHO, consumption is a WHO priority Gro Harlem Brundtland referred to the fight against tobacco consumption as a direct challenge for the WHO (on a par with the elimination of malaria) (NZZ, 1998a). In concrete terms, she took the first step by initiating a structural change at the WHO, creating a department called "Evidence and Information for Policy". it was their task to collate all information on disease gathered around the world, "to estimate the global burden of all diseases and to analyse what can and should be done to reduce this burden. Tobacco is one example of a growing global health burden" (Simonitsch, 1998).

Billions of dollars in compensation in the USA

- The four largest cigarette manufacturers in the USA have consented to pay the federal states US\$ 206 billion over the next 25 years if they "drop all the legal action which since 1994 has been trying to pass the costs incurred by the state health system through treating smokers onto the tobacco companies" (Breu, 1998). This compromise was reached after a US\$ 369 billion settlement that had been rejected two years before by the politicians in Washington, which would have given the multinational tobacco companies complete immunity against future group lawsuits against them. The next proposal, which would have cost as much as USD\$ 516 billion, failed because of resistance from the industry. The settlement that has been worked out now is not final; enough federal states have to subscribe to this plan so that numerically four-fifths of the American population are covered. Eight states have agreed to the settlement so far, four have negotiated special agreements with the cigarette manufacturers (Breu, 1998; NZZ, 1998b). The settlement still has not been finalised. Because the attorneys representing the tobacco industry in this settlement did not succeed in gaining immunity from private lawsuits, a six-person jury in Florida "found the five leading tobacco companies in the USA guilty on all ten counts, including fraud, concealment and negligence. In-house research carried out by the companies had shown them years ago how dependent nicotine makes smokers, and how harmful to health it is. Nonetheless, they had played down the risks in public for years. The jury therefore found that the companies were not only liable for lung cancer, heart conditions and other diseases caused by smoking. They were to also to pay a fine that went beyond this liability" (Breu, 1999). This groundbreaking verdict increases the likelihood that the tobacco industry will have to pay billions of dollars to hundreds of thousands of former and current smokers.

Impact on Switzerland only indirect

As mentioned before, these events have little direct impact on developments in Switzerland. However, they indicate that the fight against tobacco is of international concern and that action such as this receives widespread international support in health-policy circles.

The dissolution of the Federal Tobacco Commission (ETK) in 1996 was certainly a tobacco policy-related event of national importance that occurred during the GTP's life. During the eight years of its existence, the composition of this commission had generally resulted in stalemate situations being reached on decisions, and the commission's work was widely considered to be inefficient and frustrating. After two years of inactivity, but still during the period of the GTP, the Tobacco Prevention Commission was convened in 1998, consisting exclusively of representatives of the health sector in Switzerland. The new commission advises the Federal Department for Home Affairs (EDI) on all matters related to preventing tobacco use. Specialists involved in tobacco prevention have welcomed the creation of this commission, even though it has not left its own imprint on the tobacco prevention discussion as yet.

1996: Dissolution of the ETK

1998: Creation of the Tobacco Prevention Commission

4. Tobacco policy in Switzerland *after* the Global Tobacco Programme

4.1. Prevalence and intervention projects

The basic situation has changed little since the Global Tobacco Programme was started in 1996. Prevalence remains high, Little change in the situation and Switzerland still has one of the highest levels of daily tobacco consumption among adults in Europe. In fact, the proportion of smokers amongst the population has even grown, from 35.5 % (1992/93) to 39.1 % (1997/98) for men (an increase of 3.6 % in five years) and from 24.1 % (1992/93) to 27.8 % (1997/98) for women (an increase of 3.7 % in five years). These figures are derived from the results of the Swiss Health Survey (reproduced from SFA, 1999, p. 37). The same source shows that during the same period (from 1992/93 to 1997/98) the proportion of young men (aged 15 to 19) who smoked increased by 12.8 % (from 28.7 % to 41.6 %). Among women in the same age bracket, there was an increase of 20.2 % (increasing from 18.3 % to 38.5 %), (Schmid, Gmel & Janin Jaquat, 1999, p. 3). Therefore, the trend observed since 1986 has continued in a statistically significant manner (Schmid, Gmel & Janin Jaquat, 1999, p. 7). This trend, is characterised on the one hand, by an increasing number of young people starting to smoke at a very young age, and on the other, by the alarmingly increasing proportion of female smokers, which is fast approaching that of males. In recent years, the number of women who smoke has increased, and in 1998 there was not much difference between the number of 15-year-old boys who smoked every day (60 %) and the corresponding number of girls (58 %) (SFA, 1999, p. 39). As many as 29 % of 15-year-old boys and 25 % of girls in the same age group stated that they smoked more than five cigarettes per day (Janin Jaquat & François, 1999).

Over the past four years, smoking has been recognised as the biggest avoidable cause of premature death. Although the most recent figures are slightly lower than those recorded at the start of the GTP, i.e. approx. 8,700 tobacco-related deaths per year (instead of approx. 10,000) in

Smoking is still the biggest avoidable cause of premature death

Switzerland, equating to around 14 % (instead of 16.5 %) of all deaths (Swiss Office for Alcohol- and Other Drug-related problems [SFA], 1999, p. 43; Abelin, 1993, p. 219). These changes are the result primarily of the different methodological approaches used and cannot be considered a true reduction.

The argument that the interventions undertaken during the GTP were useless because positive results were lacking in two important target groups (women [not one project involving only women was carried out] and adolescents) in spite of greater (financial) effort is not, in our opinion, an accurate interpretation. Apart from the fact that the financial resources were still inadequate, various other factors have to be taken into consideration, e.g. social, demographic and economic components, but also transient phenomena likely to affect the individual's lifestyle, such as fashion and the 'sign of the times'. We feel that a more detailed discussion of these phenomena (of the kind that has already been undertaken in the process of determining the new tobacco strategy) is needed.

4.2. The GTP and the research projects

As shown above (see Chapter 2.2.3), almost 10 % of the GTP's 1997 budget was allocated to the funding of research projects. Apart from one study, all the research projects have since been completed, and the data, which have increased our knowledge base with respect to various aspects and mechanisms of tobacco consumption, are now available. (Bolliger-Salzmann & Cloetta, 1999a).

As also mentioned above (see Chapter 2.1.2), one of the eight "strategies" (areas of involvement) of the GTP was summarised under the umbrella heading "Research and training". Two objectives were stated in terms of "research" at the start of the GTP:

- Production of reliable scientific data
- Research in defined but previously relatively uncharted fields

On the basis of this expectation, the following studies were initiated and completed as part of the Global Tobacco Programme (GTP):

- A study of the social costs of tobacco consumption (Vitale, Priez & Jeanrenaud, 1998):

This study met with a broad media response, although some criticism was voiced casting doubt on the accuracy of the assumptions and mathematical parameters (cf. also Barendregt & Bonneux, 1999). The individuals carrying out this study were aware from the outset that the sheer enormity of the figure calculated (approx. CHF 10 billion annually in social costs deriving from tobacco consumption in Switzerland) would provoke a response from the tobacco industry.

- A study on the relationship between tobacco consumption and tobacco taxation (Institut d'économie et management de la santé [IEMS], 1999):

The mathematical models developed in this study can (assuming appropriate lobbying) provide politicians with a decision-making basis capable of altering opinions about the modification of tobacco taxation.

- A study on the current knowledge regarding fighting tobacco addiction and the relationship between supply and demand in Switzerland (Junker, Töny & Abelin, 1999):

The study was based on the current model of behavioural modification (the trans-theoretical model of behavioural modification proposed by Prochaska et al.) and not only resulted in refinement of the basic model but also led to a follow-up study financed by the Swiss National Science Foundation.

- A feasibility study on the indicators of tobacco consumption in Switzerland (Krebs & Demarmels, 1998):

In our opinion, the recommendations and ideas that emerged from this study provide important material for discussion since, if they were implemented (in this or another, as yet undecided form), they would guarantee a continuous and good supply of data. It would certainly be advisable to try and co-ordinate this idea with the planned "Health Observatory" in order to exploit synergies.

- Tobacco-related mortality in Switzerland in 1996:

The study on tobacco-related mortality in Switzerland will not be published for the next few months; at this stage it would therefore be premature to draw any conclusions from it.

Without wishing to pre-empt the results too greatly, the support provided for research projects under the GTP can be seen as a major strength of this global programme. The findings of this research activity will help to establish a coherent tobacco policy in the future, the implementation of which should now become a priority task for the FOPH.

5. The mandate for the global evaluation

5.1. Definition of the global evaluation

"(The term global evaluation) is defined as an evaluation which addresses an entire package of measures or an entire strategy". A case in point is the (global) evaluation of the Federal Government's programme for the reduction of drug-related problems. In the present report, therefore, the subject of the evaluation is the entire package, or catalogue of measures and not its constituent parts or its projects and programmes" (FOPH, 1997, p. 67).

5.2. Purpose and objective of the global evaluation of the GTP

The paper published in November 1995 calling for bids for the global evaluation described its purpose and objectives as follows: "The purpose of the evaluation is to observe the efforts made by the FOPH and its external partners to promote, safeguard, improve and restore the health of the population, to scrutinise these efforts and to support them through appropriate feedback. The evaluation will fulfil this purpose by:

- providing a basis for planning measures
- documenting and describing measures
- observing and analysing the process of planning and implementation
- influencing the planning and implementation process through appropriate feedback
- documenting and evaluating the impact of measures
- ensuring that the findings are disseminated and put to effective use.

Evaluation in the context of the Global Tobacco Programme must be in keeping with the overall objective of making a contribution to the reduction of tobacco-related problems. The main concern here is not to prove that certain measures are "right" or "wrong" but to achieve a constant improvement and ongoing development of measures that have been started. The principal emphasis is on formative evaluation that accompanies the whole process, and the need for accountability towards the public must not be forgotten. Evaluation serves the FOPH as a

management tool and must therefore be used at all stages of the development and implementation of measures" (Gertsch, 1995, p. 2). The objectives may be summarised as follows: "Description, analysis of effects and evaluation of intervention strategies/modes of action of the Global Tobacco Programme" (Gertsch, 1995, p. 7).

The priority tasks of the global evaluation are given as follows:

"The object of the documentation, description, analysis and interpretation activities is the Global Tobacco Programme and its implementation throughout its entire duration, specifically:

- The process of implementing the measures planned within the GTP
- The context in which this implementation process takes place
- The effects of this process
- A comparison of the objectives set and their achievement" (Gertsch, 1995, p. 6).

The same paper lists these tasks in greater detail:

"The tasks (of the global evaluation are):

- A formative process evaluation of the measures and strategies adopted by the FOPH in implementing the GTP
- An ongoing assessment of the measures adopted by the FOPH
- Synthesis, analysis of shortcomings and recommendations for further action
- Survey and description of the organisations currently working in the field and their activities
- Evaluation of individual projects (as required)
- Funding and use of monitoring in the tobacco field
- Support for the self-evaluation of projects
- Annual detailed planning of the global evaluation" (Gertsch, 1995, p. 7).

The following methods were planned for implementation:

- Various descriptive and analytical, qualitative and quantitative methods (analysis of literature and documents, field studies, standardised and open surveys, secondary analyses, etc.)
- Mandating of individual studies as required
- Regular feedback and recommendations on further action to the FOPH" (Gertsch, 1995, p. 7).

5.3. Bids to carry out the global evaluation

5.3.1. Organisation

In our bid submitted in January 1996, we specified a two-pronged approach designed to ensure an efficient and clear division of labour:

- A co-ordinating office with the task of
 - documenting (keeping the logbook, compiling documents from the projects and the FOPH, provision of these to the research team)
 - informing (the FOPH about the ongoing process)
 - advising (operating a hot-line, advice on self-evaluation)
- A research office with the task of recording and processing all the data obtained empirically from the various organisations and projects associated with the global programme, and of writing the research reports and other documentation.

5.3.2. Content

In the bid to write the global evaluation of the GTP (Abel, Cloetta & Abelin, 1996), the above statements are reiterated as follows: "The purpose of the global evaluation is to evaluate the Global Tobacco Programme and its implementation. This should fulfil the following objectives:

- Observation of the implementation of the planned measures
- Consideration of the context in which the measures are implemented
- Survey and documentation of the effects of the measures and a comparison with the objectives of the programme" (p. 9).

The following statements were made with respect to the central questions: "The evaluation concentrates on the co-operation between those involved in the global programme and on their relationships with, and effect on, third parties. The model on which the Global Tobacco Programme is based assumes that improved collaboration between government organisations and their partner organisations (NGOs) will lead to efficient use of resources; the principle of subsidiarity from the Federal Government to the cantons and from the cantons to the NGOs must be observed.

The first task of the evaluation is to determine the relevant characteristics of collaboration and the relevant indicators that show the outcome of this collaboration (...). In our opinion, the two over-riding questions (are as follows):

- Question 1: What is the form and content of the structures in which the Global Tobacco Programme is embedded? The point here is to describe the actual status quo, relative to the indicators of collaboration and division of labour, which is intended to benefit from the global programme (...).
- Question 2: What changes has the Global Tobacco Programme brought about? The aim here is to identify possible effects of the global programme which have derived from the additional financial resources and from the conceptual and organisational input provided by the programme" (Abel, Cloetta & Abelin, 1996, p. 13&f.).

These two main questions were given further consideration and defined more precisely during the initial phase of the evaluation in conjunction with the FOPH. The evaluation plan outlined below was then used during the second phase of evaluation, which started in the autumn of 1997.

5.4. The questions

The question that the global evaluation of the Global Tobacco Programme was intended to answer is as follows:

What has the Global Tobacco Programme achieved in addition to the existing tobacco prevention activities?

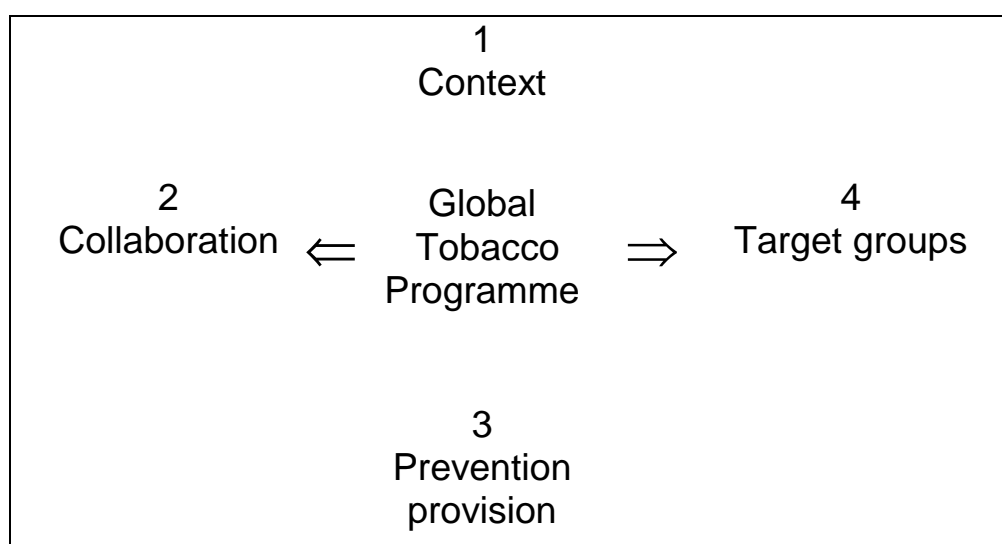
This question was divided into four main aspects as follows:

1. To what extent were the general conditions governing the design and implementation of the Global Tobacco Programme (GTP) conducive to achieving its objectives?

2. Did the GTP improve collaboration in Switzerland in the area of tobacco prevention in general, and of "fighting tobacco dependency" in particular?
3. Was the GTP able to improve prevention provision?
4. Were the main target groups more easily reached as a result of the GTP?

The following schematic representation puts these questions into context. The first question looks at influences bearing on the GTP, while the other three consider the consequences and effects of the GTP.

Fig. 2: Schematic representation of the evaluation questions



The next two sections list the following information in table form:

- a) the sources of data and the methods we used (Chapter 5.4.1), and
- b) break-down of the four main evaluation questions into sub-questions; the parameter used to measure change (indicator), and the sources of information used are listed (Chapter 5.4.2).

5.4.1. Data sources and methods

Press	Content analysis of newspaper articles and target group-specific print media on the subject of tobacco; a comparison over time; specific reference to "the fight against tobacco dependency"
FOPH	Repeated interviews with the GTP team and with other representatives of the FOPH; analysis of relevant files; specific reference to the "fight against tobacco dependency"
Case Study	Case study based on the "No-Smoking Day", Detailed analysis of the collaboration between all those involved and the results and including secondary analysis of the documents and evaluations concerning previous "No-Smoking Days"
SecAn	Secondary analysis of existing data sources (e.g. Swiss Health Survey, evaluation of the Self-Care campaign)
ResPro	Research projects: interviews with project leaders, specifically those involved with the "fight against tobacco dependency"
IntPro	Intervention projects: Interviews with project leaders Continuous assessment of project submissions using a detailed list of criteria Data from the projects concerning target group-penetration (self-evaluation); specific reference to those looking at the "fight against tobacco dependency" Analysis of the annual accountability reports to the FOPH, with specific reference to projects concerning the "fight against tobacco dependency"
Inventory	Periodic brief interviews with organisations involved in tobacco prevention
MAREPS	Study on the implementation of health-promotion strategies (including) in tobacco prevention, a European comparison (EU BIOMED2 project co-financed by the FOPH): qualitative study based on interviews and analysis of source material quantitative survey of individuals responsible for tobacco prevention quantitative survey of a random sample of the population on the perception, assessment of, and adherence to, the tobacco prevention strategy
KeyPers	In-depth interviews with key persons capable of providing information on the measures used in the "fight against tobacco dependency"
TobOrg	Periodic interviews with important organisations involved in tobacco prevention

5.4.2. List of indicators

1. To what extent were the general conditions governing the design and implementation of the Global Tobacco Programme (GTP) conducive to achieving its objectives?

Evaluation question	Indicators	Sources
1.1. <u>Health policy situation</u> How far does official public health policy help or hinder tobacco prevention in Switzerland?	<ul style="list-style-type: none"> Political and administrative decisions and actions (appointment of an effective Tobacco Commission, raising tobacco tax, more stringent regulations to protect the workplace and young people) Observance of these actions in the view of experts Estimation of the pressure on the GTP to succeed 	FOPH MAREPS A
1.2. <u>Public opinion</u> How aware is public opinion in Switzerland of tobacco prevention in general and the GTP in particular? How far does it accept and support them?	<ul style="list-style-type: none"> Frequency and value placed on tobacco prevention and the GTP in print media Perception and acceptance of major activities by the public Familiarity of the GTP in the general population 	Press MAREPS C
1.3. <u>The tobacco prevention industry and its reaction to the GTP</u> <ul style="list-style-type: none"> Which are the professional groups managing tobacco prevention in Switzerland? How positively or critically did the groups involved in tobacco prevention in Switzerland respond to the initiation of the GTP, to its objectives and to the measures adopted? 	<ul style="list-style-type: none"> Number and type of players in tobacco prevention Evaluation of the GTP's objectives Evaluation of the way the GTP was implemented 	Inventory IntPro A TobOrg
1.4. <u>State administrative capabilities and structures</u> How well suited are civil service skills and structures to tobacco prevention in Switzerland at national and cantonal level?	<ul style="list-style-type: none"> Existence of responsible and qualified personnel Unequivocal internal division of labour and decision-making powers Internal organisational proximity to related prevention and health promotion tasks 	FOPH
1.5. <u>Epidemiological data</u> Was the epidemiological data needed to complete the GTP available so that the team could assess the measures needed and their effectiveness?	<ul style="list-style-type: none"> Availability of epidemiological data on knowledge, attitudes (interest, acceptance) and smoking behaviour Use of this data 	FOPH IntPro B ResPro SecAn

2. Did the GTP foster improved collaboration in Switzerland in the area of tobacco prevention in general, and of "fighting tobacco dependency" in particular?

Evaluation question	Indicators	Sources
<p>2.1. Have <i>new co-operative structures</i> been set up between organisations involved in tobacco prevention and have existing structures been improved thanks to the GTP and its projects since 1995?</p> <ul style="list-style-type: none"> • Within existing tobacco prevention activities? • Between existing organisations and the responsible departments at federal and cantonal level? • New contacts with other organisations and offices not previously involved in this area? 	<ul style="list-style-type: none"> • Creation of new working groups, commissions, etc. • New channels for written information or reinforcement of existing channels (newsletters, brochures, etc.) • Greater joint use of organisational resources, premises and materials • Changes to the network structure as perceived by those involved (dissolution of groupings, involvement of isolated parties, contact between previously unconnected bodies) • Joint projects organised by several organisations which may not have been co-operating before 	<p>FOPH IntPro A+B ResPro KeyPers Case Study Inventory TobOrg</p>
<p>2.2. Has <i>practical co-operation</i> improved thanks to the GTP and its projects since 1995?</p> <ul style="list-style-type: none"> • Within existing tobacco prevention activities? • Between existing organisations and the responsible departments at federal and cantonal level? • New contacts with other organisations and offices not previously involved in this area? 	<ul style="list-style-type: none"> • Greater exchange of verbal and written information • Greater use of materials and projects provided by others • Greater joint development of materials and projects • New regulation of responsibilities and specialisation • Increased co-operation in addressing third parties (lobbying, procuring finance, sponsoring) 	<p>FOPH IntPro A+B ResPro KeyPers Case Study TobOrg</p>
<p>2.3. Has the FOPH taken any action regarding co-operation on the basis of the recommendations of the interim evaluation report?</p>	<ul style="list-style-type: none"> • Exchange of information • Division of labour and responsibilities 	<p>FOPH, TobOrg, Inventory</p>
<p>2.4. Overall, does the GTP help develop co-operation and a feeling of identity?</p> <ul style="list-style-type: none"> • Within the bodies and projects involved in the GTP? • Within the organisations involved in tobacco prevention? 	<ul style="list-style-type: none"> • Assessment of co-operation on tobacco prevention • Assessment of those involved as to how far the GTP has strengthened the feeling of a common cause in tobacco prevention • Acceptance and use of the raven logo • Participation in the annual events related to the GTP 	<p>MAREPS B FOPH IntPro A ResPro</p>
<p>2.5. Will the stronger and better co-operation last beyond the GTP and the GTP projects?</p>	<ul style="list-style-type: none"> • Prognosis by those involved of the extent to which the successful co-operation under points 2.1. and 2.2. will last beyond the end of the financial support provided by the GTP 	<p>FOPH IntPro A KeyPers</p>

3. Was the GTP able to improve prevention provision?

The following questions are relevant to the whole package of measures, and in more detail to the "fighting dependency" programme.

Evaluation question	Indicators	Sources
3.1. Was there a quantitative increase in tobacco prevention provision as a result of the GTP?	<ul style="list-style-type: none"> Information on quantitative increase 	Inventory IntPro A+D Case Study
3.2. Did other donors support tobacco prevention provision as a result of funding by the GTP (e.g. increased sponsoring)?	<ul style="list-style-type: none"> Information on additional sources of funding 	IntPro A+D Case Study
3.3. Did projects that used to be fully or partly funded by other sources continue thanks to the GTP (rescue of endangered projects, cost transfer)?	<ul style="list-style-type: none"> Reduction of internal FOPH funding for the GTP project External reductions passed on to the GTP project 	IntPro A+D Case Study
3.4. Did the GTP support generate projects that provided useful practical results? <ul style="list-style-type: none"> In terms of identifying and reaching previously un-contacted target groups? In terms of improving the effectiveness of measures? 	<ul style="list-style-type: none"> References to results of GTP research projects in the GTP project submissions and GTP concepts, where appropriate specific implementation Assessment of the usefulness of GTP research results by those involved in the GTP 	IntPro A+B+D ResPro FOPH
3.5. Were intervention projects developed and promoted thanks to the GTP which were: <ul style="list-style-type: none"> effective or efficient? even more effective or efficient than previous measures? innovative in a different way? 	<ul style="list-style-type: none"> Number and topicality of the scientific studies cited in the project submissions or documented systematic experience demonstrating the efficacy of the planned measure Planned or implemented evaluation of efficacy or cost-benefit analysis Presence of innovative elements in terms of objectives, target groups and methods in the project submissions Assessment by experts of how effective, efficient and innovative the GTP projects are 	IntPro B KeyPers
3.6. Did the quality of project submissions improve during the lifetime of the GTP from 1995 to 1996?	<ul style="list-style-type: none"> Precise rationale for the project Clear information on objectives, target groups, methods Reference to literature on efficacy of the intervention Transparent organisation and funding Appropriate evaluation 	IntPro B

4. Was contact with the relevant target groups improved by the GTP?

The following questions were addressed for the whole package of measures, and in more detail for the "fighting dependency" programme.

Evaluation question	Indicators	Sources
4.1. Were the target groups' requirements and needs recognised?	<ul style="list-style-type: none"> • Empirical rationale of need for intervention or needs of the target groups in the project submission • Assessment by people familiar with the target group of how well the project meets their needs 	IntPro A+B KeyPers
4.2. Was the provision (projects) known to the target groups?	<ul style="list-style-type: none"> • Scope of measures to make the target group aware of the provision • Degree of familiarity among the project itself • Assessment of familiarity by people who know the target group 	IntPro A KeyPers ResPro
4.3. Did the target groups accept the provision?	<ul style="list-style-type: none"> • Acceptance gauged by feedback from participants • Acceptance estimated by people who know the target group 	KeyPers IntPro A+C ResPro
4.4. Did the target groups use the provision?	<ul style="list-style-type: none"> • Use made of provision (number of participants, number of brochures distributed) • Use as assessed by people who know the target group 	KeyPers IntPro C ResPro

The list reproduced here (Chapter 5.4.2) was the main tool that underpinned our work. The questions were adapted to the relevant target group for each study. The instruments published in the satellite reports (Reports 1 to 10, given in the Appendix in each case) show how we proceeded.

5.5. Implementation of the global evaluation – a report on accountability

The following overview (Tab. 2) shows which main activities Overview in table form the co-ordination office and the research office carried out, and when. The table also shows what products were derived from the activities of the research office.

Table 2: Overview of the main activities carried out by the evaluation team

Year	Activities of the co-ordination office	Activities of the research office	Products (documented where?) generated by the research office
1996 (from April)	<ul style="list-style-type: none"> – Six meetings with the evaluation officer and the GTP co-ordinator at the FOPH – Obtaining documents from the FOPH (four times) – Fact-finding visits to the AT, TAG and SKL – Presentation of the GTP at the German-Swiss Forum (Berne) and the French-Swiss Forum (Geneva) of the AT – Conference on "1 year of GTP" in Berne 	<ul style="list-style-type: none"> ♦ Preparation for the evaluation work ♦ Development of a concept for the evaluation (production of the list of indicators) ♦ Preparations for the evaluation seminar ♦ Data collection planning and implementation related to the survey for inventory I ♦ Development of the instruments for the first surveys 	<ul style="list-style-type: none"> ♦ Compilation of an overview of literature on primary prevention (internal paper) ♦ List of indicators ♦ Various internal working papers ♦ Bähler, Bolliger-Salzmänn, Cloetta & Hofmann, 1997 ♦ Müller & Hofmann, 1999a ♦ Cloetta, Wechsler & Müller, 1999

1997	<ul style="list-style-type: none"> – Six meetings with the evaluation officer and the GTP co-ordinator at the FOPH – Four meetings with wider participation (FOPH co-ordinator, AT, SKL) – Participation in two of the researchers' meetings – A visit to the FOPH to obtain information and documents – Presentation to the "Journal Club" at the FOPH 	<ul style="list-style-type: none"> ◆ Evaluation seminar ◆ Implementation and evaluation of the first survey studies with the GTP team at the FOPH and major representatives of tobacco organisations ◆ Interim report: written working report and verbal presentation to the FOPH ◆ Presentation of the GTP to the Journal Club at the FOPH ◆ First round of interviews to gather data from the GTP project and programme team ◆ Planning of the second half of the GTP ◆ Development of instruments for analysing project submissions 	<ul style="list-style-type: none"> ◆ Working paper on self-evaluation in the GTP by Bolliger-Salzmann & Cloetta, 1999b ◆ Bähler et al., 1997 ◆ Müller & Hofmann, 1999a ◆ Müller & Hofmann, 1999b ◆ Bähler et al., 1997 ◆ Bolliger-Salzmann & Bähler, 1999 ◆ Internal working concept for the global evaluation ◆ Plan for the global evaluation 1998-1999 ◆ Concept for the case study ◆ Concept for the media analysis ◆ Bähler & Hofmann, 1999
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1998	<ul style="list-style-type: none"> – Six meetings with the evaluation officer and GTP co-ordinator at the FOPH – Four meetings with wider participation (e.g. FOPH co-ordinator, AT, SKL) – Three visits to the FOPH to obtain information and documents – Participation in the presentation of the programme to fight cancer 	<ul style="list-style-type: none"> ◆ Second round of interviews to gather data from the GTP project and programme team ◆ Planning and holding of interviews with the key persons ◆ Detailed planning and data entry for the media analysis ◆ Data collection planning and implementation related to the survey for inventory II ◆ Groundwork for the case study ◆ Oral presentation of the second interim report 	<ul style="list-style-type: none"> ◆ Bolliger-Salzmänn & Bähler, 1999 ◆ Wechsler, 1999 ◆ Müller & Hofmann, 1999c ◆ Cloetta, Wechsler & Müller, 1999 ◆ Hofmann & Müller, 1999 ◆ Handouts for the presentations, sets of transparencies
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1999	<ul style="list-style-type: none"> – Five meetings with the evaluation officer at the FOPH – One meeting with the GTP team 	<ul style="list-style-type: none"> ♦ Data gathering (from the GTP team) and evaluation to assess the tobacco policy context ♦ Short report on the interim findings of the global evaluation ♦ Conclusion of the case study ♦ Conclusion of inventory II ♦ Evaluation of the interviews with the key persons ♦ Evaluation of the data from the media analysis ♦ Implementation and evaluation of the second round of surveys with the GTP team at the FOPH and major representatives of tobacco organisations ♦ Third round of interviews to gather data from the GTP project and programme team ♦ Analysis of the project submissions 	<ul style="list-style-type: none"> ♦ Bähler, 1999 ♦ Bolliger-Salzmann & Cloetta, 1999c ♦ Hofmann & Müller, 1999 ♦ Cloetta, Wechsler & Müller, 1999 ♦ Wechsler, 1999 ♦ Müller & Hofmann, 1999c ♦ Müller & Hofmann, 1999a ♦ Müller & Hofmann, 1999b ♦ Bolliger-Salzmann & Bähler, 1999 ♦ Bähler & Hofmann, 1999
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5.6. The "satellite report" concept

During the Global Tobacco Programme, we conducted ten studies, some of which involved repeated surveys.

Ten investigations

Each of the studies was designed to address the specific evaluation questions and was based on the list of indicators we had compiled for the purpose. The studies were conducted over a phased period (see following page) and we documented the design of each study and its results in a separate working report (parts 1 to 10 of the final report, referred to as satellite reports). At a second stage we synthesised the results of the individual surveys into a report, derived conclusions from them and formulated our recommendations. The result of this work is the present synthesis report (part 11 of the final report).

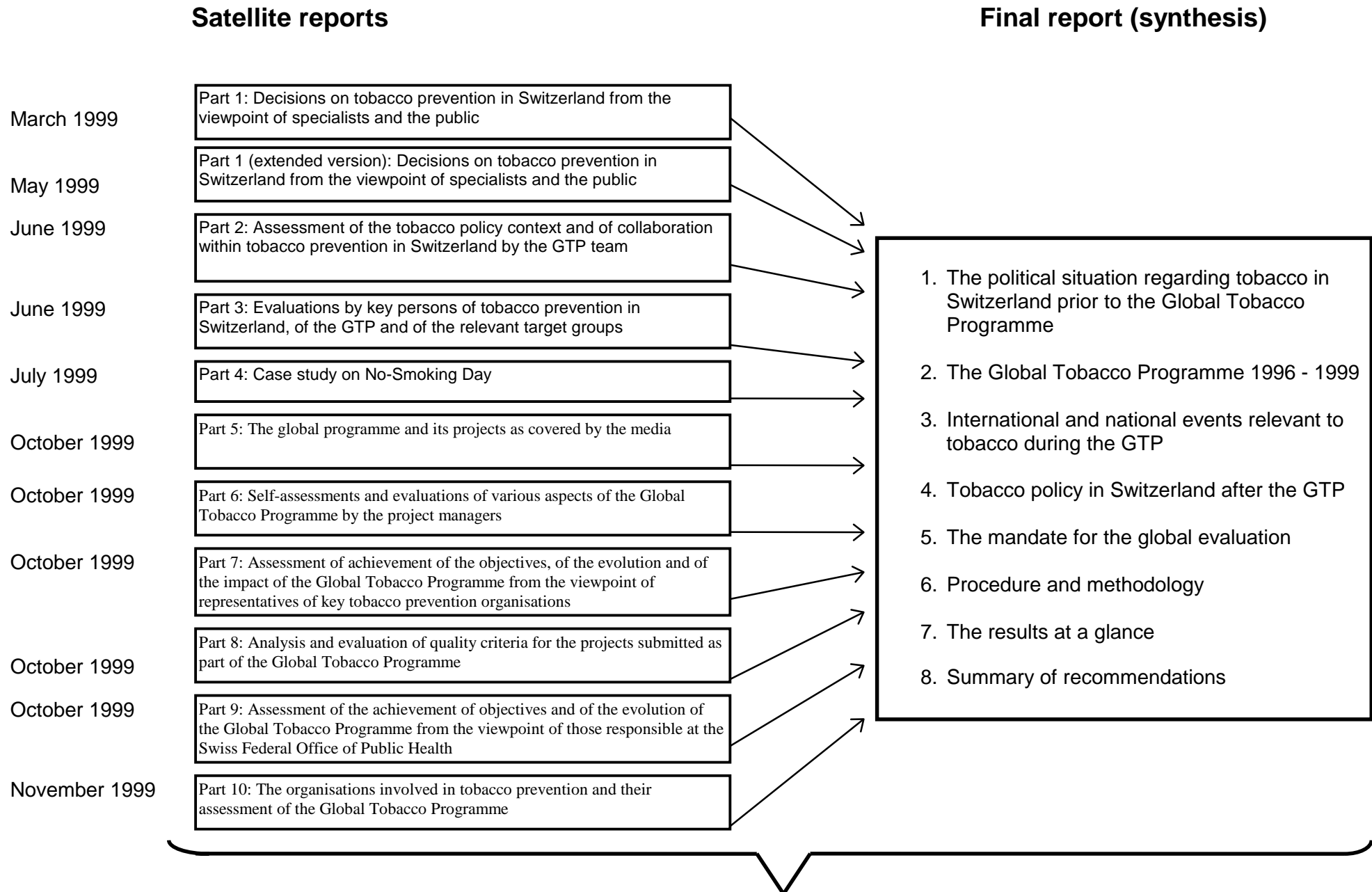
Ten separate
"satellite reports"

This type of data presentation means that each study is treated as an independent project. Not only does this have a positive effect on motivation (e.g. the completion of smaller projects within a broader task - thus the achievement of interim goals) but it also means that the method of data collection for each study has to be carefully selected. Appropriate investigative tools are designed to meet the needs of the particular study context. One minor disadvantage could be that if the (satellite) reports are put into circulation, readers unaware of their link might find them difficult to understand as an integral part of a total study; they can be better explained in the present final (synthesis) report.

The satellite reports
culminate in the final
synthesis report

The work process can be illustrated as shown in the following diagram (Figure 3):

Figure 3: Overview of the structure of the final technical report



6. Procedure and methodology

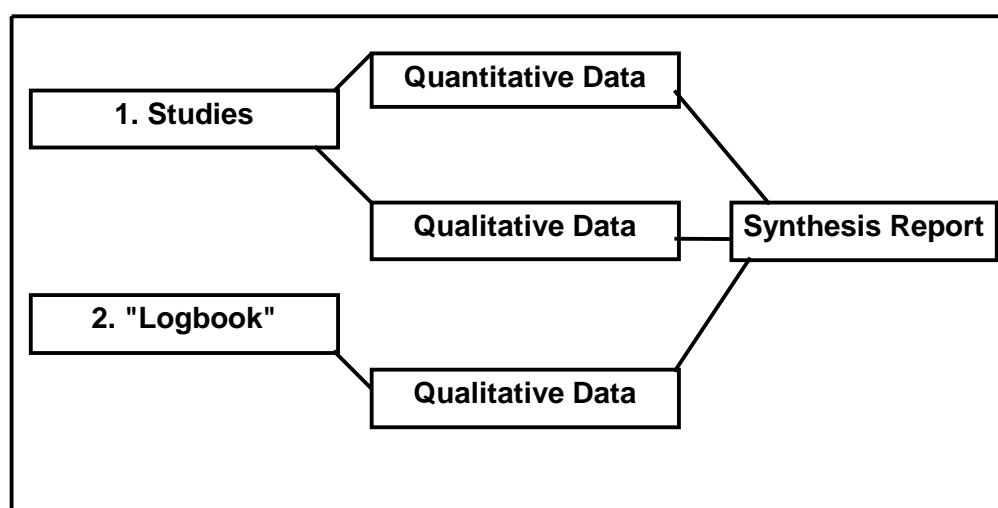
The methods used in each of the surveys carried out during the GTP are explained in detail in the respective satellite reports. Our intention at this point is to outline briefly the design of the global evaluation and then to provide an overview of all the surveys that were carried out.

6.1. The design of the global evaluation

We basically used two different sources of data (Fig. 2): we derived by far the most of our information from the data gathered during the course of the programme, and we also kept a "logbook". *References to the "logbook" will be italicized in the following parts of this report for easy identification. The "logbook" is the chronological documentation of memos and correspondence, and also of quite subjective opinions and impressions that arose in connection with the global evaluation (e.g. documentation of impressions during the conference held to mark "1 year of GTP").*

Two sources of data

Fig. 4: The pattern of data collection used in the evaluation of the Global Tobacco Programme (GTP)



6.1.1. The studies

Throughout the programme's four-year period, data relevant to the evaluation questions posed, was gathered, evaluated and documented. The project's relatively long life made it possible to carry out the survey studies at two different stages and to apply triangulation in the analysis.

Study designs include: cross-sectional surveys, two-phase surveys, and triangulation

Table 2 gives an overview of the surveys carried out between 1996 and 1999 in the context of the global evaluation of the GTP.

Internal and external views

We made a special effort to ensure that the opinions of people involved in the programme (e.g. FOPH staff, project leaders) and people outside the programme (e.g. key persons or print media) were recorded (for the definition of key persons, see Wechsler, 1999).

Various data-gathering methods

We used a wide variety of data-gathering methods commonly employed in the social sciences:

- personal interviews
- telephone interviews
- telephone surveys
- questionnaires (written)
- media analysis
- document analysis

Qualitative and quantitative methods

We chose this mixture of methods in order to make the best possible use of the various sources. Depending on the questions being asked and the number of individuals in the sample, we used either qualitative or quantitative methods.

Table 3: Overview of surveys

Date of survey	No.	Sample type	Method	Type	Perspective	Product
Spring 1997	5	GTP managers at the FOPH and programme managers	Personal interviews	Qualitative	Internal view of GTP	Interim report April 1997
Spring 1997	7	Representatives of major tobacco prevention organisations	Personal interviews	Qualitative	External view of GTP	Interim report April 1997
August 1996 to March 1997	85	Organisations involved in tobacco prevention	Written questionnaire	Qualitative and quantitative	External view of GTP	Interim report April 1997
Summer 1997	173	Specialists in prevention and health promotion	Questionnaire	Qualitative and quantitative	External view of tobacco prevention	Part 1
Winter 1997/98	406	Random sample of population aged over 18	Telephone interviews	Quantitative	External view of tobacco prevention	Part 1
January 1999	5	Programme managers and GTP managers at the FOPH	Personal interviews	Qualitative and quantitative	Internal view of GTP	Part 2
Spring 1999	11	Key persons (gate-keepers)	Telephone interviews	Qualitative and quantitative	External view of GTP	Part 3
1994 to 1998	10	Regional tobacco organisations	Telephone interviews	Qualitative	Internal view of No-Smoking Day (NSD)	Part 4
	1	National NSD Day co-ordinator	Personal interview	Qualitative	Internal view of NSD	
	3510	Articles in the printed media	Print media analysis	Quantitative	External view of NSD	
	406	Random sample of population aged over 18	Telephone interviews	Quantitative	External view of NSD	
1994 to 1998	3510	Articles in the printed media	Media analysis	Mainly quantitative	External view of GTP	Part 5
Nov. 1997; May 1998; July 1999	22	Leaders of intervention and research projects	Telephone or personal interviews	Qualitative and quantitative	Internal view of GTP	Part 6
July to September 1999	7	Representatives of major tobacco prevention organisations	Telephone interviews	Qualitative	External view of GTP	Part 7
1996 to 1999	16	Project submissions to the FOPH	Document analysis	Qualitative and quantitative	Internal view of GTP	Part 8
July to September 1999	4	Programme managers and GTP managers at the FOPH	Personal interviews	Qualitative and quantitative	Internal view of GTP	Part 9
November and December 1998	78	Organisations involved in tobacco prevention	Written questionnaire	Qualitative and quantitative	External view of GTP	Part 10

6.1.2. The data recorded in the "logbook"

This subchapter has a character all of its own since it contains subjective data. We collected information on four partial domains of the work process; below is a brief commentary on the background to these data.

- Quality of the feedback process: *The quality of the collaboration and the feedback processes between the FOPH and the evaluation team can be considered the core of this joint venture. The feedback process between the evaluation team and the FOPH as the sponsor of this work was conceived and realised in the form of a dialogue. To this end the meetings listed in Table 2 were held between representatives of the co-ordination office and the FOPH.*
- The supply of documents by the FOPH: *Documents from the FOPH formed the indispensable basis of our work. They comprise documents describing the process of the global programme (e.g. minutes of meetings at which a new direction was agreed) and those which GTP project managers had to send to the FOPH (e.g. concept/design papers, budgets, interim and final reports, etc.).*
- Programme documentation: *It is not unreasonable to expect that a project the size of the GTP should be documented efficiently and adequately as required by the principles of professional project management.*
- The transparency of communication: *One of the features peculiar to large-scale projects is, for example, that experience gained during the project tends to lead to the project being modified, e.g. revised (interim) objectives. Open communication is vital to avoid confusion.*

7. Results at a glance

Our results are presented in reference to the specific evaluation questions raised, and are systematically linked to the list of indicators compiled for this work. This chapter summarises the main findings per question; these are explained in more detail in the individual satellite reports. Such findings have been validated through the data collected and discussed in our analysis. Our opinions and recommendations are listed at the end of each chapter or sub-section (shaded in grey)

Systematic presentation of data as according to evaluation questions and list of indicators

Evaluators' opinion and recommendations shaded in grey

Findings based on the „logbook“ method are shown in Italics. These data have not been systematically published since the first interim report (Bähler et al., 1997), and are therefore given in some detail.

Information from the logbook reported in Italics

7.1. To what extent were the general conditions governing the design and implementation of the Global Tobacco Programme (GTP) conducive to achieving its objectives?

7.1.1. Evaluation question 1.1:

How far does official public health policy help or hinder tobacco prevention in Switzerland?

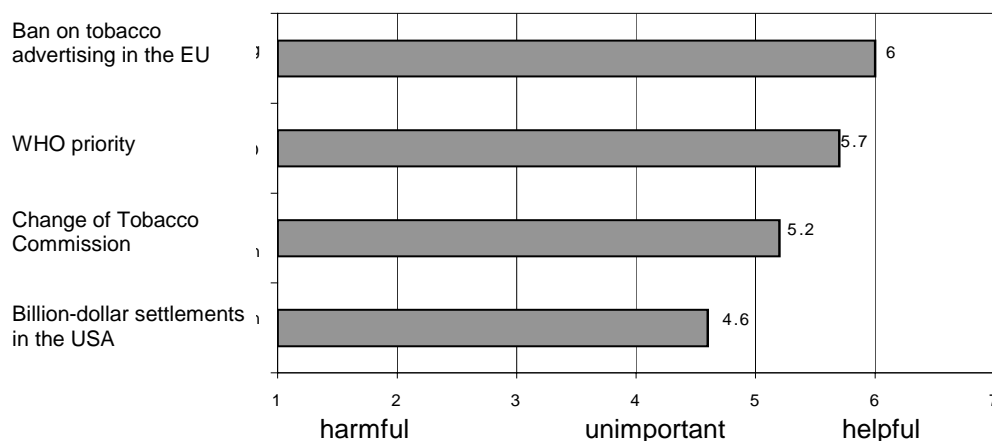
7.1.1.a) Assessment of public health policy

Representatives of the FOPH consider public health policy helpful to tobacco prevention. At an international level, the most important positive signs for Swiss tobacco prevention were seen to be the ban on tobacco advertising in the EU and the WHO's attitude to tobacco prevention. Within Switzerland, the launch of the new Tobacco Commission and the FOPH's statement regarding the importance of tobacco prevention were key developments (Figure 5).

Positive signals from the EU and the WHO

Figure 5: Average ratings by the GTP team (n=5) of important events in the field of tobacco policy that occurred abroad in terms of their effects on tobacco prevention in Switzerland.

(Scale: 1=very obstructive; 2= obstructive, 3=slightly obstructive; 4=unimportant, 5=slightly helpful, 6=helpful; 7=very helpful).



7.1.1.b) An (over-) ambitious goal and the perceived pressure to succeed

Main goal unrealistic: decisive reduction in prevalence

Initial pressure to succeed weighed on the GTP

The main goal of the GTP, i.e. to bring about a decisive reduction in the proportion of smokers among the population, was dismissed by specialists as unfeasible right from the start. However, the ease with which achievement of this goal could be verified (e.g. according to politicians) at the end of the GTP put greater pressure on the GTP team in the early stages to make the programme a success at all costs. This pressure to succeed appeared quite understandable, particularly given the possibility that tobacco prevention would continue or be extended after the end of the GTP. The perceived burden imposed by such a pressure altered over the course of the GTP as its continued existence was assured. The GTP became a challenge and an opportunity to gather important experience and principles for subsequent prevention work.

Evaluators' opinion and recommendations

Tobacco prevention has moved up on the Swiss Federal Government's public health agenda in response to favourable international and national conditions. This positive situation should be used to improve Switzerland's standing in the European context. It is unfortunate (though understandable given Switzerland's Euro-policy) that, for example, figures for Switzerland are not included in the statistics published by the Council of Europe on amongst others, tobacco policy.

The initial pressure to succeed became a challenge as the work of the GTP progressed. An over-ambitious goal can, as in this case, have the inherent disadvantage of causing a lack of motivation when seen as impossible to achieve right from the start. On the other hand, a goal that is recognised as unachievable (in this case, reducing the current position of Switzerland on the European scale with regard to the prevalence of smoking) can have the advantage of defusing much of the pressure to succeed. The GTP used the freedom created by this situation to gain experience (with regard to co-operation, for example) and consolidate work (such as establishing a structure for defining the respective responsibilities of the FOPH and the AT).

7.1.1.c) Changes to structures and legislation

The GTP team considers that a more robust application of structural measures is an important but not essential element of a future tobacco policy. It believes that giving the AT a leading role in the field of tobacco prevention could be one such structural change. It takes the view that the national and international political will in favour of tobacco prevention is stronger now than it was a few years ago, and that current public health policy is also more favourable. Such conditions now need to be reflected in a firmer tobacco policy. The GTP team clearly understands that successful tobacco prevention cannot be achieved without legislative action, such as a ban on advertising or higher taxes on tobacco products. Other targets should include the provision of financial resources for prevention and the acquisition of scientific knowledge.

Giving the AT a leading role in tobacco prevention

Greater political will for tobacco prevention

Demand for a ban on advertising and higher taxes

Evaluators' opinion and recommendations

Suggestions on changes to structural measures put forward by the GTP management team have been acknowledged. The shift towards concentrating on a single key partner has already proved to be the case in the area of alcohol (where the SFA [Swiss Institute for the Prevention of Alcohol and Drug Problems] is taking a leading role). This change of emphasis nevertheless should be clearly presented and acknowledged by the FOPH.

The creation of the Commission for Tobacco Prevention (as the successor to the former Federal Commission for Tobacco-Related Issues [Eidgenössische Kommission für Tabakfragen/ETK]) has not yet had any great effect. Neither the GTP or tobacco policy in general has yet felt any benefits. However, we believe that the new commission is an important instrument for the future and will help formulate a forward-looking tobacco policy, even though its significance appears to have been limited: it has recently been attached to the Federal Department for Home Affairs and is no longer directly answerable to the Federal Government.

Lobbying is an important activity both for pushing through new legislation and raising funds. To this end, it is vital that the FOPH works together with its partners to develop a convincing and coherent set of arguments and have them broadcast through the appropriate channels.

The GTP has enabled important lessons to be learned and the essential foundations to be laid for the future; attention should now turn to developing a forward-looking tobacco policy. This brings us to the question of how to proceed and the related decisions that need to be taken; the existing action field must not only be **exploited** but also **expanded**.

7.1.2. Evaluation question 1.2:

How aware is public opinion in Switzerland of tobacco prevention in general and the GTP in particular? How far does it accept and support both?

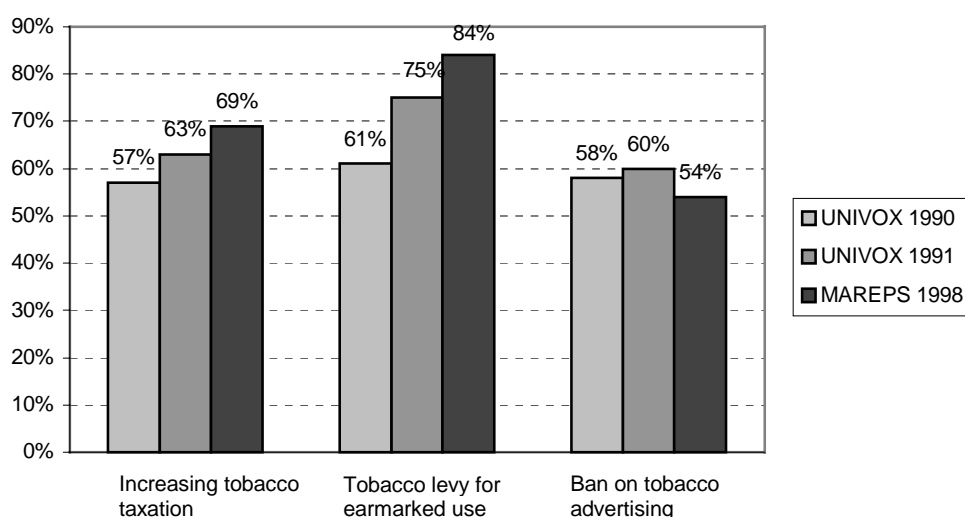
7.1.2.a) Awareness and acceptance of tobacco prevention

Overall, the (German-speaking) population of Switzerland feels quite well informed about tobacco prevention in general. Both smokers and non-smokers are in favour of stronger action to prevent smoking, especially among young people. A very small majority is in favour of banning advertising, but there is considerable support for special levies on tobacco with the funds raised being used for health promotion. In this context we found that higher prices for tobacco (especially when the funds raised were earmarked for health promotion) have become more widely accepted over the past few years while support for a ban on advertising has tended to fall (Figure 6).

Support for tobacco prevention, especially among young people

Figure 6: Trends in attitudes to regulatory measures taken by the state in the area of tobacco prevention

(Survey of the German-speaking population of Switzerland conducted by MAREPS n=406, UNIVOX 1990 German-speaking Swiss n=560, UNIVOX 1991 German-speaking Swiss n=507, approval in %)



Some differences of opinion between smokers and non-smokers

Smokers and non-smokers had different opinions on the following issues: compared with smokers, non-smokers thought that encouraging non-smoking was less effective,

that the influence of various sources had less effect on preventing people smoking but they were more in favour of increasing taxes on tobacco.

Banning smoking was not a priority target

Smokers were not very keen on banning smoking (for example in public places or at work), but even non-smokers did not see this as a priority.

Evaluators' opinion and recommendation

The naïve assumption that non-smokers would approve of anything that would reduce smoking is not generally true: even they do not all agree on banning advertising. Looking at the other group, we find that smokers are in favour of regulatory action taken by the state to prevent tobacco consumption, such as targeted use of the levies on tobacco products, but are against simply raising the duty on tobacco. These results give us an indication of those areas where intervention should proceed gradually and those in which public opinion gives the authorities greater room for manoeuvre than had previously been thought.

7.1.2.b) Press coverage of tobacco-related issues

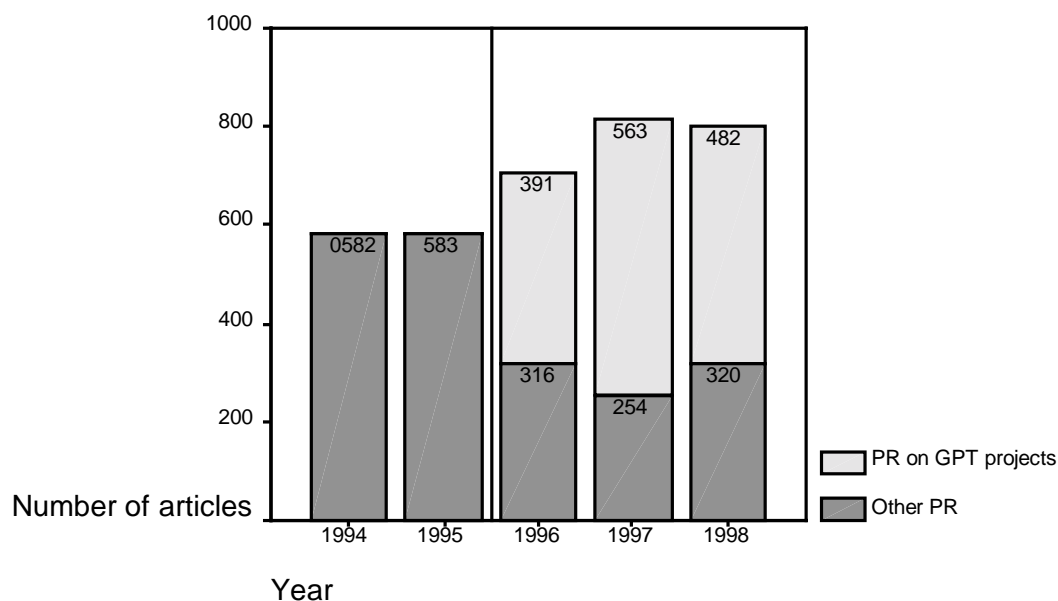
Around a third more articles on tobacco prevention during the GTP

Press coverage of tobacco-related issues increased between 1994 and 1997 (fig. 7). In the years when the GTP was being implemented, about a third more articles were published on the areas we investigated ("primary prevention", "fighting tobacco dependency" and "passive smoking") than in the two years before the launch of the GTP. But most of the reports on GTP projects focused on campaigns (no-smoking day, "Be Cool – Don't light up") already existing before the GTP. When we compared the linguistic distribution of the articles on GTP projects with that of the other articles we examined in our survey, we found that most of the articles on tobacco prevention were written in German and published in small regional newspapers (Müller & Hofmann, 1999c, p.11). However, the media gave very little coverage to the GTP as an overall programme.

Most articles in German on the major campaigns in small regional newspapers

Looking at the quality of the articles, we noticed that the press reports tended to focus on deterrence rather than on motivation. Content: often centred on deterrence

Fig. 7: Chronology of press reports (PR), n=3491 articles



The original aim of raising the GTP's public profile was withdrawn by the GTP team during the programme on the grounds that its purpose was not to make the FOPH look good in the press.

Evaluators' opinion and recommendation

A symbolic press report once a year on established projects is not enough to raise public awareness on tobacco prevention. The articles are often very short, and their information value (i.e. content, together with information on the material and context [for details see Müller & Hofmann, 1999c, p. 31]). is often inadequate. Effective media events and good press material could provide more opportunities to establish a link between specific prevention projects and the more general issues surrounding tobacco policy in press coverage.

By abandoning its original aim of improving public awareness of the GTP, the FOPH was no longer able to use its credibility as a factor in influencing behaviour or signal its support for tobacco prevention. The FOPH's good public image, earned via initiatives such as the Stop Aids Campaign, could have been put to good use for tobacco prevention as well.

7.1.3. Evaluation question 1.3:

The tobacco prevention industry and its reaction to GTP

7.1.3.a) Which are the professional groups managing tobacco prevention in Switzerland?

About 33 full-time posts
in tobacco prevention

No specialised TP
workers in Central
Switzerland

The inventory we drew up of organisations specialised in tobacco prevention painted the following picture of the Swiss tobacco prevention industry: we estimate the capacity at around 33 full-time posts divided among relatively powerful bodies active throughout the country (about 50% of jobs in tobacco prevention), smaller regional agencies with smaller staff numbers and wages (about 46%) and a large number of institutions with a marginal interest in tobacco prevention (about 4 %). Looking at the regional breakdown we see that Central Switzerland, which is home to about 10% of the Swiss resident population, has no specialised tobacco prevention workers at all (Table 1). During the GTP (and partly because of the GTP) seven new full-time tobacco prevention posts were created, expanding tobacco prevention by concentrating and strengthening the major players.

Table 4: Percentage of tobacco prevention jobs by geographical area of activity

Geographical area of activity	N	Percentage of jobs in tobacco prevention			
		Total abs.	Total %	Average	Median
Whole of Switzerland	12	1725	52.6	143.8	80.0
Western Switzerland and Ticino	11	530	16.2	48.2	20.0
North-west Switzerland	11	466	14.2	42.4	20.0
Central Switzerland	4	25	0.8	9.5	2.5
Eastern Switzerland and Zurich	11	534	16.3	48.6	20.0
Total	49	3280	100.0	66.9	20.0

Evaluators' opinion and recommendation

The expansion of support structures is welcomed, even though regional differences (still) remain (Central Switzerland is under-represented). What is important now is that the structures and skills that have been developed are maintained in the future.

7.1.3.b) Assessment of the GTP from the point of view of groups involved in tobacco prevention

- General assessment

The most positive aspect as seen by representatives of important organisations and other bodies involved in tobacco prevention was quite simply the very existence of the GTP and the fact that this had led to increased spending on tobacco prevention. The GTP is seen as a demonstration of the political will to invest money in tobacco prevention. But some of the GTP team and representatives of important tobacco prevention organisations thought that the title „Global Tobacco Programme“ could be considered as mislabelling since the framework set down for the GTP did not allow it to take any decisive structural measures to pave the way for an effective tobacco policy, such as restrictions on advertising or a pricing policy.

The implementation of the GTP is seen as a success in itself

The GTP doesn't deserve to be called a global programme

- Commitment of the FOPH to tobacco prevention

Most of the key individuals and representatives of important groups active in the field of tobacco prevention were in favour of a stronger commitment on the part of the FOPH. The respondents agreed on the form that this commitment should take: the FOPH must achieve clear improvements in its organisational and co-ordination activities and give tobacco a higher priority in public opinion and political circles. Key players in this field thought that the FOPH was more or less obliged to take its part in tobacco prevention since the Federal Government received income from tobacco consumption. It was also agreed that the budget for effective tobacco prevention was still much too small.

The FOPH should reinforce its organisational and co-ordination responsibilities

Should the FOPH also have an operational role?

The key individuals and representatives of important groups in the tobacco prevention field did not agree as to whether the FOPH should, in addition to its role as strategic co-ordinator, also take on operational responsibilities and/or whether it should contribute to funding projects carried out by third parties. Views also differed as to whether a federal office was the right body to conduct press campaigns.

Failure to achieve aims

- Aims and priorities of the GTP and what it had to offer
Most of the representatives of important groups in the field of tobacco prevention considered that the programme had failed to achieve its aims. It was thought that the main reasons for this were the limited funds and the absence of suitable framework conditions for an effective tobacco policy. In addition, some aims were over-ambitious and unrealistic. It is true that the FOPH had recognised some of these shortcomings (for example, through the results of the formative global evaluation), but did not publicise its revised or detailed objectives.

Failure to set priorities

A number of groups, including the FOPH itself, were critical about concentrating aims and strategies on the three main programme areas; primary prevention, fighting tobacco dependency and passive smoking. Since this could be seen to include almost „everything“, there was an urgent need for more coherent priorities to be set.

Effectiveness

Key players were very doubtful as to whether what the GTP had to offer was effective or would remain so in the long term

Only insiders really had enough information

- Information about the GTP
Groups involved in tobacco prevention were quite poorly informed. The best informed groups were the „insiders“, i.e. agencies working at a national level, university and research institutes, groups working exclusively in the field of tobacco prevention and groups that were conducting a GTP project. Although the key persons had some knowledge of the GTP, it was usually superficial. They also regretted not being more closely and systematically involved in health promotion, not least, because they see themselves as important gatekeepers.

The FOPH's information policy regarding the GTP was the subject of fierce criticism which, if anything, has intensified in recent years. The fact those most critical of the GTP are precisely the institutions that feel that they have been neither informed nor updated, is a consequence of this.

Criticism of the FOPH's information policy

Groups, which did not receive sufficient information, were particularly critical

We see problems not only in the lack of information about the GTP, but also in the failure to publicise several changes in its direction during the GTP, which were simply introduced with no notification. Not only did this make our task as evaluators more difficult; it also gave unnecessary grounds for concern to the FOPH's partners. This approach gives the impression that the FOPH was meeting the standard expected for professional project management.

Logbook: failure to publicise changes in direction

Over the course of the GTP, the FOPH made several changes to its strategy. These can be considered as not only positive, but also as new directions in response to the results of the ongoing evaluation process. Even at the start of the process, several concerns were raised within the FOPH's own ranks about the GTP's ability to succeed unless a firmer hand was taken with project management. However, no decisive action was taken owing to lack of opportunity, and also perhaps out of regard for personal feelings, although the experience gained in the GTP did benefit the Global Alcohol Programme („Handle with care“) which was under development at that time. The desired result was seen as advantageous in terms of the organisation's learning curve, surprisingly so in fact.

Need for tighter project management

No change in policy despite recognition

A further indicator of sub-optimal project management was the FOPH's lack of systematic documentation on the GTP during the course of the programme. Both the relevant FOPH staff members and outsiders (such as evaluators) were sometimes unable to obtain information on a particular issue in good time. There was certainly no central location where the relevant documents could be stored and accessed when needed.

Inadequate documentation – no overall view

No 100% certainty about the projects *We found that throughout the lifetime of the programme there were always a few projects for which one or more of the following questions remained unanswered (this may be related to the problem outlined above):*

- is the project really part of the tobacco programme?*
- when did it start or end?*
- what is the exact title of the project (German and/or French)?*
- what is its FOPH number?*
- what is its intended contribution?*

Despite intensive efforts on our behalf, uncertainties continued to arise, particularly because while resolving one problem, another appeared. For example, additional expenses relating to a known project or a non-matching translation, lead to uncertainty and further questions.

Evaluators' opinion and recommendation

The GTP as such was a matter for „insiders“ and was unable to achieve its original aim of disseminating information. The Confederation should extend its commitment to co-ordination and exchange of information by establishing a coherent policy.

Although the lack of information about the GTP was already mentioned in the first intermediate report, the FOPH made no significant changes in this regard (see chapter 7.2.2). By its failure to act, the FOPH has not taken the justified concerns of important groups working in the field of tobacco prevention seriously enough. In addition, its failure to involve partners in the communication process creates negative attitudes towards the FOPH, which are expressed in other areas as well (see chapter 7.2.1).

7.1.4. Evaluation question 1.4:

How well suited are civil service skills and structures to tobacco prevention in Switzerland at national and cantonal level?

7.1.4.a) Specialist skills

The GTP team considered that their specialist skills were balanced and positive. However, changes in the make-up of the GTP team had a detrimental effect as they led to a noticeable overload and, for a while, prevented some team members from having a clear view of the overall situation. The change of co-ordinator led to an expansion of skills as important responsibilities such as management and promotion could be assigned to the new co-ordinator. The GTP team considers that the main priority now should be to provide additional training to develop individual skills in, for example, marketing and political processes - important areas for their future work.

A positive assessment of the team's specialist skills

Change in co-ordination led to an expansion of skills

The GTP team also considered that the tobacco prevention organisations have high levels of specialist skills. Institutions that have been active in the field of tobacco prevention for a long time have well developed specialist skills, particularly in working with target groups. Senior members of the FOPH consider that tobacco prevention organisations must now move away from the „we're all-rounders“ mentality and start to develop varied centres of specialisation.

Prevention agencies have highly developed specialist skills

Developing centres of specialisation

Evaluators' opinion and recommendation

The FOPH should take a leading role in developing specialist to achieve a better division of labour.

7.1.4.b) Handling the internal and external division of labour

The FOPH has been rethinking its approach to handling the internal and external division of labour. Tobacco has been moved up the list of internal priorities, and there is more support for the view that the FOPH should concentrate on its core strategic tasks and keep out of the operational area. This gives the FOPH the opportunity to delegate operational tasks to external professional groups (such as the AT; see also chapter 7.2.1.d on this point).

Tobacco has moved up on the FOPH's list of internal priorities

Delegation of operational tasks

7.1.4.c) Decision-making processes

The basic structure of the GTP was drawn from the civil service model, resulting in fairly lengthy and bureaucratic decision-making processes that make it difficult for the team to react quickly and flexibly to changing conditions. This problem was recognised as soon as the GTP was launched, with the GTP team demanding that more power be delegated to the grass roots. This demand was met in the course of the GTP: the decision-making powers of the co-ordinator and the programme managers were set out in a defined framework to assure greater flexibility.

Delegation of powers to the grass roots within the FOPH

Evaluators' opinion and recommendation

The FOPH's structure is based on a civil service model as it is a federal agency. However, a structure of this kind is not exactly conducive to effective project implementation. Decision-making processes are bureaucratic and make it difficult to make changes rapidly and flexibly. These difficulties were recognised early on the life of the GTP. Corrective action was taken, but in principle was aimed at GTP structural improvements.

Delegation of operational tasks to external partners is a sensible step under these conditions.

7.1.5. Evaluation question 1.5:

During the course of GTP's implementation, was the available epidemiological data adequate for assessing what measures were needed and their effectiveness?

7.1.5.a) Little epidemiological data available

Although important research was conducted during the period of the programme, there was still too little epidemiological data from Switzerland to effectively respond to target group needs and programme effects.

Too little epidemiological data from Switzerland to respond to specific questions

7.1.5.b) Systematic approach to epidemiological data

More intensive research is not enough on its own. It is also important to improve the availability and treatment of the data collected. Unsystematic collection of empirical data is a totally inadequate response to this task, and fails to ensure comparability and continuity. This problem was recognised at an earlier stage and the feasibility study conducted by Krebs and Demarmels (1998) laid down principles for co-ordinated data collection. The authors recommend setting up a modular „tobacco research system“, a proposal for systematic data collection in tobacco prevention.

Proposal for a modular „tobacco research system“

7.1.5.c) Use of epidemiological data

Analysis of project submissions clearly showed that project designs took little or no account of epidemiological data. Only a small number of well-funded projects used such data. Our analysis of 16 projects also found that only half of them even attempted to provide some scientific support for their work. Out of these, only the four projects on fighting tobacco dependency supplied generally satisfactory data. A number of reasons may lie behind the lack of scientific support:

Project submissions hardly ever made use of epidemiological data

- Project leaders have little or no knowledge of published data
- The data is not available in a form adapted to 'practice' needs.
- The data is hard to obtain
- The projects do not have the financial and personnel resources they need to obtain and integrate this data

This means that at the moment only larger projects are really able to operate on this level.

Evaluators' opinion and recommendation

Intensive research alone will not suffice. It seems just as important for scientific data to be collected in a systematic way and made readily available. Project records should lay greater weight on providing empirical support for needs.

The data collection system proposed by Krebs and Demarmels (1998) („tobacco research system“) presents a sensible platform for working with field workers towards establishing a systematic data collection method. Co-ordination with the planned "Health Observatory" is vital in this context.

7.2. Did the GTP foster improved collaboration in Switzerland in the area of tobacco prevention in general, and of "fighting tobacco dependency" in particular?

7.2.1. Evaluation questions 2.1 and 2.2:

Have new co-operative structures been set up between organisations involved in tobacco prevention and have existing structures been improved thanks to the GTP and its projects since 1995? Has the GTP and its projects helped to improve collaboration in terms of the content since 1995?

7.2.1.a) Collaboration between agencies involved in tobacco prevention

Agencies involved in tobacco prevention (TP) consider that the quantity and quality of collaboration in the area of tobacco prevention has grown over the past few years. This has come about either through an improvement in contacts that were already in place before the GTP or through the development of new contacts. However, these cannot necessarily be attributed to the GTP (see chapter 7.2.1c). The most striking positive developments were in the contacts between university and research institutes and public bodies, and with the agencies of the Swiss Lung League in general. New contacts with the Swiss Cancer League on the other hand, were disappointing. However, key individuals and representatives of important organisations expressed the view that co-operation was not always formal, except for „one-off events“ such as the No-Smoking Day where co-operation was judged to have been successful.

Increased collaboration in TP (in terms of quality and quantity)

Positive development in of university and research institute contacts with public bodies

On the down side, one criticism made by representatives of important organisations in the field of tobacco prevention was that the competitive scenario and lack of co-ordination led to a duplication of efforts.

Criticism aimed at frequent duplication of efforts

7.2.1.b) The position of the AT in tobacco prevention

The AT has taken a more prominent position over the past few years. It is increasingly accepted in many circles as an important co-ordinator and mediator. The relationship established between the AT and cantonal as well as private partners was therefore highly commended by representatives of the major tobacco prevention organisations.

More prominent position of AT

FOPH is considering mandating the AT to manage the project	<p>Although the division of labour between the AT and the FOPH in any follow-up programme has not yet been clearly defined, it is already obvious that the FOPH has been reconsidering this issue. The GTP team has mentioned delegating the management of the programme to the AT as the likely future scenario (see also chapter 7.2.2 on this point).</p>
The GTP has had little influence on co-operation	<p><u>7.2.1.c) The influence of the GTP on co-operation</u></p> <p>Representatives of important tobacco prevention organisations considered that the GTP had relatively little influence on collaboration. They thought that the only visible additional effect of the GTP was improved contacts with public administration services. Project managers were of the opinion that GTP intervention projects had helped create wider links, but that this had little effect on practical co-operation. A broad network extending beyond the limits of strictly tobacco prevention can also be seen in the project proposals submitted. But it is only in the dependency field that this is put to best use i.e. by information exchange and allocation of expertise.</p>
Criticism of co-operation between the FOPH and TP	<p><u>7.2.1.d) Collaboration with the FOPH</u></p> <p>The GTP led to little improvement in co-operation with the FOPH, an issue particularly criticised by some representatives of the major tobacco prevention organisations. Some of the institutions that work with the FOPH on a day-to-day basis considered it an unreliable partner because of its funding policy. Others again referred to its information policy, one, that was thought to be inadequate and an obstacle to good collaboration</p>
FOPH's information policy considered inadequate	<p>The position is rather different when we look at research projects. Here the FOPH pursued a different funding and information policy, guaranteeing full funding and organising regular meetings for information . For this reason research project leaders had a generally positive attitude towards collaboration with the FOPH.</p>
Positive attitude to collaboration with the FOPH in the field of research.	<p><i>At the beginning of our evaluation activity, especially when formulating the list of indicators, meetings with the FOPH were difficult negotiations that sometimes left us (evaluators) confused. The „logbook“ states that we often failed to make</i></p> <p>Logbook: co-operation with the FOPH evaluation team</p>
	<p>82</p> <p><i>The evaluators found the FOPH a difficult partner</i></p>

ourselves clear and to present our proposals in such a way that the FOPH could understand them. The restructuring process that was taking place within the FOPH at that time frequently meant that we had to negotiate with partners who were unsure of their ground. In addition, we often felt that agreements that had been reached were no longer valid by the next meeting, or that they had been revised or simply forgotten. During this stage the evaluators found it difficult to work with the FOPH. The situation improved markedly once the list of indicators had been completed as from then on, both parties could use a jointly agreed document to which they could refer if the need arose. The subsequent staff changes within the FOPH helped to stabilise the situation given that the incoming FOPH staff were faced with a fait accompli that they were able to accept without difficulty.

One particularly pleasing aspect of co-operation was the procedure for obtaining documents from the FOPH: at the start of the global programme, we created a dossier consisting mainly of FOPH papers. The process we had to go through in order to obtain these documents was certainly time-consuming, but as we were able to move about freely in the FOPH and had unrestricted access to the relevant filing cabinets, this work was sometimes very fruitful. Once this basic dossier was in place, our next task was to ensure that FOPH staff would automatically send us all the relevant documents. It is true that on one occasion (!) during our evaluation we received two parcels packed full of papers, but otherwise we were never quite sure whether we actually had the relevant papers. This process of automatically receiving documents worked better with the AT, who sent us quarterly updates.

We had unrestricted access to FOPH documents

Only one automatic update from the FOPH

Regular (quarterly) updates from the AT

Evaluators' opinion and recommendation

Transparent and regular exchange of information is a positive condition for creating the confidence needed for collaboration. No new structures to provide for such an exchange of information were created as far as the intervention projects were concerned. We also had the impression that continuity depended more on the individuals involved than on the structures. Collaboration really needs to be deliberately planned and validated in the project submissions. The meetings held to discuss research projects could serve as a model for improving collaboration in respect of the intervention projects. Of course, it would be necessary to carefully weigh up the costs (especially in terms of time as well as money) against the expected benefits.

Confidence-building measures need to be taken to improve the FOPH's reputation as a reliable partner. One way of doing this would be to pay projects for the work they do on designing their projects and to inform them well in advance whether or not their projects are to be funded.

Collaboration between the partners is likely to change if the AT does eventually take on a more prominent role, as is already under discussion. The FOPH must announce this change publicly and back it up. We are emphasising this point because earlier changes in the GTP (e.g. the much greater weight given to social marketing following the appointment of the new co-ordinator) were not clearly communicated.

7.2.2. Evaluation question 2.3:

Has the FOPH taken any action regarding co-operation on the basis of the recommendations of the interim evaluation report?

7.2.2.a) Recommendations regarding collaboration from the 1997 interim report and their consequences

In this chapter we will be quoting from the recommendations we made in our 1997 interim report (quotations marked by a vertical line in the margin) and then indicate how each recommendation was implemented.

On the flow of information

„More effort is still needed in the area of information (...). Communication should be quicker, more comprehensive, more open and should use a variety of channels (written, oral). A more forceful approach in external communication would benefit the GTP. Examples could include a section in the AT bulletin or a dedicated newsletter.,, (Bähler et al., 1997, p. 64).

As already indicated in 7.1.3, the FOPH's approach to information regarding the GTP was the subject of severe criticism right from the beginning. It is therefore surprising to see how little action the FOPH has taken to improve matters. Despite some clear signals, it has not acted on the recommendations of the interim report with sufficient determination to silence its critics. However, it would have been possible to improve the situation with relatively little effort, and this in turn would have had a positive impact on the attitudes of tobacco prevention professionals to the FOPH and the GTP.

We can see hardly any change in the FOPH's unsatisfactory approach to information

On internal organisation

„Plans are in hand to transfer organisational decision-making from the section leader to the GPT co-ordinator and from her to the programme managers (...). The evaluators welcome this transfer of responsibilities. We see the advantages as:

- Informing those involved at an early stage and including those affected when decisions are to be taken
- Job descriptions and specifications are useful management tools in reaching a clear definition of expertise (...).

- Any understaffing would come up in performance appraisal discussions and could trigger the relevant action (increasing workloads, redistributing work, hiring additional staff., (Bähler et al., 1997, p. 64).

Powers have been delegated downwards

Authority has been delegated downwards and programme managers now have greater room for manoeuvre when taking decisions. However, there has been no clear improvement in the exchange of information. On the contrary: the flow of information often broke down in both directions. The higher levels of the organisation have a more optimistic view of the situation than their colleagues lower down the ladder. The changes in the GTP personnel also made team building difficult.

Exchange of information is still causing problems

Division of labour between the FOPH, the AT and tobacco prevention agencies

„The debate on the position of partner organisations (especially the role of the AT) should be re-started soon so that any division of labour in a future GTP II is clearly defined in advance. As this is a controversial issue, it might be helpful to bring in an external professional mediator to instigate the process., (Bähler et al., 1997, p. 63).

The FOPH is now more bullish about the AT taking on a leadership role

As already indicated under 7.2.1, the FOPH has changed its view on the position of the AT in recent years. In the past, the AT was certainly an important agency taking on significant work on behalf of the FOPH, but the FOPH initially doubted whether the AT could and should take on a leadership role in tobacco prevention. But recently the FOPH has recognised the AT as its most important partner. Future plans point to increased mandating of responsibilities to the AT.

7.2.3. Evaluation question 2.4:

Overall, does the GTP help develop collaboration and a feeling of identity?

7.2.3.a) Feeling of identity within the GTP

The GTP was unable to fulfil its initial goal of creating a sense of identity. Representatives of the major tobacco prevention organisations and GTP project managers thought that the GTP had had little or no effect on the sense of community within the tobacco prevention field. Only leaders of research projects found that the regular meetings set up by the FOPH helped develop **a sense** of identity.

The GTP did not help develop a sense of identity in intervention projects

It did help develop a sense of identity in research projects

One expression of this lack of identity is the under-use of the raven logo. Firstly, this new logo was competing with the well-established logos of other organisations. Another point is that the FOPH was not the sole financial donor for most projects, reducing the incentive to use its logo. It is also not particularly familiar to agencies involved in tobacco prevention. The FOPH made its last attempt to establish the raven logo in December 1996 at a conference to mark the first year of the GTP. In the face of the unenthusiastic reception, the FOPH tacitly abandoned this method of creating an identity for the GTP. This change in policy did not affect the FOPH's own use of the logo: it continued to appear as if by chance on some FOPH documents while being absent, also apparently at random, from others.

Little use of the raven logo in GTP projects

The FOPH itself made random use of the raven logo

However, in our case study on the No-Smoking Day it was noted that this event had a marked effect on creating an identity for tobacco prevention in Switzerland. It was therefore felt to be particularly unfortunate that the WHO had announced the themes for the year so late that in some cases regional tobacco prevention agencies were unable to incorporate them into their plans.

No-Smoking Day helped create an identity

Little awareness of the GTP, but some projects well known

7.2.3.b) Awareness focused on projects rather than on the GTP

The GTP as a global strategy remained a mystery even to tobacco prevention professionals, although they were aware of some projects undertaken as part of the programme. Project managers and tobacco prevention agencies identified with their own organisation rather than the GTP. For this reason the GTP is seen mainly as an organisational structure set up to finance projects.

Evaluators' opinion and recommendation

The GTP is a relatively new and artificial creation, especially for institutions that have been active in the field of tobacco prevention for some time. The attempt to create a common identity for the GTP failed, and we have to ask ourselves whether there is any point in doing so. A common identity excludes groups who are not involved and does not help to integrate efforts aimed at the shared goal of tobacco prevention. Specialists who should have been included in the overall process of tobacco prevention but weren't, were the most critical.

No-Smoking Day shows that a common activity addressing a particular subject can help create a sense of identity merely by the fact of acting together under a single banner on an appointed day.

This provides a common denominator without undermining the structure and identity of each individual organisation. The FOPH is urged to ask the WHO to decide on its themes at an earlier stage so that the necessary preparations can be put in hand at regional level. This could also strengthen co-operation between the GTP at national level and the specialist agencies by allowing them more time to plan and co-ordinate their joint activities.

Once again, we see the fundamental problem of changes in GTP goals being made tacitly by the FOPH with no public announcement (creation of identity and the raven logo).

7.2.4. Evaluation question 2.5:

Will stronger and better co-operation remain beyond the GTP and its projects?

7.2.4.a) Present willingness to co-operate

The survey of agencies involved in tobacco prevention showed that they think the GTP should continue. The greatest interest was observed among university and research institutes, agencies that have launched a GTP project, agencies active throughout the Swiss territory and those that work exclusively in the field of tobacco prevention. These can be considered as the „hard core“ of current tobacco prevention organisations. However, this definition excludes tobacco prevention agencies that have not launched a GTP project. These are specialists who have not benefited from the GTP's promotional activities and it is among them that voices have been the most critical.

The „hard core“ of TP organisations think that the GTP should continue

Evaluators' opinion and recommendation

Sustainable co-operation is found at project level, as a number of individual projects will carry on in the future. Examples of the desired continuity include the greater commitment of the Swiss Cancer League to tobacco prevention and the development of No-Smoking Day into a regular event.

Interest in continued co-operation also exists among specialists who have, up till now, not been involved in the GTP. If direct co-operation is not possible in the future either, another way will have to be found of involving these specialists. Willingness to address their ideas and criticisms will make continued collaboration more likely.

However, continuity would be threatened by a failure to give consideration to old-established partners. Excessive concentration and accentuation of the programme can have the unwanted side effect of neglecting relationships that have been built up in the past. As such, contacts with the specialist are reduced and can lead to a drain on skills, while also potentially exacerbating problems with the tobacco prevention agencies that are already in a precarious situation.

The FOPH cannot obviously please everybody when it takes its decisions; it is therefore all the more important for it to anticipate the reactions described above.

7.3. Was the GTP able to improve prevention provision?

7.3.1. Evaluation question 3.1:

Was there a quantitative increase in the provision of tobacco prevention as a result of the GTP?

7.3.1.a) Expansion of provision

This chapter defines „*provision*“ as preventive intervention plus all possible types of support (e.g. research projects).

Expansion of provision	Project leaders and the GTP team consider that there has been an increase in the provision of prevention in the past few years. This can be seen in the following ways:
Almost five more jobs	<ul style="list-style-type: none"> • Growth in jobs: institutions carrying out projects as part of the GTP saw an increase of almost 5 jobs since 1966 (Table 5). These are organisations active at national level.
Research projects	<ul style="list-style-type: none"> • Research projects: according to the project leaders, it would have been difficult to carry out the research projects without the support of the GTP.
Press coverage increased	<ul style="list-style-type: none"> • Media work: As the case study shows, media work to promote No-Smoking Day took a more professional turn thanks to the GTP (production of promotional material). In general, the growth in coverage of tobacco prevention over the past few years shows that preventive measures have been increasingly successful in presenting themselves to the media in an attractive and professional manner. The relative under-provision in Central Switzerland (see chapter 7.1.3) is also reflected in the low level of media coverage of tobacco prevention activities taking place in that region.

The growth in TP provision cannot be attributed solely to the GTP. As the inventory of agencies involved in tobacco prevention shows, those that were not conducting GTP projects grew at the same rate as those that were (Table 5). The GTP however, contributed to the growth in tobacco prevention generally.

Growth in TP provision not due solely to the GTP

Table 5: Percentage of jobs in tobacco prevention according to whether the agency in question conducted GTP projects
(Total job percentages, number of jobs in brackets)

Did the agency conduct GTP project(s)	Percentage of jobs in tobacco prevention			
	Current position	Increase	Decrease	Net gain
no	1145 (37)	255 (9)	15 (1)	+240 (21.0%)*
yes	2135 (12)	520 (5)	40 (1)	+480 (22.5%)*
total	3280 (49)	775 (14)	55 (2)	+720 (22.0%)*

* Percentage net gain based on the current position

Representatives of important organisations and those responsible for the GTP within the FOPH generally welcomed the expansion of provision. However, they regretted the consequent fragmentation and lack of focus of such. They emphasised the point that the *quality* of individual projects had improved.

Expansion of provision also leads to fragmentation

Evaluators' opinion and recommendation

The expansion in provision is principally the result of a general growth in tobacco prevention. It would be possible to make greater use of the GTP within this positive trend as an instrument to bind regional and national tobacco prevention activity more closely together.

Intervention projects were dominated by two major projects: No-Smoking Day and the "Be Cool – Don't light up" campaign. No-Smoking Day in particular was organised on a more professional basis thanks to the GTP, although both events would have taken place without it.

The research projects depend on the FOPH for (almost) all their funding. This support should continue to be given in future so that skilled staff can be retained. Consideration should be given to the possibility of bringing in

other sources to fund applied research (such as the Swiss Cancer League).

7.3.2. Evaluation question 3.2:

Did other donors support tobacco prevention provision as a result of funding by the GTP (e.g. multiple sponsorship)?

7.3.2.a) Funding policy

The FOPH provides only partial funding

The FOPH provided only partial funding for intervention projects carried out as part of the GTP. („In principle federal contributions may not exceed 60% of the total budget,, [FOPH, 1996, p. 36]). The idea was that projects should receive additional funding from other sources (local, cantonal, regional or national), with the option of full funding for particularly innovative projects in the form of start-up aid. Project managers expressed the fear that withdrawal of FOPH funding would push other donors to pull out as a consequence. However, we have evidence to show that the funding model used by the FOPH did draw in new sponsors (see chapter 7.3.3.a).

The FOPH is almost the only source of funding for research projects

In contrast, research projects were dependent on the FOPH for almost all their funds and could not have been carried out without the GTP.

Evaluators' opinion and recommendation

The fact that the FOPH only provides partial funding for projects is ambivalent. Dual funding makes sense only if other potential sponsors can interpret the FOPH's support for the project as a measure of quality. Otherwise, this type of funding can cause additional work particularly for agencies with little funds of their own (looking for partners, covering varied needs).

7.3.3. Evaluation question 3.3:

Did projects that used to be fully or partly funded by other sources continue thanks to the GTP (rescue of endangered projects, cost transfer)?

7.3.3.a) Transfer effect

Major national projects (No-Smoking Day, "Be Cool – Don't Light up") were initially funded from the GTP budget when the programme first started, which appears logical and sensible. The fact that this approach favoured projects that were not necessarily new and innovative was taken into consideration.

The GTP also funded large, well-established projects

However, the survey of jobs within tobacco prevention agencies showed that no transfer effect took place; i.e. the creation of GTP post did not mean the loss of one that was funded from other sources.

No job shift

Evaluators' opinion

The feared substitution effect did not take place; on the contrary, support from the FOPH triggered funding from other sponsors.

7.3.4. Evaluation question 3.4:

Did GTP support generate projects that provided useful practical results?

7.3.4.a) Assessment of the usefulness of projects

Both the project managers and the GTP team considered that most of the GTP projects were, at least partially, useful and important. This view is to some extent confirmed by the data collected. According to the self-assessments, those of research projects in particular were thought to have established a basis for improving tobacco prevention and were considered useful, especially within the framework of political debate and raising awareness of the tobacco problem. Analysis of media coverage confirmed that some research projects (especially the study on the social costs of tobacco consumption and that on the supply and demand of schemes to fight tobacco dependency) were fairly well reported. In spite of this, the GTP team was rather more sceptical about the usefulness of the study on social costs, as this was quite difficult to put across to the public. According to the leader of another research project, the feasibility study, the results would provide future research with standardised data.

Projects were generally considered useful and important

Results of research projects scored particularly well

Rapid incorporation of research findings into project proposals not yet applied

The results obtained from research projects are (as yet) hardly reflected in the project proposals submitted. Due to a lack of time, it has still not been possible to incorporate the of GTP research results into the project submissions of those we interviewed. For the time being, the benefits of research projects are still limited to their influence on the political debate and awareness raising about the issue.

Evaluators' opinion and recommendation

Interviewees inside and outside the GTP consider that the usefulness of GTP research projects lies mainly in their effect on awareness raising. Knowledge transfer has mainly taken place in the form of seminars or presentations. As yet, the more recent project proposals have not been able to make use of the research results, particularly due to time constraints (some research projects had not yet been completed when these intervention projects were being launched).

Existing research results should be presented to the tobacco prevention agencies (as has already been done for the study on the relationship between tobacco consumption and tobacco taxation [IEMS, 1999]).

Tobacco prevention agencies could be asked for their views on the usefulness of data and on the type of research they think should be conducted in the future.

7.3.5. Evaluation question 3.5:

Were effective, efficient or innovative intervention projects developed and promoted thanks to the GTP?

7.3.5.a) Assessment of the effectiveness of intervention projects

Key individuals in Swiss tobacco prevention and representatives of important tobacco prevention bodies judge the effects of GTP projects to have been moderate but positive. The effectiveness of prevention activity is also affected by a number of other factors, such as the strong opposition of the tobacco industry or the dependence of the Confederation on the funds raised through tobacco consumption taxation (for social and disability insurance systems).

The GTP has had moderate but positive effects

It is difficult to see any short or medium-term effects of intervention projects, especially as far as decreasing the number of smokers is concerned. The principal aim in the early stages is to raise public awareness of the issue.

Short-term and medium-term effect: raising public awareness

7.3.5.b) Assessment of the efficiency of intervention projects

Project managers consider their own projects to have been efficient. These assessments are mainly based on input/output comparisons, the size of the project's coverage or on press reports about the activity. Empirical data in the form of evaluation results to back up assessments of efficiency are scarce. Assessments by those involved focus on the work done for the project, while there is little in the way of external evaluation. This is supported in the analysis of project proposal submissions as far as evaluation is concerned: there was insufficient planning for evaluations as a way of obtaining an outside view (Table 6), and the number of projects externally evaluated was correspondingly low.

Project leaders have a positive opinion of the efficiency of their projects

Table 6: Analysis of evaluation planning contained in intervention project submissions: mean value of the three main themes and the overall mean value resulting from an assessment of project documents.

(Scale: the information is: A = very accurate and complete; B = fairly accurate and complete; C = inaccurate and incomplete; D = non-existent). (n =16).

Questions based on the criterion „evaluation“	Primary prevention N=7	Fighting dependency N=5	Passive smoking N=4	Mean value of all projects N=16
Information on evaluation	BC	AB	BC	B
What type of evaluation	C	BC	CD	BC
Justification of the type of evaluation	CD	BC	CD	C
Aims of evaluation	C	BC	D	C
Definition of criteria for judging the success of the evaluation	CD	CD	D	C
Could evaluation results be used in project design	C	B	CD	C
Mean of weighted assessments	BC	B	C	BC

Evaluators' opinion and recommendations

The effectiveness and efficiency of projects can only be measured if the long-term and interim objectives have been previously set. It is important to set realistic and specific short-term interim objectives as well as those to be achieved over the longer term. Evaluation needs to be better planned so that the interim objectives can be assessed.

The confusion of concepts and the lack of any clear definition of these concepts in the FOPH's initial papers (see chapter 2.2) make it difficult to measure efficiency and effectiveness.

Various sources are quite critical of the effectiveness of the GTP and its projects in terms of a reduction in the prevalence of smokers. Yet 'effectiveness' in terms of such an objective can only be expected in the longer term.

An evaluation can be conducted to measure the effectiveness and/or efficiency of a project. We assessed the proposals submitted for 16 intervention projects, looking at whether or not an evaluation was planned and if so which method they intended to use, and on this basis, can only give moderate scores. As we noted when we offered to support groups in the evaluation of their projects (Bolliger-Salzmänn & Cloetta, 1999b) evaluation is (still) not seen as a normal part of tobacco prevention. In the future, the FOPH should focus more closely on assuring that its own guidelines on evaluation standards are respected.

7.3.5.c) Degree of innovation

Key individuals in Swiss tobacco prevention were fairly critical of the degree of innovation in intervention projects. In their opinion, more courage in coming up with new ideas, new ways forward is needed. Suggestions included integrating new elements into an „enjoyment“ approach, which would take into account the emotional dimension, linking it to accepted leisure and cultural activities. Analysis of project submissions showed that innovative aspects do not play a major part in project planning (Table 7), but can still be better assessed than statements on planned evaluation or references to scientific principles. Innovative elements were found only in projects with a greater budget.

Little innovation to be seen

Innovation found only in larger projects

Table 7: Analysis of the degree of innovation in intervention project submissions: mean value of the three main themes and of project document evaluation

(Scale: the information is: A = very accurate and complete; B = fairly accurate and complete; C = inaccurate and incomplete; D = non-existent). (n =16).

Questions based on the criterion „degree of innovation“	Primary prevention	Fighting dependency	Passive smoking	Mean value of all projects
	N=7	N=5	N=4	N=16
Project is innovative in terms of				
▪ objectives	BC	CD	CD	C
▪ reaching target groups	B	BC	C	BC
▪ method	C	B	C	BC
▪ other	BC	A	CD	BC
Mean value of weighted assessments	B	B	BC	BC

One possibility for incorporating innovative elements into projects is through defining new target groups. Although young people are often mentioned as a target group, project submissions rarely specify what is nowadays a rather heterogeneous group in terms of gender or youth culture. For example, hardly any projects are aimed specifically at girls. Another rather neglected target group mentioned by the key individuals is new recruits to the army because many of them take advantage of the ‘cigarette break’ literally, i.e. lighting-up. People working in the health service are another interesting target group, as highlighted by the „Smoke-free Hospitals“ project.

Evaluators’ opinion and recommendations

Innovative elements in intervention projects were to be found primarily in the way in which the projects attempted to reach their target groups. Action is needed to bring in other innovative aspects into the projects, for example by using new or different (e.g. educational) methods. One project along these lines was the expert system, which used the Internet as a medium, and yielded very good initial results. However, we must bear in mind that an innovative idea is not enough on its own to make a project succeed – tried and tested methods can also have a sustainable impact because their effectiveness is reinforced through continuity.

The successful „Smoke-free Hospitals“ project, which focused on a particular setting, is a positive sign but has not exhausted the potential for prevention work in the health service. The suggestion by GTP key individuals that more should be done to try to reach army recruits appears plausible although no recent figures are available (the data from the study on the health of army recruits published by Wydler, Walter, Hättich, Hornung & Gutzwiller in 1996, date back to 1993. In any case, this investigation looked at tobacco consumption *before* joining the army, but did not examine how many took up smoking, for example, *during* their basic training).

7.3.6. Evaluation question 3.6:

Did the quality of project submissions improve during the lifetime of the GTP from 1995 to 1999?

There are few indications of an improvement in project submissions over the lifetime of the GTP. Our analysis of the project proposals shows that there were shortcomings in the definition of objectives, justification of the method selected, linkage between the project and a scientific context and in evaluation planning. As indicated above, project submissions generally make little reference to previous research results and their project documentation is based on minimal scientific evidence. Certain results of this analysis also show that the proposals submitted during the first phase of the GTP (1995 - 1996) tended to be more complete and more specific than those of the second phase (1997 - 1999). However, it should be noted that proposals for large-scale projects tend to be more fully and accurately documented, and that most of these were submitted in the first phase of the GTP. Therefore, we can not make any prediction about the ultimate effect of this on the project's development

Little change in project submissions

Evaluators' opinion and recommendation

There are no indications that project submissions improved during the GTP. Improvements are needed particularly in the definition and explanation of various aspects (deficiencies in the definition of aims and objectives, explanation of choice of methods, little scientific back up, evaluation planning). These aspects in particular support the continuation of a project over the longer-term and should therefore be further promoted. However, this means devoting more time and resources to planning and design during the developmental stage of a project. However, there is little financial recompense for this kind of preparatory work which makes it a risky investment for project operators.

If we assume that the quality of project proposals is linked to the way in which the project is ultimately carried out (see for example de Broucke, De Potter, Lenders & Vinck, 1994; Veen, Vereijken, van Driel & Beliën, 1994), improvements in this area are essential. Clearly defined project submissions are a good indicator of ultimate project success. For this reason it may be useful for the FOPH to help project managers assess the time and money they need to spend on information and documentation on the one hand, and on the actual project work itself on the other. In other words, the FOPH could provide managers with help in project management and with access to specialists for planning and conducting their project's evaluation. Such support could take the form of, for instance, more specific criteria being set by the FOPH for project proposals and evaluation needs. The shortcomings noted in project submissions reflect the current imprecision of FOPH criteria.

7.4. Were the main target groups more easily reached as a result of the GTP?

7.4.1. Evaluation question 4.1:

Were the target groups' requirements and needs recognised?

7.4.1.a) Target groups and their needs and requirements as a precondition for project funding

In order to identify the needs and demands of target groups, it is essential that the target group itself be clearly defined first. Analysis of project designs shows that the description of target groups need to be improved, especially in terms of age and gender. But overall, whilst most of the proposals referred specifically to the 'requirements' and 'needs' of their selected target group, there was little empirical evidence to support these arguments.

Inadequate descriptions of target groups

7.4.1.b) Self-assessments by project managers and key persons

Project managers took a positive view of the objective requirements and subjective needs of their project's target groups. Their opinion is based on the more or less quantifiable success of their project rather than on empirically substantiated data. A preliminary needs analysis had been carried out in few of the projects.

Requirements and needs not supported by empirical data

Key persons considered the needs of specific target groups (such as young people and women) were considerable; target groups in other settings such as the army were also considered important.

Identification of some other target groups

Evaluators' opinion and recommendation

Little empirical data was used to support the project managers' view that target groups' requirements had been recognised. Often this view is based only on the success of the project. Similarly, project submissions refer to requirements and needs but provide little empirical evidence.

7.4.2. Evaluation questions 4.2, 4.3 and 4.4:

Did the relevant target groups know about what was on offer via the projects? Did they accept and use such services?

7.4.2.a) Awareness among the target groups and their acceptance and use of the service provision

Awareness among target groups was poor

Project managers and key persons working in Swiss tobacco prevention assessed target groups' **awareness** as relatively poor. It varied according to such factors as project size how well established it was and when it had been launched. The survey conducted among the German-speaking population found that for long-term campaigns, there was a high degree of recognition (Figure 8) (Cloetta, Abel & Zeyen Bernasconi, 1999), and success in raising awareness amongst the relevant target groups (Hofmann & Müller, 1999). In addition, project managers commented that events linked with „trendy“ sports were widely known and popular among young people. This view was clearly confirmed by the external evaluations of activities such as „Be Cool – Don't light up!“ campaign (see for example El Fehri, Krebs & Rielle, 1997), evaluation that had been commissioned by the AT for some years

High acceptance: 1/3 of the population thought about the issues as a result of campaigns

Project managers and key persons working in Swiss tobacco prevention also considered the **acceptance** of the tobacco prevention activities on offer to be high. The survey of the German-speaking population showed that between a third and half of those who were aware of the campaigns in question had thought about the issues as a result of being exposed to them (Figure 8).

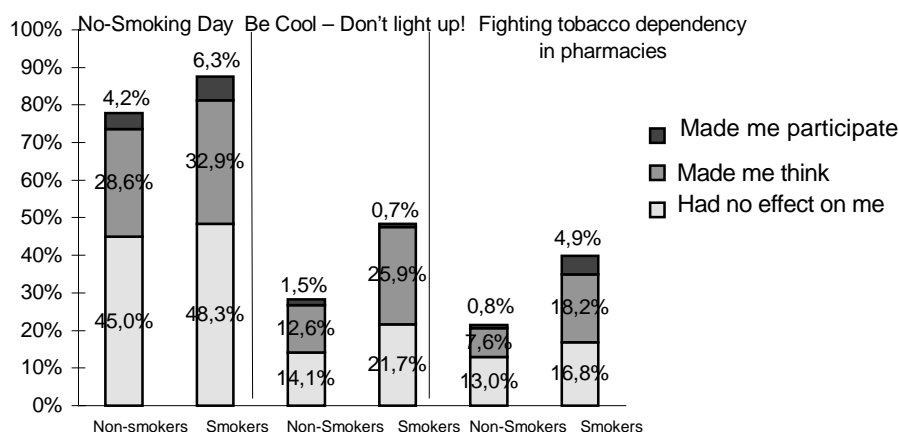
Demand exceeded expectations

Project managers considered that the **use** of provision, which we understand here as the demand, was higher than expected. However, it is difficult to assess the projects' effects on the target groups. Many projects attract attention in the short term, but it is almost impossible to measure any direct change in behaviour. According to the survey of the German-speaking population, only a little over 5% of those who were aware of the campaigns in question actually took any action as a result (see Figure 8). This is in spite of the fact that the awareness and acceptance of a project

such as "No-Smoking Day" is extremely high, which in turn shows that a respectable effect can be achieved with a relatively small budget.

Figure 8: Recognition of tobacco prevention campaigns and reactions to them

(MAREPS survey of the German-speaking population, n=262 non-smokers, n=143 smokers, as % of responses)



Evaluators' opinion and recommendation

The results of our investigations show that long-term campaigns achieve high recognition rates, which means that they are a useful way of increasing awareness among the population.

On the other hand, it seems that relatively small projects aimed at specific target groups can succeed when they are able to reach a given target group via appropriate channels of information. This could place more demands on individual projects by requiring them to offer more comprehensive help in addition to general awareness-raising as suggested in the "transtheoretical model" developed by Prochaska et coll. (see for example Fava, Velicer & Prochaska, 1995). Two projects which explicitly used this model as a theoretical base received funding from the GTP: the development and promotion of an expert system at the University of Geneva (also available in German [Martin-Diener, Gehring & Somaini, 1997]) and the work done to record the processes used by individuals to give up smoking (Junker, Töny & Abelin, 1999).

The GTP has redressed some previous gaps in prevention provision

7.4.2.b) Reaching target groups more effectively

Key persons in the Swiss tobacco prevention field considered that agencies were now better able to reach target groups as the range of provision made available through the GTP had redressed some previous gaps in prevention provision. They also thought, however, that the structure and content needed to be developed to improve effective target outreach even further. The following specific improvements were suggested:

- Transparency of service providers and their links to each other
- Integration of activities and interventions in a broader context
- Taking into account a range of views
- Improved targeting
- Low-threshold accessibility
- Nature and content of messages

Evaluators' opinion and recommendation

With regard to reaching target groups, the minimum requirement of a self-evaluation process (as indeed is required by the FOPH) should be the use of project parameters that are easy to record (such as the size of the target group compared to the number of people actually reached). This would also allow the ambiguous concept of 'use' to be measured against standard criteria. To obtain information about the effects of measures taken, it would be helpful to set up long-term studies (for the long-term projects). At present, even interventions that take place every year are not necessarily evaluated over time, which means that we have no idea how their effects (if measurable) are influenced by continuity. One notable exception to this is „Be Cool – Don't light up“ campaign, as the individual yearly results have now been compiled to provide an overview of the relevant period from 1992 to 1997 (AT, 1997).

We welcome the increased press coverage of tobacco consumption among young people. The GTP has contributed to this situation. But it would be incorrect to conclude from this that young people have therefore been repeatedly reached. In order to guarantee reaching a specific target group, consideration must be given to factors such as the reading habits and the use of the media in general among the target group in question. Electronic

media and youth magazines may well be much more important to young people than the general media.

8. Summary of recommendations

We have divided our recommendations into five categories, each dealing with a separate subject:

GTP-related (historical)

The purpose of these recommendations is to maintain or even strengthen what has already been achieved in the future.

- Media interest in the areas we have investigated („primary prevention“, „fighting dependency“ and „passive smoking“ has increased over the past few years thanks, in part, to the GTP. Another contributing factor to the increased press coverage is the growing importance of smoking as an international issue.
- Co-operation was expanded in research projects but much less so in the intervention projects carried out as part of the GTP. Intervention projects are still heavily dependent on personal contacts; nevertheless, it would still be appropriate to promote collaboration systematically.
- Some of the lessons learned in the GTP had an influence on the design and implementation of the Global Alcohol Programme („Handle with Care“), although (ironically) the GTP itself drew little benefit from process evaluation as it was unable to alter the course it had set.

Possible improvements in FOPH project management

One fundamental issue was raised; are there any valid grounds for the FOPH itself to act at an operational level, and is this effective. Civil service structures are not best suited to meet the needs of project organisation. However, the following recommendations remain valid, irrespective of whether or not the FOPH itself is directly involved in project management:

- The ideas put forward in the conception, planning and other documents drawn up by the FOPH must be more precise and consistently applied.
- They should set out the realistic objectives to be achieved over the intermediate and total period.
- Decisions should be made known in an open and ongoing manner (e.g. in the form of newsletters) to all partners, not only to insiders.
- Decisions taken must also be announced and explained publicly.

Standards for collaboration with partners

The FOPH is able (both structurally and financially) to introduce standards within the tobacco prevention arena that will lead to a (more) professional approach in prevention work:

- The following quality assurance instruments are needed:
 - Compliance with the FOPH's own criteria regarding project submissions (presence of supporting epidemiological data, familiarity with scientific literature, incorporation of results of research projects).
 - Better planning for evaluation (e.g. conducting self-evaluation or compiling other project parameters).
- The FOPH could offer project management support for projects.
- FOPH's policy of part funding only made project managers' workloads much heavier, but one positive consequence was the mobilisation of additional sources.
- Much goodwill would be generated among tobacco prevention professionals if the FOPH were to fund the initial project design and planning work.
- Involving those specialists who are not directly associated with the GTP would help prevent the creation of barriers between „insiders“ and „outsiders“.
- Simple measures (such as early notification of whether or not a project is to be funded) would improve the FOPH's image as a reliable partner.

Proposals for structural change

This section summarises what is needed to support the implementation of our recommendations:

- A clear definition of the respective tasks of the FOPH and its partners such that an external partner (such as the AT) can be contractually delegated to undertake specific tasks on behalf of the FOPH. The development of specialist centres could be linked to this work.
- The creation of a number of specialist centres could, for example, help towards co-ordinating data collection for research, currently suffering from the lack of co-ordination. The FOPH has recently issued a call for tenders for the creation of a tobacco documentation system. This shows that such a proposal is being taken seriously. Alternative or additional sources of funding to the FOPH should also be considered.

The need for collaboration with the planned „Swiss Health Observatory“ is evident.

- In the context of any re-organisation, it would be important to ensure that the existing specialist skills of tobacco prevention agencies are maintained or enhanced.
- Co-operation with the Tobacco Prevention Commission should be sought so that significant decisions on the future direction of tobacco policy can be co-ordinated.
- A more general recommendation is that political lobbying should be developed. Such an instrument, which has been fully exploited for years by the opposition (the tobacco industry), could finally be put to the service of prevention. Of course, the FOPH cannot undertake this task itself for political reasons; however, it could support partners' endeavours to launch such an initiative.

Direction of future tobacco policy

A forward-looking tobacco policy should be adopted and implemented promptly. With this in mind, it is important to debate the strategic documents that have already been developed. Developments should be planned with care as any sudden increase could lead to the disappearance of the specialist skills developed over the past, and indeed of the specialists themselves who may well feel they have been excluded from the process. We see the following points as important:

- The thrust of this policy should also incorporate trends in tobacco prevention in Europe.
- The FOPH should build on its good public reputation (resulting from activities such as the Stop Aids Campaign) for the benefit of tobacco prevention.
- We have found that there is considerable public support among smokers and non-smokers alike, for using the taxes raised from tobacco for specific ends. Yet, a unilateral hike in tobacco tax is hardly going to be approved by smokers. These findings should be taken into account when shaping fiscal policy.
- Future tobacco prevention policy must systematically address target groups that have been somewhat neglected in the past (we now know

that these include women, young people, army recruits and healthcare professionals).

- Project funding must emphasise further innovative (for instance educational) elements, which may for example be based on the "trans-theoretical model".
- Long-term campaigns make a significant contribution to raising public awareness of issues such as smoking and HIV/Aids. Continuity and long-term thinking are important aspects for a future tobacco policy.

9. References

- Abel, T., Cloetta, B. & Abelin, T. (1996). *Offerte zur Übernahme des Mandats „Global-evaluation“*. Internes Papier. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Abelin, T. (1993). Rauchen. In W. Weiss (Hrsg.). *Gesundheit in der Schweiz* (S. 219-233). Zürich: Seismo.
- Bähler, G. (1999). *Einschätzungen des tabakpolitischen Kontextes und zur Zusammenarbeit innerhalb der schweizerischen Tabakprävention durch die Verantwortlichen des Massnahmenpakets Tabak. Teil 2 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Bähler, G., Cloetta, B., Bolliger-Salzmann, H. & Hofmann, C. (1997). *Globalevaluation des Massnahmenpakets Tabak. Erster interner Zwischenbericht*. Bern: Unit for Health Research of the Institute for Social and Preventive Medicine.
- Bähler, G. & Hofmann, C. (1999). *Analyse und Beurteilung von Qualitätskriterien der Projektanträge im Massnahmenpaket Tabak. Teil 8 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Barendregt, J.J. & Bonneux, L. (1999). The trouble with health economics. *European Journal of Public Health*, 9, 309-312.
- Bolliger-Salzmann, H. (1999). *Tabellarische, vergleichende Übersicht einiger Kennwerte zur Aids- und Tabakprävention. Arbeitspapier zur Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Bolliger-Salzmann, H. & Bähler, G. (1999). *Selbsteinschätzungen und Beurteilungen verschiedener Aspekte des Massnahmenpakets Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Bolliger-Salzmann, H. & Cloetta, B. (1999a). *Zur epidemiologischen Datenlage im Bereich Tabakprävention in der Schweiz. Arbeitspapier zur Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Abteilung für Gesundheitsforschung of the Institute for Social and Preventive Medicine.

- Bolliger-Salzmann, H. & Cloetta, B. (1999b). *Die Selbstevaluation der Interventionsprojekte im Massnahmenpaket Tabak 1996-1999 - eine (selbst-) kritische Analyse. Arbeitspapier zur Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Bolliger-Salzmann, H. & Cloetta, B. 1999c). *Vorläufige Erkenntnisse der Globalevaluation des Massnahmenpakets Tabak des Bundesamts für Gesundheit. Arbeitspapier zur Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Breu, V. (1999, 9. Juli). *Harter Rückschlag für Tabakkonzerne*. Tages-Anzeiger, S. 33.
- Breu, V. (1998, 17. November). *Hält der Tabakfriede diesmal?* Tages-Anzeiger.
- Federal Office of Public Health (2000). Aids-Statistik. <http://www.admin.ch/FOPH/infekt/aktuell/aids/d/AIDSINFO.html>. [Zugriff: 18.Januar 2000].
- Federal Office of Public Health (1998). *Massnahmenpaket Tabak (MPT). Aktivitätsbericht 1996-1997. Perspektiven 1998-1999*. Bern: Autor.
- Federal Office of Public Health (1997). *Leitfaden für die Planung von Projekt- und Programmevaluation*. Bern: Autor.
- Federal Office of Public Health (1996). *Massnahmenpaket zur Verminderung der gesundheitsschädigenden Auswirkungen des Tabakkonsums*. Bern: Autor.
- Federal Office of Public Health (1995a). *Die Schweiz im europäischen Vergleich*. Bern: Autor.
- Federal Office of Public Health (1995b). *Massnahmenpaket zur Verminderung der gesundheitsschädigenden Auswirkungen des Tabakkonsums*. Bern: Autor.
- Cloetta, B., Abel, T. & Zeyen Bernasconi, P. (1999). *Urteile zur schweizerischen Tabakprävention aus der Sicht von Experten und der Bevölkerung (Erweiterte Fassung). Teil 1 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.

- Cloetta, B., Wechsler, Y. & Müller, F. (1999). *Die Fachstellen der Tabakprävention und ihre Beurteilung des Massnahmenpakets Tabak. Teil 10 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- El Fehri, V. (1993). *Förderung des Nichtrauchens in der Schweiz. Die Entwicklung in den letzten 10 Jahren*. Unveröffentl. Manuskript. Bern: Arbeitsgemeinschaft Tabakmissbrauch.
- Fava, J.L., Velicer, W.F. & Prochaska, J.O. (1995). Applying the Transtheoretical Model to a representative sample of smokers. *Addictive Behaviors*, 20 (2), 189-203.
- Gertsch, M. (1995). *Evaluation des Massnahmenpakets Tabak 1996-1999. Prinzipien, Aktionsplan und Finanzierung*. Bern: Federal Office of Public Health.
- Gmel (1995). Verwirrendes Zahlenspiel um Rauchertrends. *FOPH-Bulletin*, 20, 38-42.
- Gutzwiller, F., Wydler, H. & Jeanneret, O. (1996). Prävention und Gesundheitsförderung. In F. Gutzwiller & O. Jeanneret (Hrsg.). *Sozial- und Präventivmedizin. Public Health* (S. 191-197). Bern: Huber.
- Hengartner, T. & Merki, C.M. (1993). Heilmittel, Genussmittel, Suchtmittel: Veränderungen in Konsum und Bewertung von Tabak in der Schweiz. *Schweizerische Zeitschrift für Geschichte. Sonderdruck Vol. 43*. Basel: Schwabe.
- Hirter, H. (1993) (Hrsg). *Année politique suisse*. Bern: University, Institut für Politikwissenschaften.
- Hofmann, C. & Müller, F. (1999). *Fallstudie zum Tag des Nichtrauchens. Teil 4 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Institut d'économie et management de la santé (IEMS) (1999). *Rélation(s) entre la consommation taFOPHique et la taxation de tabac - divers scénarios*. Lausanne: Autor.
- Janin Jaquat, B. & François, Y. (1999). *Konsum psychoaktiver Substanzen bei Schülern in der Schweiz*. Lausanne: Schweizerische Fachstelle für Alkohol- und andere Drogenprobleme (SFA).
- Junker, C., Töny, G. & Abelin, T. (1999). *Wunsch, Versuch und Erfolg mit dem Rauchen aufzuhören. Ergebnisse einer Bevölkerungsbefragung in der deutschen Schweiz*. (Forschungsbericht). Bern: University, Institute for Social and Preventive Medicine.

- Krebs, H. & Demarmels, B. (1998). *Indikatoren für den Tabakkonsum in der Schweiz (Machbarkeitsstudie)* (Forschungsbericht). Bern: Federal Office of Public Health.
- Krieger, U., Krieger, M. & Mühlemann, R. (1991). *Rauchen am Arbeitsplatz*. Basel.
- Müller, F. & Hofmann, C. (1999a). *Die Beurteilung der Zielerreichung, des Verlaufs und der Auswirkungen des Massnahmenpakets Tabak aus der Sicht von VertreterInnen wichtiger Organisationen der Tabakprävention. Teil 7 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Müller, F. & Hofmann, C. (1999b). *Die Beurteilung der Zielerreichung und des Verlaufs des Massnahmenpakets Tabak aus der Sicht der dafür Verantwortlichen im Federal Office of Public Health. Teil 9 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Müller, F. & Hofmann, C. (1999c). *Das Massnahmenpaket und seine Projekte im Spiegel der Medien. Teil 5 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Müller, R., Meyer, M. & Gmel, G. (1997). *Alkohol, Tabak und Illegale Drogen in der Schweiz 1994-1997*. Lausanne: Schweizerische Fachstelle für Alkohol- und andere Drogenprobleme (SFA).
- NZZ (1998a 14. Mai). *Brundtland - die neue WHO-Generaldirektorin*. Neue Zürcher Zeitung, S. 5.
- NZZ (1998b, 16. November). *Neuer Plan für US-Vergleich mit Tabakindustrie*. Neue Zürcher Zeitung.
- NZZ (1997a, 14. Oktober). *Wieder Raucher in den SBB-Regionalzügen. Kostspielig-spontane Generaldirektion*, S. 13.
- NZZ (1997b, 6./7. Dezember). *Beim EU-Tabak-Werbeverbot zählt jede Stimme*. Neue Zürcher Zeitung, S. 23.
- NZZ (1997c, 5. Dezember). *Umstrittenes Werbeverbot für Tabak in der EU*. Neue Zürcher Zeitung, S. 21.
- Pfluger, D. (1999) *Tabakbedingte Sterblichkeit in der Schweiz 1996*. Bern: University, Institute for Social and Preventive Medicine.
- Pfluger, D. (1992). Im Jahr 1990 über 10 000 Todesfälle infolge des Rauchens in der Schweiz, *FOPH-Bulletin*, 8, 101-105.
- Schmid, H., Gmel, G. & Janin Jaquat, B. (1999). Neue epidemiologische Befunde zum Rauchen in der Schweiz. *Suchtmagazin*, 5, 3-13.

- Schüler, G. & Bopp, M. (1997). Deskriptive Epidemiologie: Fakten und Trends. In W. Weber, I. Rajower & P. Kleihues (Hrsg.). *Nationales Krebs-Bekämpfungsprogramm Lungenkrebs. Fakten und Handlungsbedarf* (S. 3-9). Bern: Federal Office of Public Health und Schweiz. Krebsliga.
- Schweizerische Fachstelle für Alkohol- und andere Drogenprobleme (SFA) (1999). *Zahlen und Fakten zu Alkohol und anderen Drogen, 1999*. Lausanne: Autor.
- Simonitsch, P. (1998, 28. Juli). „Wir möchten präventiv arbeiten“. *Tages-Anzeiger*, S. 32
- Van de Broucke, S., De Potter, B., Lenders, F. & Vinck, J. (1994). An assessment of the methodological quality of health promotion projects in flanders. *Arch Public Health*, 52, 261-277.
- Veen, C.A., Vereijken, C.J.M., van Driel, W.G. & Beliën, M.A.R.E. (1994). *Ein Instrument zur Analyse von Effektivitätsuntersuchungen im Bereich der Gesundheitsförderung und Gesundheitserziehung*. International Union for Health Promotion and Education, Regional Office for Europe. Utrecht: Landelijk Centrum GVO.
- Vitale, S., Priez, F. & Jeanrenaud, C. (1998). *Le coût social de la consommation de tabac en Suisse*. Neuchâtel: Institut de recherches économiques et régionales.
- Wechsler, Y. (1999). *Beurteilungen von Schlüsselpersonen zur schweizerischen Tabakprävention, zum Massnahmenpaket Tabak und zu den relevanten Zielgruppen. Teil 3 des Schlussberichts der Globalevaluation des Massnahmenpakets Tabak 1996-1999*. Bern: University of Bern, Unit for Health Research of the Institute for Social and Preventive Medicine.
- Weltgesundheitsorganisation (WHO) (1985). *Einzelziele für „Gesundheit 2000“*. Kopenhagen: Autor.
- Zeyen Bernasconi, P., Abel, T. & Cloetta, B. (1998). *MAREPS Schweiz: Ergebnisse der mündlichen Interviews und der Dokumentenanalyse: Zigarettenrauchen*. Bern: Unit for Health Research of the Institute for Social and Preventive Medicine der University of Bern.

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