Planning and implementing best practice mass media campaigns

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Session outline

1 WHY

Why mass media campaigns matter in tobacco control
WHO FCTC • MPOWER • role of campaigns

2 GOOD PRACTICE

What WHO considers best practice
Message • reach • context

3 HOW

How to plan and implement systematically
Understand • Plan • Develop • Channels • Test • Evaluate

4 APPLY and TAKE AWAY

Apply the principles and identify practical resources
Video • examples • scenario • WHO resources

Why mass media campaigns matter in tobacco control

A population-level intervention that can support behaviour change and comprehensive tobacco control

A WHO NCD “Best Buy”

Effective mass media campaigns that educate the public about the harms of tobacco use and second-hand smoke — and encourage behaviour change — are recognized by WHO as a highly cost-effective intervention.

Reach at population scale

Mass media can expose large numbers of people to tobacco-control messages repeatedly.

Support behaviour change

Campaigns can contribute to preventing uptake and encouraging tobacco users to quit.

Strengthen comprehensive tobacco control

Communication can reinforce the wider policy and programme environment in which behaviour change occurs.

Sources: Tackling NCDs: Best buys and other recommended interventions for the prevention and control of NCDs, 2nd ed.; WHO report on the global tobacco epidemic, 2025.

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Mass media campaigns in WHO FCTC and MPOWER

WHO FCTC Article 12

Calls on Parties to promote and strengthen public awareness of tobacco-control issues through education and communication.

Communication can help discourage tobacco use, prevent initiation, encourage cessation and mobilize communities.

MPOWER – W: Warn about the dangers of tobacco

Under W – Warn, countries communicate tobacco harms through effective health warnings on tobacco packages and anti-tobacco mass media campaigns.

Part of a comprehensive tobacco-control strategy

Mass media campaigns are most effective when they work alongside other measures – for example smoke-free policies, cessation support, health warnings, advertising restrictions and tobacco taxation.

Campaigns can explain, reinforce and build support for these measures.

What can anti-tobacco mass media campaigns do?

Prevent uptake
Increase knowledge of tobacco harms and help discourage initiation among people who have not yet tried tobacco.

Encourage cessation
Increase risk perceptions and motivation to quit, and connect tobacco users with quitlines or other cessation support.

Shift attitudes and social norms
Influence how tobacco use and second-hand smoke are perceived, helping to denormalize tobacco use.

Support policy action
Inform people about new measures, build community support, and help counter misleading tobacco-industry messages.

Source: WHO report on the global tobacco epidemic, 2025.

Menti Poll

What is the biggest challenge you face in planning and implementing a tobacco control mass media campaign?

Join at

menti.com

Code: 6540 2406

or answer in the chat

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What does WHO consider best practice?

Evidence-based planning

- Part of a comprehensive tobacco control programme
- Research on the target audience
- Materials pre-tested with the target audience and refined against campaign objectives

Implementation

- Television and/or radio
- Formal media planning and secured/purchased placement
- Earned media / journalists leveraged for publicity and news coverage

Evaluation

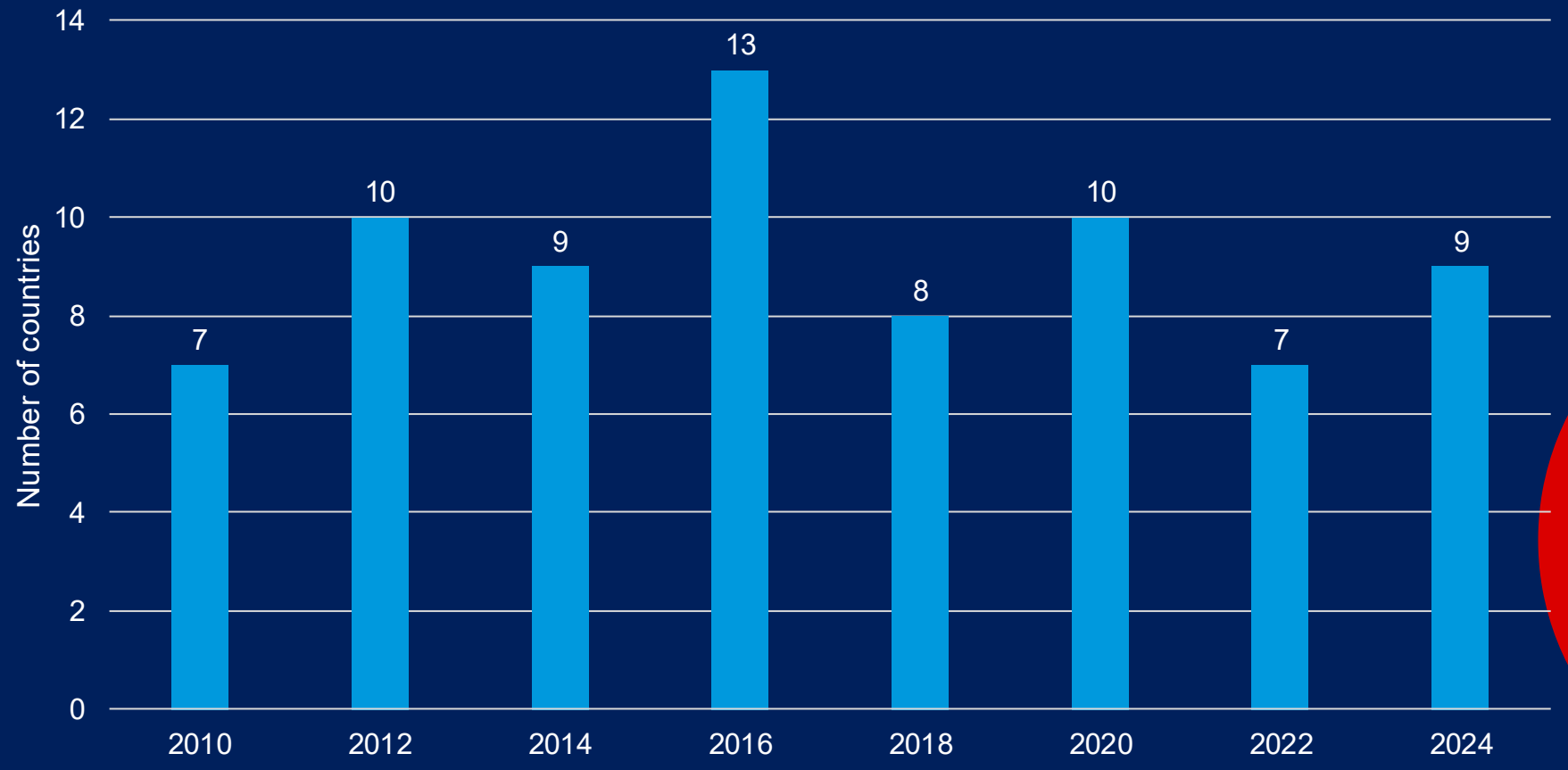
- Process evaluation to assess implementation
- Outcome evaluation to assess campaign impact

Eligibility: national campaign supporting tobacco control and running ≥3 weeks.

Source: WHO report on the global tobacco epidemic

Tobacco control mass media campaigns: Long-established but limited uptake

Implementation of ‘best-practice’ tobacco control mass media campaigns in the Western Pacific Region (n=28)



Source: WHO report on the global tobacco epidemic, 2011, 2013, 2015, 2017, 2019, 2021, 2023 and 2025

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Campaign planning and implementation cycle

Aligned to the *Reginal Action Framework for Communication for Health*, adopted at the 74th session of the Regional Committee for the Western Pacific.

It's a cycle – components are interconnected and iterative

→ Move between components as new insights emerge; you rarely go through it only once.

→ Refine objectives and messages as your understanding of the audience evolves.

→ Use monitoring and evaluation findings to strengthen future campaigns, not just to report on this one.

Adapted from the WHO WPRO's *Applying communication for health: planning guide*

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1. Understand context

Define the issue

What behaviour, exposure or policy problem needs communication support? Start with available surveillance, programme, policy and research evidence.

Understand the audience and fill evidence gaps

What do priority groups know, believe, feel and do? Use formative research where needed to understand barriers, motivations and media habits.

Map the policy and programme context

What measures or services are already in place? What upcoming policy or programme could the campaign reinforce?

How do you prioritize among competing issues?

Prioritization is about focusing where impact is most likely – start from the evidence.

Scale and nature of the problem

Where is tobacco use highest? Who is most affected? Who has influence over the problem?

Potential for impact

Where can communication most plausibly shift behaviour, awareness, or policy support?

Policy opportunity

What policies are already in place, and what is coming up that a campaign could reinforce?

Remember: imperfect data are still better than no data – surveys, policy data, regional estimates, or rapid stakeholder input to make an informed call.

2. Plan the campaign

Translate the problem into a focused objective, audience and feasible campaign approach.

Set a specific objective

What should change: knowledge, attitudes, intentions, behaviour, service use or policy support?

Prioritize the audience

Define the primary audience and, where useful, secondary audiences or influencers.

Plan for feasibility and reach

Agree budget, timing, partners, roles and the level of reach/frequency realistic for available resources.

Examples: campaigns can do more than communicate harms

SENEGAL: "SPONGE"

Adapted a proven campaign originally developed in Australia.

8 weeks across TV, radio and billboards + social media petition.

Reported results:
- >8,000 petition signatures
- 600% increase in quitline calls
- >50 press articles

Lesson: adaptation + reach + advocacy + evaluation.

VIET NAM: TOBACCO TAX

National campaign launched in March 2025 ahead of Excise Tax Law review.

Used TV, radio, digital and community networks; journalist workshops and a journalism award.

Lesson: campaigns can build public and political support for a specific tobacco-control measure and counter industry misinformation.

TANZANIA: EARNED MEDIA

2022 NCD Journalism Fellowship trained journalists to report on NCDs, including tobacco.

Resulted in 45 evidence-based stories across print, radio, TV and digital.

Lesson: strengthening media capacity can amplify trusted messages, counter misinformation and support policy dialogue.

Source: WHO report on the global tobacco epidemic, 2025

3. Develop messages

Choose a message approach that fits the audience and objective.

One clear takeaway

What is the single idea the audience should remember? What is the desired action or call to action?

Choose the right appeal

Options may include factual, testimonial/storytelling, emotional, social-norm or supportive/empowering approaches.

Ground it in audience insight

Use evidence to decide tone, messenger, language and framing; do not assume what will resonate.

Message approaches: there is no single formula

Emotional + factual

Strong emotions, including fear or sadness, can be effective when combined with factual information on tobacco harms and cessation resources.

Different framings

Loss, gain and social framing can all be used. Effectiveness may differ by age, gender, culture and the outcome being targeted.

Testimonials / storytelling

Personal testimonials can carry emotional weight and have shown effectiveness across populations, but may be context-specific. Storytelling is one option — not a requirement.

Example

Before we watch, consider:

- Who is the intended audience?
- What is the main message or desired action?
- What makes this communication memorable or effective?

“Smoking Kid”

Thai Health Promotion Foundation · Ogilvy Bangkok

youtube.com/watch?v=g_YZ_PtMkw0

What made it work?

Result, not just creativity: **The campaign was linked to a reported 40% rise in quitline calls – a reminder that campaign success should ultimately be assessed against its communication and behavioural objectives, not creativity alone.**

A genuine “human face”

Real children, real reactions – not actors reciting warnings. Not lecturing.

Emotional appeal grounded in relationship

The discomfort comes from love and worry, not from shock statistics alone.

One simple, testable message

“You worry about me, so why not about yourself?” – a single clear, memorable line.

4. Select channels and develop materials

Choose channels based on audience behaviour and the reach needed – then develop materials for those channels.

Reach the audience

Where does the priority audience get information? Consider TV, radio, digital, out-of-home, print and community channels.

Use an appropriate mix

Multiple channels can reinforce each other. Prioritize sufficient reach and frequency within the available budget.

Adapt before creating from zero

Existing WHO, partner or country materials may save resources, but adapt for language, culture, policy context and audience response.

A good message still needs sufficient exposure

REACH

How many people in the intended audience see or hear the campaign?

WHO report cites a CDC benchmark of reaching 75–85% of the target audience each quarter.

INTENSITY / FREQUENCY

How often are people exposed?

Repeated exposure helps a campaign cut through competing messages and supports recall.

DURATION

How long does it run?

Effects can take time. WHO uses ≥3 weeks as a practical minimum benchmark for national campaigns assessed in the report; sustained campaigns are preferable.

TRADITIONAL MEDIA STILL MATTER

Television, radio, print, and other traditional channels can still provide broad population reach.

DIGITAL PLATFORMS ADDS TARGETING AND INTERACTION

Online platforms, social media, mobile apps are increasingly important – but channel choice should follow audience and objective.

Source: WHO report on the global tobacco epidemic, 2025.

5. Pre-test materials

Test proposed messages and materials with people representative of the intended audience before launch.

Test comprehension and relevance

Is the intended message understood? Is it credible and relevant? Does anything confuse or distract from the main point?

Test the execution and call to action

How do people respond to the visuals, tone, messenger and emotional appeal? Is the desired action clear and feasible?

Refine before launch

Use findings to improve messages and materials before implementation. Pre-testing with the intended audience is one of WHO's best-practice criteria for anti-tobacco mass media campaigns.

6. Implement, monitor, and evaluate

Implement

Deliver the campaign according to the media and implementation plan. Coordinate partners and channels, document delivery, and address operational issues.

Monitor

Is the campaign being delivered as planned? Track placement, reach, frequency and other process indicators, and use findings to make timely adjustments.

Evaluate

Assess outcomes identified during planning – from reach and recall to changes in awareness, attitudes, service use, behaviour or policy support. Long-term outcomes may require population or surveillance data.

Where would you start?

Scenario

Adult smoking remains high. Cessation services are available but underused. Your Ministry wants a national campaign in three months, but the budget is limited.

What should the team do first?

A. Develop the advertisement

B. Choose the social media platforms

C. Define the priority audience and behavioural objective

D. Ask an agency to propose campaign concepts

From objective to campaign plan

How the six components connect in the same cessation scenario

UNDERSTAND

Why are cessation services underused? What do adult smokers know, believe and need?

PLAN

Priority audience: adult smokers open to quitting. Objective: increase quit attempts and service use.

DEVELOP

One clear message + call to action; select framing based on audience insight.

CHANNELS

Choose channels that can reach the priority audience with sufficient frequency.

PRE-TEST

Check comprehension, credibility, emotional response and clarity of the call to action.

EVALUATE

Track reach/recall, quitline or service contacts, quit attempts and learning for the next campaign.

How do you plan campaigns with limited resources?

Start from your constraints and available resources — then adapt, partner, and prioritize.

Use and adapt what exists

Use materials from previous campaigns, WHO, partners, or other countries as a starting point.

Leverage partners and platforms

Who can extend your reach — government, civil society, media, community networks?

Prioritize cost-effective channels

Which channels reach your priority audiences most efficiently (radio, digital, community)?

Conduct and use M&E wisely

Develop simple M&E to track delivery, learn quickly, and strengthen campaigns over time.

Best Buy in practice: cost-effectiveness and financing

HIGHLY COST-EFFECTIVE

WHO's updated NCD Best Buys identify effective tobacco mass media campaigns as highly cost-effective in low-, middle- and high-income settings:

< Int$100 per healthy life year gained.

COST-SAVING OPTIONS

- Earned + owned media
- Repurpose/adapt proven materials
- Free airtime where feasible
- Trusted public figures/influencers
- Partnerships with civil society
- Use digital to complement TV
- Share campaign materials

SUSTAINABLE FINANCING

- Government funding
- Earmarked tobacco tax funds
- Multiyear commitment within the national tobacco-control programme
- Where relevant, mechanisms that transfer costs in line with national law and the polluter-pays principle

Key point: Regular, sustained campaigns need financing to be planned.

Source: WHO report on the global tobacco epidemic, 2025.

WHO resources for further use and application

WHO FCTC Strategic communication toolkit for tobacco control policy change

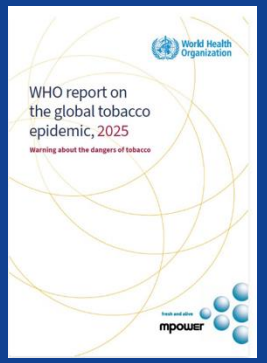
Step-by-step guidance for designing and implementing strategic communication interventions in support of tobacco control policy change.

Applying communication for health: planning guide

WHO WPRO's public six-step planning guide: understand, plan, develop, test, implement, evaluate and learn.

WHO report on the global tobacco epidemic, 2025

The tenth edition of the report focuses on W: warn about the dangers of tobacco, which includes anti-tobacco mass media campaigns.



Key takeaways

- **Mass media campaigns are part of comprehensive tobacco control:** WHO FCTC Article 12 and MPOWER W provide the foundation.
- **Start with the tobacco problem and understand the audience:** use available evidence and formative research to inform campaign planning.
- **Plan systematically:** define the objective and audience, then develop messages and select channels based on audience insight and available resources.
- **Pre-test before launch, then monitor and evaluate:** refine materials with the intended audience, track implementation, and assess outcomes against the campaign objectives.
- **Use, adapt and repurpose existing resources:** Build on materials from previous campaigns, proven materials from other settings, and available guidance, partner resources, rather than starting from scratch.

Thank you.

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