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SMOKING MONEY

Exploring Tobacco Industry Interference in Global Health Policy
through Front-Group Organisations

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Geneva Graduate Institute of International and Development Studies

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*Exploring Tobacco Industry Interference in Global Health Policy
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In partnership with the Swiss Association for Tobacco Control (AT Schweiz)

Report 2022



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1. Introduction

1.1 Swiss Association for Tobacco Control (AT Schweiz)

Tobacco is one of the leading risk factors for deadly diseases worldwide. It is estimated that tobacco consumption (smoked, second-hand, and chewing) causes approximately 8.71 million deaths per year (Murray et al. 2020). Although global smoking rates dropped from an average of 22.7% of the total world population in 2007 to 17.5% in 2019 (WHO 2021a), there are still about one billion smokers worldwide (WHO 2021). Additionally, the increasing popularity of **alternative “smokeless” products poses new challenges** for policymakers. The greatest obstacle to progress in reducing the deadly consequences of tobacco use is industry interference in public health policy (AT Schweiz 2022). Monitoring and researching tobacco industry tactics and holding the tobacco industry accountable for its actions are, therefore, essential to the success of tobacco control. Moreover, experience with tobacco products and companies has shown that early intervention can be crucial in minimising long-term hazardous health outcomes (WHO 2021).

Since its founding in 1973, the Swiss Association for Tobacco Control (AT Schweiz) has been the main Swiss NGO working in tobacco control. AT Schweiz works on behalf of and in consultation with its 50+ member organisations to strengthen the structural conditions necessary to reduce tobacco and nicotine consumption. As part of its knowledge and advocacy work, it conducts research to expose the mechanisms the tobacco industry uses to improve its reputation and obstruct tobacco control policies or laws that may be harmful to its profits. One such mechanism is the setting up or funding of **third-party organisations, or “front groups”, which might enjoy greater credibility in the public health space**. These front groups tend to act like NGOs and claim independence from the tobacco industry while being funded by the tobacco industry (Tanca et al. 2020). AT Schweiz wants to expand its research on the interplay between global health organisations and tobacco companies in Switzerland. This interaction is often opaque and increasingly occurs indirectly through front-group organisations.

1.2 Research aims

The purpose of this paper is to investigate specific NGOs, charitable foundations and organisations in Switzerland that have been created or funded by the tobacco industry. We use a qualitative approach to collect evidence that highlights the discrepancies between the stated aims and activities of these organisations. Through this research, we aim to shine a light on the tobacco industry and its web of front groups in global health. We hope that a greater understanding of how front groups operate at the international level will lead to more robust policy measures to exclude them.

Overarching Research Question

- Through what mechanisms do tobacco-funded front groups attempt to influence global health/tobacco control debates in Geneva in the interest of big tobacco?

Primary Research Questions

- How do front groups position themselves in the global health landscape?
- How do global health stakeholders perceive the role and activities of those organisations?
- What are the implications and consequences for global tobacco control efforts?

2. Background

2.1 Threat to the tobacco industry

At the beginning of the 1950s, new scientific research established a causal relationship between smoking and lung cancer. These publications reinforced the accumulated evidence **of tobacco's negative effects on health, thereby jeopardising the tobacco industry's flourishing cigarette market** for the first time (Doll and Hill 1999, cited in Palazzo & Richter 2005). Additionally, the dissemination through the media made this evidence accessible to the public (Brandt 2012). As a reaction to these studies, which represented a threat to their very existence, tobacco companies began to support and sponsor research that linked lung cancer to factors other than smoking and to question nicotine's addictive nature, using aggressive marketing strategies (Palazzo & Richter 2005). The uncovering of these strategies throughout the years resulted in a loss of the tobacco industry's credibility as a morally responsible business actor. They also created momentum for a stronger global framework on tobacco control.

2.2 Global response: Framework Convention on Tobacco Control

In an attempt to counter industry strategies and reinforce worldwide tobacco control policies, the Framework Convention on Tobacco Control (FCTC) was developed and adopted by the World Health Organisation (WHO) in 2003. With 181 countries that have ratified it, this first international legally binding treaty in global health has been one of the most rapidly and widely adopted treaties in United Nations history (Hoffman et al. 2019). It marked a significant achievement in cooperation to counter the tobacco epidemic, allowing for better leadership and strategic direction in an increasingly globalised tobacco industry system (Yach and Bettcher 2000). **The FCTC's overall aim is to reduce tobacco consumption and ensure that governments prioritise public health over industry profits** (WHO 2021b). It further provides harmonised guiding principles regarding the cultivation, production, and sale of tobacco products (WHO 2003).

Article 5.3 of the FCTC particularly addresses the issue of political interference and is therefore strongly related to corporate social responsibility (CSR) activities and front-group **strategies. It specifies that "Parties shall act to protect public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry in**

accordance with national law” (WHO 2008), by requiring transparency and rejecting any types of engagement and association with the tobacco industry, including financial and in-kind donations, promotion and sponsorship, CSR initiatives and common meetings or events, as well as by raising public awareness of their tactics (WHO 2021b & Diethelm 2019).

2.3 Swiss context

The international institutions headquartered in Geneva, for instance, the WHO, are particularly exposed to political interference. While Switzerland signed the FCTC in 2015, it has not been able to ratify it, due to insufficient restrictions on tobacco sponsorship and advertising (Diethelm 2019). Only in February 2022 did Switzerland accept a civil initiative to introduce a ban against tobacco advertising targeting children and young people in the national legislation (Turuban 2022). However, this ban may only come into force in 2024.

Switzerland is, therefore, an appealing destination for tobacco multinationals to **operate in. This is reflected in the tobacco industry’s strong presence in Switzerland in terms of headquarters, operational offices and production sites.** Philip Morris International (PMI), **which owns the world’s best-selling cigarette brand *Marlboro***, has its headquarters in Lausanne and a cigarette factory in Neuchâtel (Burnand 2018). British American Tobacco (BAT) has a strong presence in Lausanne and a factory in Boncourt. Japan Tobacco Group (JTI) has its headquarters in Geneva. This strategic location gives the tobacco industry unique access to international organisations working in tobacco control, such as the WHO. Considering its economic importance and broad partnership network, the tobacco industry **was able to influence and undermine Switzerland’s tobacco control policy over the last 60 years** through considerable and often concealed advocacy efforts (Lee & Glantz 2001 & Diethelm 2019). The international cooperation system and, in particular, global health agencies in Geneva remain very vulnerable to policy influence and opaque interference processes by big tobacco, due to a lack of centralised instruments to monitor advocacy and lobby activities, **similar to the European Union’s mandatory Transparency Register (Hawkins & Holden 2018).**

2.4 New challenges in tobacco control

Particularly in recent years, the tobacco industry has undergone a self-proclaimed “transformation” away from traditional cigarette products. As evidence of this shift in framing, **the homepage of the Philip Morris website is now centred on “Delivering a smoke-free future”** (PMI 2022). Since the early 2000s, this has been accompanied with a rise in new tobacco products on the market, including electronic nicotine delivery systems (ENDS) – such as e-cigarettes and vapes – and heated tobacco products. The big tobacco companies promote these products as less harmful than regular cigarettes. The idea of harm reduction is not new. The concept became prominent in the mid-1980s as a policy response to illicit drugs, including heroin. Harm reduction to minimise the negative health, social and legal impacts associated with drug use is widely supported by public health experts and has become an integral part of drug policy (Rhodes and Hedrich 2010). Since the 1950s, the big tobacco companies have

promoted their product innovations, such as cigarette filters or “light cigarettes”, as reducing risks to health in order to increase sales (Hird et al. 2022). In a leaked internal document in 2014, PMI described one of its strategic goals as to “establish the concept of harm reduction as legitimate public policy in tobacco regulation” (Reuters, 2014). However, tobacco harm reduction remains controversial as the products still contain nicotine, the same addictive substance as traditional cigarettes.

The variety of products and the lack of independent research make it difficult to assess the health consequences of emerging products (O’Connor et al. 2022). Nevertheless, the WHO advocates for stricter measures against ENDS consumption like prohibiting or restricting the manufacture, sale, and use of ENDS (WHO, 2021a). Research suggests these new products are not achieving their alleged purpose. While ENDS products were originally introduced as aids for smoking cessation, studies show that the prevalence of ENDS products is increasing the rate of nicotine addiction among non-smokers (Miech et al., 2019). For example, in Australia, which has some of the strictest tobacco control laws in the world, vaping rates among youth doubled between 2016 and 2019 (Davey & Rose, 2022). Moreover, the distinction between the vaping industry and the big tobacco industry is increasingly blurred. For example, PMI’s American branch, Altria, bought a 35% stake in the Juul Labs e-cigarette company in December 2018. Since the new products are not advertised in all countries, but mainly in high-income countries where consumption of conventional cigarettes is declining, rather than in low-income countries where consumption of conventional cigarettes is still increasing, the industry’s harm reduction efforts seem less sincere (Edwards et al. 2022).

2.5 Front groups

The industry’s loss of credibility on the world stage has led it to embrace new tactics. These tactics go beyond the usual advertising and lobbying approaches and involve a whole battery of legal and illegal strategies. These include attempts to fragment and weaken the public health community; disputing and suppressing public health information; influencing “upstream” policies, such as trade treaties to prevent stronger health regulations, facilitating tobacco smuggling and using it as an argument to fight tobacco control; or using litigation or the threat of litigation to blackmail small countries (Lee et al. 2012; Mamudu et al. 2008; Saloojee & Dagli 2000; STOP 2019; WHO 2021).

Due to the increasing difficulty in interfering in the policy process, tobacco companies have shifted to more opaque paths of interference. Similar to the credibility of scientists used in the second half of the twentieth century, the tobacco industry now exploits the credibility assigned to other “third party actors”. This has led to opaque “webs of influence” that are harder to discern (Hird et al. 2022, p.302). According to Fooks & Gilmore (2013), front groups play a crucial role in the new third party advocacy strategy. These organisations or business associations typically have the following common characteristics (Tanca et al., 2020):

- They are partially or totally financed by the tobacco industry or intermediary foundations, yet mostly claim to be independent of it;

- They play a central role in advancing the industry's political goals and agenda in spheres where tobacco company officials themselves are not admitted anymore, and;
- They advocate for policy proposals contradicting the global health community's recommendations, for example through public relations and lobbying campaigns, through the promotion of industry-funded “research” and “reduced-risk nicotine products” as solutions to tobacco use, or through the support of national and international economic and development programs (GGTC 2021).

An illustration of this front group strategy is the creation in 2017 of the non-profit Foundation for a Smoke-Free World (FSFW) by tobacco giant PMI, which committed to allocating US\$1 billion over the next 12 years (GGTC 2018). The Foundation's official goal is “to accelerate the end of smoking and tackle the consequences for tobacco farmers”. Despite FSFW's public promise to seek other funding sources, PMI remains its only funder as of November 2022, seriously questioning the organisation's alleged independence from the tobacco industry. There is evidence of the FSFW's actions being aligned with PMI's corporate affairs strategy, and FSFW made repeated attempts to infiltrate the global health spheres of influence and shape public discourse by attending academic conferences or even publishing in reputable scientific health journals (GGTC 2021, Briggs & Vallone, 2022). However, its efforts were partly countered in 2019 when an *Open Letter to Urge WHO Executive Board to Reject Foundation for a Smoke-Free World*, signed by 279 health organisations and public health officers, was published and publicly disseminated (Global Public Health Community, 2019). The letter led several organisations to end their collaboration with FSFW.

The FSFW now channels funding by awarding grants to several organisations including universities, think tanks, NGOs and consultancies. Frequently, the funding is neither disclosed by the organisations nor mentioned on the FSFW website (Tobacco Tactics 2022). This raises the suspicion that some of these groups advocate directly or indirectly for the interests of tobacco companies. In any case, the funding by tobacco companies creates a conflict of interest.

Although there has been some research on the use of front groups by tobacco companies on the national or local level, surprisingly little is known about the front groups that operate at the international level, for example, in global health fora in Geneva. In the context of global tobacco control, Geneva is a key player as it is home to the FCTC Secretariat. Therefore, we believe the existence of front-group organisations which interact with international actors in Geneva warrants further investigation.

3. Methodology

Our research design is based on qualitative interviews. The interviewees were divided into two categories. Category one includes front-group organisations and actors affiliated with the tobacco industry. Category two is global health experts.

3.1 Identifying interview partners

3.1.1 *NGOs and/or foundations.* The canton of Vaud was added as a location as the three tobacco companies (PMI, BAT & JTI) described in the introduction are located in the cantons of Vaud and Geneva.

Inclusion Criteria
Organisation located in canton Vaud or Geneva
Organisation financed by the tobacco industry
Organisation advocates against tobacco control
Organisation has links to global health organisations in Geneva

The last inclusion criterion “has links to global health organisations in Geneva” refers to organisations trying to participate in global health conferences in Geneva or interact with global health stakeholders. We identified the following organisations that align with the inclusion criteria: “Eliminating Child Labour in Tobacco Growing Foundation (ECLT)”, “International Network of Nicotine Consumer Organisations (INNCO)” and “Health Diplomats”. The organisations were chosen based on the findings of the literature research. Despite multiple front-group organisations, the three mentioned above were the only ones located in Geneva and Vaud with sufficient evidence to be identified as tobacco industry-funded. As we did not receive any response from the identified organisations, we adapted our inclusion criteria and contacted further stakeholders, who aligned with a minimum of two of the four inclusion criteria. This adaptation of criteria led to an interview with Interessengemeinschaft E-Dampfen (IG-ED), which is a member organisation of INNCO and a meeting with representatives from JTI.

The Eliminating Child Labour in Tobacco-Growing (ECLT) Foundation. The Eliminating Child Labour in Tobacco-Growing (ECLT) Foundation is a Swiss non-profit organisation based in Geneva. It was founded in a joint effort of the tobacco industry, tobacco trade union, and tobacco growers in September 2000 (ECLT 2022a). The foundation received US\$247,000 in member contributions from the tobacco industry in 2001. This number quickly rose to about US\$1.1 million in 2002 and reached US\$5,737,521 in 2021 (ECLT 2003; ECLT, 2022b).

ECLT had public-private partnership agreements with the International Labour Organisation (ILO) and remains part of the Child Labour Platform of the UN Global Compact, which it joined in 2015. After pressure from the WHO and allied groups concerned with ECLT’s connection to tobacco companies, the ILO ceased its cooperation with ECLT in 2018. Nevertheless, the ILO is still listed as a non-executive advisor on the ECLT website.



Furthermore, until 2017, the ILO had received US\$5.3 million in funding from ECLT without disclosing the intended use (ILO 2017). Save the Children Switzerland is another credible organisation that has served as an adviser to the board of ECLT. The staff of ECLT is composed mostly of former UN employees with experience in human rights or development (ECLT 2022a). **This expertise is likely meant to enhance the credibility of the foundation's operations and thereby the reputation of the participating tobacco companies.** Conversely, the board of the foundation is composed exclusively of tobacco companies – including BAT, JTI and Imperial brands – and tobacco growers. The International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF) left the foundation in 2013 after disputes over the goals of the organisation (ILO 2017 & Tobacco Tactics 2022c).

The effectiveness of ECLT's activities in combating child labour is questionable. The foundation's projects include safety and health training, crop diversification, education, and savings programmes. ECLT claims to have “removed or kept away” 204,000 children from child labour. However, critics argue that these activities are only a drop in the ocean and distract from the structural issues that tobacco companies are unwilling to tackle (Boseley 2018, ILO 2017, SEATCA 2016 & TOAWUM 2017). Thus, albeit the activities of ECLT might be beneficial to some farmers, they are likely part of a wider CSR strategy to avoid taking on the root causes of child labour, such as increasing leaf prices and living earnings (Boseley 2018).

INNCO. The International Network of Nicotine Consumer Organisations (INNCO) is an international non-profit organisation registered in Geneva. It is a coalition of non-profit consumer advocate organisations focused on tobacco harm reduction, including many vapour advocacy groups. According to its website, it is funded by the FSFW (INNCO 2022), receiving US\$983,555 between 2018 and 2021 at an increasing rate (Tobacco Tactics 2022b). However, INNCO claims that there is no conflict of interest since Phillip Morris and the foundation are formally separate entities. This ambiguity allows the organisation to assert that it receives no funding from the tobacco or vapour industry. INNCO claims to regularly engage with UN bodies, governments and state departments, non-profits, and the private sector (INNCO 2022). **The WHO appears to have a mixed stance on the organisation. In particular, INNCO's application for observer status to the FCTC 8th Conference of the Parties (COP 8) was denied by the WHO (WHO 2018).** INNCO upholds the narrative of a grassroots-based consumer advocacy group while simultaneously receiving funding from one of the biggest tobacco companies.

Health Diplomats. Health Diplomats is a health and consulting company based in Vaud close to Geneva. Its website states that the organisation's “current work, in advancing tobacco harm reduction policies, science and products, is in partnership with Nicoventures, a subsidiary of the British American Tobacco company” (Health Diplomats 2022). In an outdated version of the website, the central role of Geneva in global health policy is emphasised. Health Diplomats claims that it “serves as a primary focal point for interaction with key decision makers” (Health Diplomats 2009). In this regard, it offers the following services: strategic planning and policy

evaluation, think tanks and research, advocacy and lobbying, partnership and coalition building, and communication campaigns (ibid.).

The company was founded in 2007 by Delon Human, a South African medical doctor who was repeatedly involved in supporting the interference attempts of tobacco companies. He served as Secretary General of the World Medical Association from 1998 to 2004 (WMA 2004) and has worked as an adviser to the WHO Director-General and UN Secretary-General Ban Ki-moon (Human 2022). However, the WHO ended the cooperation after Human's involvement with the tobacco industry became apparent (Tobacco Tactics 2022a).

His main focus is tobacco harm reduction. He has set up two other consultancy and advocacy organisations, the African Harm Reduction Alliance (AHRA) and NicoLIFE (no longer active). Furthermore, he has been invited to various tobacco industry events as a guest speaker (Tobacco Tactics 2022a). In particular, he has helped BAT in legitimising its harm reduction efforts by providing consultancy reports and lending his voice. In South Africa, the AHRA has engaged in undermining the Tobacco Control Bill, arguing for the exclusion of e-cigarettes by **claiming a lower risk profile (Saturday Star 2018)**. Human's endeavours are a prime example of how different tobacco interference strategies are combined and interrelated. He is an interesting interview partner because he operates at the intersection of health governance and **business interests and is practically a mirror image of the tobacco industry's interference efforts**. The harm reduction approach functions as a vehicle to support market development in alternative products such as e-cigarettes and in cannabis products. The aim is to diversify the revenue streams and protect the business against the long-term downward trend of tobacco consumption. Human is involved in all aspects of these strategies.

3.1.2 Global health experts. Most of the interviewees from category two were proposed by our partner organisation AT Schweiz. In addition, we used snowball sampling. At the end of each interview, we asked the interviewee if they knew any other experts who would like to participate in our research project. A positive aspect of snowball sampling is that interviewees often refer to a person who is like them and, therefore, likely to align with the set inclusion criteria. Moreover, snowball sampling is useful when facing difficulties in obtaining interviews with the target group (Magnusson & Marecek, 2015). By using this approach, we received the contact details of five further potential interviewees, four of whom we interviewed.

3.2 Interviews

In total, the research team interviewed eight global health experts and two stakeholders related to the tobacco industry.

The research team conducted semi-structured interviews with open-ended questions to allow participants more freedom to express their opinion (Magnusson & Marecek, 2015). We developed different interview guides for category one (industry stakeholders) and category two interviewees (global health experts). We also adjusted the interview guide (Annex A) depending on the person interviewed. For example, for interviewees with little knowledge of



the Swiss context, we excluded the question about Switzerland ratifying the FCTC. We contacted the interviewees via email, LinkedIn and Instagram. Our partner organisation, AT Schweiz, reached out to public health experts on our behalf. This lent greater credibility and trust to our research. Notably, several people stated that they only agreed to be interviewed **because of the organisation's referral. As different team members transcribed the interviews**, we set transcription rules to ensure consistency across transcripts (Annex B). The interviewees of both categories were contacted within the time period of July to October 2022.

3.3 Ethical considerations

The interview guideline was sent to potential interviewees from category two via email before the interview took place. In contrast, interviewees from category one (industry stakeholders) were directly contacted by the research group and did not receive the interview guide in advance. Although it is best practice in qualitative research to send the interview guideline in advance (McGrath et al. 2019), we took an investigative approach and, therefore, could not reveal the exact content of our questions, to prevent prepared responses from the tobacco-funded NGOs.

The interviews took place in person when possible. The interviewee answered the questions voluntarily and could stop the interview at any time. If the interviewee agreed, the conversation was recorded for the purpose of transcription. The name of the interviewees related to the tobacco industry are kept confidential as indicated in the Graduate Institute Research Ethics Guidelines (IHEID 2018) and are only accessible by the research team and partner organisation AT Schweiz. Due to the investigative approach we took, the interviewees from category one were given different information compared to interviewees from category two when requesting an interview. We informed interviewees from category one about a research project on private-public partnerships as well as synergies between non-governmental actors and the private sector. Category two was informed about the interference of tobacco front-group organisations in global health Geneva. Because the information was framed differently when requesting an interview, the names of the interviewees of category one are kept confidential.

3.4 Data Analysis

We used an inductive approach to interpret the 10 transcripts. The inductive approach in qualitative research is based on the idea that patterns and themes emerge from the data collected, rather than defining categories before the data is analysed (Srivastava & Hopwood 2009). In the first stage, we read and reread the transcripts several times, using a line-by-line approach to review and code the data on NVivo. We then reviewed **each other's codes**. In the second stage, we met regularly to discuss the key themes that emerged from the data and contrast our interpretations. Throughout this process, we referred back to the literature and our research questions to ensure our findings were relevant. The following diagram illustrates

the data analysis procedure, which is aligned but not identical to the thematic analysis framework (Braun & Clarke 2013).



4. Findings

4.1 Complex stakeholder relations

One central result of our interviews was that the stakeholder structure inside the realm of global tobacco control seems to be more complicated than assumed. First, there is the tobacco control community, which overlaps significantly with the global health community. This “epistemic community” includes global health experts, active in academia and NGO settings, and regulators that work for national agencies and international organisations (most prominently, the WHO). The majority of our interviewees stem from this group. Madumu et al. (2011) identify four different roles that these actors can take on. Some perceive their role as being pure researchers/scientists or pure advocates (e.g. NGOs) whereas others see themselves in a double role as researchers and advocates. The FCTC and conferences like the World Conference on Tobacco or Health (organised by the WHO) provide fora to these actors and tend to deliberately exclude other tobacco stakeholders.

As will become obvious, the interests of this group are not always homogeneous. However, the assumption in the literature – and also among some interviewees – was that this community has a monolithic anti-tobacco industry stand that emphasises stricter health regulation on the sale of cigarettes and other nicotine products (extending to new nicotine products). In particular, the interviewees emphasised the unusual involvement of NGOs in the process of the FCTC, especially during its formation.

On the other side, we find the tobacco industry that acts first and foremost in its commercial interests. Declining cigarette sales pose a major challenge to these interests, so the tobacco industry creates new strategies to protect their markets. Additionally, as one public health expert emphasised, tobacco companies have a mixed stance on new nicotine products depending on how competitive they view their own new products in generating revenue. The market for alternative nicotine products is much more competitive and less concentrated, and cigarette manufacturers have lower shares accordingly (Levy et al., 2019). However, in recent years tobacco companies have acquired existing producers to increase their market power. In combination with stricter regulations that entail greater capital requirements, this could lead to the greater market dominance of the big tobacco companies in the future.

The double strategy of, for example, Philip Morris, which pushes for a “smoke-free world” (i.e., new nicotine products) while simultaneously protecting its “conventional” cigarette sales seems like a logical consequence of this market still in the formation stage. Nevertheless, what exactly the commercial interest of the tobacco industry entails concerning the future of smoking is not self-evident and depends largely on their assessment of the balance between the ability to create new revenue streams and the alternative products endangering their conventional profits.

The interviews revealed that another unexpected set of stakeholders comes from the policy spaces that are not directly related to tobacco, tobacco control or health policy. Because of our international focus, these were primarily stakeholders from the UN agencies, but it also became clear that national policy actors in other fields are also very relevant in the interference efforts by the tobacco industry. According to several global health interviewees, the UN agencies are primarily interested in making progress in their field which is not necessarily aligned with public health interests. For example, while many UN organisations encourage private sector involvement, it is strictly prohibited in the FCTC for tobacco companies. As we will see, this poses several challenges for public health interests.

Between these more clearly positioned sides, there are a number of stakeholders that occupy the space in between. The so-called “front groups” described earlier can now arise among many of these stakeholder groups, mostly in the form of NGOs or other private actors albeit not exclusively. This is one characteristic that makes it difficult to identify them.

However, as we will see later, the current tobacco control debate around the legislation of new smokeless nicotine products, which is also pressing in the context of the FCTC, might alter the stakeholder structure significantly. Some of our global health interviewees conceded that there existed a divide on the issue inside the global health community. Nevertheless, so far, formal access to the FCTC COPs seems to be restricted for proponents of new nicotine products.

4.2 Perception of frontgroup organisations

All of the global health interviewees were aware of the existence of tobacco-funded front-



group organisations in Switzerland. Moreover, they agreed on the role of these front groups in the international policy making space. This role consists of providing credibility to the tobacco industry, being the voice of the tobacco industry (by countering messages that could hurt the industry) and opening doors for the tobacco industry. The majority of public health interviewees confirmed that global health policymakers are vigilant about front-group tactics. **The tobacco industry's reputation is well-known** in the global health community. Accordingly, there have been increasing efforts in recent years to exclude the industry and their front groups from global health fora in Geneva. Actors in this space do their due diligence to check the background of potential conference participants and keep each other informed of any conflicts of interest. **For example, INNCO's repeated failure to gain observer status to the COP shows that global health organisations are aware that the organisation's aims and activities do not align with the FCTC.**

Global health experts also expressed scepticism on whether front groups have a positive impact in the areas they claim to be working in. Over twenty years later, **ECLT's impact on reducing child labour is questionable.** Several interviewees pointed out the discrepancy in the amount of funding ECLT receives and its activities, which are only in a select few tobacco-growing countries. When asked about ECLT's work in child labour, one interviewee responded, **"At best they do nothing and at worst they make it worse".** This sentiment reflects the views of most of the global health experts, who see front groups as pure instruments of public relations. Given the obstacles front groups face in engaging directly with global health institutions, it is unsurprising that front groups have expanded their efforts to other avenues.

Non-health actors as an access point. One of the most striking takeaways from the interviews was how active the tobacco front groups are in international policy areas that are not directly related to health, for example, human rights and child labour. Several interviewees remarked that UN agencies (apart from the WHO) are more susceptible to influence by tobacco front groups because they are less aware of tobacco industry tactics than actors working in public health. Notably, one interviewee described front groups as **"a tool to reach stakeholders that are not used to tobacco stakeholder tactics".** This demonstrates how the industry has strategised to form new partnerships in international Geneva.

Furthermore, tobacco companies frequently can take advantage of the silo-like characteristics of the UN system. Since there are different bodies responsible for each issue, the industry has many entry points that front groups can target. Attacks on multiple fronts are also made possible by the missing collaboration and awareness between, for example, trade issues and NCDs. One global health expert claimed that they were using these other UN entities and fora as bridges into the sphere of global health. An often-cited example was the International Labour Organisation, which received funding from tobacco companies for a long time before terminating all their contracts in 2018 (ILO, 2017). ECLT was able to establish a private-public partnership with the ILO because of its engagement with the issue of child labour in tobacco growing. Additionally, ECLT was able to normally participate in their meetings because the ILO was not bound by Article 5.3 of the FCTC. Engaging in these other



policy areas is perceived as a key mechanism through which tobacco-funded front groups try to gain access to global health/ tobacco control debates in Geneva in the interest of big tobacco.

Individuals as an access point. Another important finding is that single individuals can be an access point for tobacco companies in connection with front groups. Important in this regard is the “revolving door” phenomenon. Several interviewees pointed out that Delon Human is not the only policymaker or global health advocate that has moved between the industry and the global health community. A perhaps more prominent example is Derek Yach who has moved from being one of the driving forces behind the FCTC to the president of PMI’s Foundation for a Smoke-Free World. Front groups seem to serve these people only as a vehicle to spread their message. Sometimes, as in the case of Human, these organisations are founded by the switching actors themselves. At other times, the actors switch from global health to front groups directly, which may create the appearance of greater legitimacy compared to working for the industry itself. Front groups in this context may serve the purpose of holding up the status as global health advocate as long as possible. After all, this status and legitimacy is the resource the tobacco companies want to tap into. However, this also means that delegitimizing (i.e. exposing) these people can be an effective means of lowering their value for tobacco companies. In the case of Delon Human, the exposure of his collaboration with the tobacco industry might have ended it, as one interviewee speculated. The revolving door phenomenon is also a reminder for the global health community that the tobacco industry’s deeper pockets are still a relevant factor in advocating against tobacco control policies.

4.3 Sowing division

Through the interviews, we elucidated that one mechanism through which tobacco-funded front groups attempt to influence tobacco control debates in Geneva in the interest of big tobacco is by dividing the global health community. A particularly contentious issue was tobacco harm reduction. In particular, interviews revealed that the global health community is divided over the benefits of new and emerging tobacco products. While it is unclear how big a role the industry played in establishing this divide, it has certainly succeeded in creating confusion around new tobacco products. A key moment was in 2015, when the UK government released a report claiming that e-cigarettes are “95% safer than cigarettes”, based on a single academic paper funded by EuroSwiss Health SA – one of Delon Human’s organisations (McNeill, 2015 & Nutt et al. 2014). Although the study was later debunked, it sowed confusion and discord in the global health community. Moreover, one interviewee noted that in leaked tobacco industry documents, including the leaked PMI 10-year corporate affairs strategy, PMI outright states that one of its goals is to split the global health community and “get the allies onside”.

INNCO plays a role in this strategy. Most of the global health interviewees were aware of the work of INNCO. This can both be an indication of the alertness of the global health



community and the effectiveness of INNCO in creating attention around their work. Interviewees pointed out that the connection between INNCO and Philip Morris through the Foundation for a Smoke-Free World is intentionally left obscure by INNCO and commonly missed by outside observers. **Some interviewees argued that INNCO ‘hijacks’ the language of global health and harm reduction to confuse governments and global health actors. One interviewee suggested that the goal of INNCO was “bringing the harm reduction arguments in front of the COP”.**

The harm reduction activists organised a parallel meeting to the FCTC called sCOPE (streaming Consumers On Point everywhere) which was concerned with harm reduction and vaping products. Its website purports that it was brought into being as a direct response to the **exclusion of stakeholders at the COP9. The event’s name underlines this connection. A global health interviewee claims that this event is directly targeted at the FCTC and that the activists are funded by Phillip Morris. The funding relationship could not be confirmed independently.**

INNCO has similarly been active at the COP events. It organised a protest in Geneva at the COP8, which according to both health experts and the EG-ED representative, who participated, included only a few people. However, whereas one global health expert still found it significant in disrupting traffic and creating attention that in sum contributes to their cause, the interviewee from IG-ED thought of it as highly ineffective and called the place remote from **anywhere close to getting people’s attention.**

Furthermore, the IG-ED representative informed us that the organisation European Tobacco Harm Reduction Advocates (ETHRA) is the European equivalent of INNCO, involving mostly the same organisations and people but working without any specific funding. ETHRA is **registered in the European Transparency Register but, according to this representative “[t]hat means that we can make official comments on various drafts, etc., which are then officially ignored. That is nominal democracy”.** Nevertheless, it might be worthwhile for the tobacco control community to observe their future activities and to gather and distribute background information on the organisation, adding, for example, an entry to TobaccoTactics.

4.4 Implications for global tobacco control efforts

One of the implications for global tobacco control efforts is the creation of echo chambers. Many interviewees pointed out that the debate on tobacco harm reduction has resulted in echo chambers in public health. Part of the problem is the lack of robust evidence and data associated with the newer tobacco products.

A part of the anti-tobacco harm reduction side does not believe that new tobacco products are designed to help people quit smoking. They argue that the harm reduction approach has been taken from the realm of drug policy making but does not have the same outcomes in the tobacco context due to the products used. For example, in the case of harm reduction for individuals addicted to heroin, they give them a non-addictive alternative. However, in the tobacco case, the alternative products still contain nicotine – which is an addictive substance. From this perspective, tobacco harm reduction is seen as a marketing



tool to legitimise new tobacco products such as e-cigarettes. Another interviewee pointed out that **“now in tobacco control if you say harm reduction, it’s synonymous to industry manufactured products”**. This side of the debate also believes that it is possible to have effective tobacco control without the aid of these new products.

In contrast, the pro-harm reduction side, which includes consumer-advocacy groups like INNCO, promotes a narrative that focuses on the alleged interest of the consumer. Two aspects are emphasised, on the one hand, a libertarian mindset that views robust e-cigarette regulations as impeding individual freedom, on the other hand, a health perspective which holds e-cigarettes to be an effective means of cessation.

Assessing the pro-harm reduction side is complicated by the involvement of the tobacco industry. **As stated earlier, it is hard to separate the tobacco industry’s stated position** on harm reduction from its commercial interests. Additionally, there are some consumers that have made the switch from traditional cigarettes to new tobacco products and, therefore, believe harm reduction is an effective approach to quitting smoking (Jhanjee, 2016). They are not necessarily front groups of the tobacco industry but they can still serve their interests. However, these consumers also possess a sense of agency. The interviewee from Interessengemeinschaft E-Dampfen described the relationship to big tobacco as rather ambiguous. According to him, the tobacco industry hurts **the consumer’s interests just as frequently as it serves them**.

An example might illustrate how both sides interpret the same facts differently and have different perspectives of each other's roles in the conflict. One global health interviewee remembered that a participant associated with INNCO was kicked out of a global health conference in Berlin. The same interviewee described this as an example of the watchdog-mechanism inside the global health community. However, the representative of IG-ED described a similar instance in very different terms (it is unknown whether it was the same instance). For him, it was just another instance of consumer voices being silenced because they are regarded as the enemy. According to him, they:

“are excluded because everything is supposedly just a conspiracy of the tobacco industry.

That is so absurd and perverse and they applaud it. Among other things, they applauded Duterte in the Philippines when he completely banned vapour, they celebrated him as a hero. Yes, a great hero who shoots down the population when they do something so bad. Or others...Yes, so it's a fight against huge windmills and David against Goliath...I wish... we are not David...”

A health expert described the roles of both sides in the conflict very differently:

“You need to understand that even though the tobacco control community is small, it's a bit like David and Goliath. We are one step ahead, because we know their intention and everyone knows their reputation. So suddenly when you prove that one organisation is linked to the



tobacco industry, that dismisses completely the validity and the trustworthiness of those organisations.”

This is a pertinent example of how the efforts in advocating for or against harm reduction can lead to very different vantage points and interpretations of the other side. Notably, the David against Goliath metaphor is evoked by both sides with reversed roles.

Similarly, tobacco companies offering various flavours are seen as a mechanism to make smoking e-cigarettes more attractive for youth by mainstream global health experts. As **one interviewee put it, “Don’t tell me that candy flavoured e-cigarettes are for adults, don’t tell me that chocolate chip cookie flavoured e-cigarettes are for adults”.** However, this point was contested by a consumer advocate who told us that the variation in flavours can be the deciding factor in perceiving the e-cigarette as an attractive alternative to the conventional cigarette.

Crucially, there are very few platforms where the harm reduction side and the anti-harm reduction side can talk productively. **One interviewee stressed, ‘all the people that support harm reduction kind of go to the same meetings and convince themselves it’s brilliant and all the people that don’t go to them convince themselves it’s dreadful. And bridging those two spaces is really difficult. And I would say neither group is entirely right’.** Since the pro-harm reduction side has been excluded from a lot of global health events, they often organise their own events and webinars.

One can also read this as a potential shift in the stakeholder structure. Whereas the tobacco control community was described, beforehand, as one “epistemic community”, the tobacco harm reduction issue seems contentious enough to alter this structure. One could argue that it has led to the development of a second and new albeit much smaller “epistemic community” that holds the conviction that tobacco harm reduction is an opportunity for global health.

4.5 Industry selfperception

In the discussion for a potential interview with employees of Japan Tobacco International, **we could identify some of the company’s framing and asserted perspectives on the topics discussed above.** Whereas the public health experts almost universally perceived the CSR efforts and involvement of tobacco companies in tobacco control policy discussions as not genuine and manipulative, JTI framed their own activities very differently. The main message read that JTI was hindered in contributing constructively to the issues at hand, such as through the concept of tobacco harm reduction. The lack of access to UN fora prevented JTI from helping in finding solutions. They also pointed to the self-proclaimed work they were doing in the areas of sustainability, harm reduction and illicit trade. The overall framing pointed towards JTI being a force for good that unjustly was targeted and **prevented from helping constructively due to a difficult past.** The company’s products’ harmful effects on health were framed as a matter of personal choice. Government

interventions, such as tobacco control regulations in Australia which led to a decrease in smoking rates, were portrayed as ineffective. The tenor was that people want to smoke no matter what the government wants and does.

4.6 Future challenges

One potential future research path that emerged from the interviews was the degree to which industries collaborate. Collaboration can happen both directly and indirectly. First, one can observe learning effects on the side of the food, alcohol and beverage industry. A global health interviewee confirmed that strategies regarding stakeholder involvement were often copied. Furthermore, the way health regulation develops on tobacco can be an indicator for some industries on how their industry will be regulated in the future. For example, the alcohol and food industries both fear health regulation in the future and, therefore, look for early warning signs and counter strategies. Another indicator of cross-industry collaboration could be the fluent exchange of staff between the tobacco and beverage industry. Derek Yach, who was one of the main figures involved in the advocacy for the FCTC, and who later became the **president of Philip Morris' Foundation for a Smoke-Free World**, worked between these two periods for the beverage industry. Similarly, Delon Human, as described above, was first a prominent figure in global health before moving into tobacco harm reduction, cannabis and working for the beverage industry. According to one health expert, this is not an uncommon occurrence.

Additionally, one global health interviewee pointed out that the lobbying firms working for big tobacco are aware that the cigarette market in Europe is declining. As a result, they are looking for new business opportunities and find them in other industries threatened by potential public health regulation. Lobbyists bringing their expertise to other industries should be a warning sign for public health advocates in other domains because they have to be aware to face experienced saboteurs. However, knowing their playbook beforehand could also be a significant advantage for regulators.

On the other hand, there are also direct collaborations between the industries. One interviewee recounted that the food industry paid a regional WHO Office in the Americas to not implement tax policies on tobacco as a part of the Global Action Plan on NCDs and the FCTC. The rationale was that if tobacco companies were taxed the food industry would quickly follow. The comment of another interviewee suggested even stronger interference. According to several, in his opinion, credible insiders, during the negotiations of the FCTC in 2003, the **USA would only agree not to block the treaty's implementation under the condition that the WHO would not attempt to regulate the sugar industry next.**

4.7 Research limitations

Even though we adapted the inclusion criteria ensuring further potential interviews of this category are aligned to a minimum of two criteria, a limitation of this research is the lack of potential participants from category one, who did not respond to our interview request. Due to

its similarities and connection to INNCO, the interview with IG-ED may be considered a proxy for INNCO. Another limitation is the social-desirability bias which is part of qualitative research. Interviewees may tend to answer the posed questions with what they perceive as socially valuable (Lavrakas, 2008). Therefore, it is unclear whether the interviewees will provide accurate information.

A final limitation is the different professional backgrounds of interviewees within each category. We did not include a quantitative analysis of the findings, such as a table with the number of codes for each theme, due to the heterogeneity of interviewees and the lack of data saturation. However, the codebook can be found in Annex C to illustrate the codes and descriptions found during the analysis. Lastly, due to the lack of responses by the front-group organisations, we interviewed JTI and a vaping association to receive further perspectives. The data analysis procedure is aligned to but not identical to thematic analysis by Braun and Clarke (2013).

5. Conclusion

This research has led us to five important lessons to answer our main research question: Through what mechanisms do tobacco-funded front groups attempt to influence global health/ tobacco control debates in Geneva in the interest of big tobacco?

One of the main findings is the increasing interference with non-global health actors by front-group organisations. From national to international actors, the lack of awareness concerning the FCTC has given front groups entry points from which to represent the tobacco industry. Due to its silo-like characteristics, the UN has been engaged with front-group organisations multiple times without evaluating any potential conflict of interest. The industry's interference also took place with non-global health actors at the national governmental level. Governments relying on tobacco growing are forced to make trade-offs between their socio-economic and global health agenda (Nguenha et al. 2021).

Moreover, the debate on tobacco harm reduction is perceived as a mechanism to divide global health actors. The limited scientific knowledge and data on new tobacco products have enabled front groups and the industry to frame its products in a positive light. Tobacco harm reduction is controversial within the global health community. On the one hand, new products are seen as a possible solution to reduce health risks. On the other hand, the tobacco industry uses the concept of harm reduction to be seen as part of the solution.

The approach of harm reduction, therefore, highlights another key finding, namely the **industry's desire to be part of the solution. The loss of the industry's credibility over the past years has led to the creation of new strategies including harm reduction and other CSR initiatives (Goldberg & Vandenberg, 2021 & Houghton et al., 2019).** JTI has repeatedly emphasised its role as a victim by not being able to actively contribute within the global health sphere despite its CSR efforts.

Front-group organisations can also use specific individuals to achieve their aims. Similar to the interference with non-state actors, it is often unclear which stakeholders and organisations are financed by and work for the tobacco industry. Thus, there are examples of



global health stakeholders who once advocated for the FCTC now working for a front organisation, if not directly for the tobacco industry. These revolving doors enhance the difficulty of identifying which actors are trustworthy and which are not.

Furthermore, future challenges might arise in other public health fields outside of tobacco control. The collaboration of other (arguably harmful) industries with and their learning from the tobacco industry should be a warning sign for public health experts. One might **observe a replication of tobacco companies' strategies including the use of front groups, the intensification of the use of lobbying firms and the pooling of resources among industries in combating health policies targeting the food, alcohol and beverage industries among others.**

Looking into the future, due to the industry's preparedness, financial weight, and untransparent mechanisms, more advocacy in the global health community but especially across domains is essential. There is a need for closer collaboration between international organisations to combat tobacco industry efforts. Especially organisations inside the UN system should aim to bridge knowledge gaps, also with regards to the FCTC, to avoid silo-like characteristics. The campaign of the public health community that led to the end of the ILO agreement with ECLT is a positive example of how awareness can be successfully raised. Global research platforms on the interference of the tobacco industry such as Tobacco Tactics should be promoted by WHO among member states including national governments, health departments and other sectors. Further investigation is needed to better identify tobacco-funded organisations and understand the interlinkage between different front-group organisations. WHO should promote evidence-based knowledge on harm reduction and new nicotine products to quickly establish a new consensus on the future of smoking in the public health community and raise awareness of the current and possible future tactics of the tobacco industry. Lastly, it is essential that middle and low-income countries receive financial and legal support when being influenced or threatened by front-group organisations or the tobacco industry itself.

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Appendix A. Interview Guidelines

1. Industry NGO/Foundation Side

Main Questions

- A. What are the aims and activities of your organisation?
- B. How does your organisation work and interact in the global health environment of Geneva?
- C. How does your organisation operate (stakeholder, organisational and financial structure)?

A) Aims and Activities

1. What are the aims of your organisation?
2. What are the activities of your organisation?
3. What impact does your organisation have in the countries it operates in? How do you measure this impact?
4. Why did your organisation choose Geneva as the location for its headquarters and to what extent has having headquarters in Geneva influenced your relationship with international organisations/ the global health community?
5. Your organisation was founded in a public-private collaborative effort. How does that make your organisation different? How does it influence your work?

B) Interactions in the global health environment of Geneva

6. How does your organisation work and interact in the global health environment of Geneva?
7. Do you attend specific international conferences or participate in events organised by international organisations in Geneva? Which ones?
8. Which conferences and meetings does your organisation normally participate in? What are some examples?
9. Is your organisation in contact with global health actors in Geneva? If yes, how would you describe your relationship with global health actors in Geneva?
10. How do global health concerns play into your work?
11. Is there anything else you would like to add or discuss?



C) Stakeholder, organisational and financial structure
12. What is the operational structure of your organisation? Who are the key stakeholders?
13. How are your activities financed?
14. Have you faced any challenges when collaborating with other stakeholders in Geneva?
15. What is your relationship with your funding institutions? Do you provide reports to them and take part in events and activities by those institutions (e.g. information exchange)?
16. Some would see your organisation and its activities as part of a strategy to improve the reputation of tobacco companies. What do you think of this view?
D) Conclusion
17. Is there anything else you would like to add or discuss?
18. Can you recommend any other potential interviewee who would be willing to have an interview with us?

2. Public health experts, academics and civil society

<p>Main Questions</p> <ul style="list-style-type: none">A. What are the aims and activities of front-group organisations funded by the tobacco industry in Geneva?B. By which means do these front groups attempt to manipulate global health policy related to tobacco?C. How do their organisations operate (stakeholder, organisational and financial structure)?
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A) Aims and Activities
1. What are from your point of view the aims of front-group organisations funded by the tobacco industry in Geneva?
2. What are the activities of front-group organisations funded by the tobacco industry in Geneva?
3. What impact do these organisations have on the area of activity they claim to support (e.g. children in tobacco farming)?



4. Why are these organisations headquartered in Geneva and to what extent has having headquarters in Geneva influenced their relationship with international organisations/ the global health community?

5. Many tobacco-funded organisations are funded in a public-private collaborative effort. How does that make these organisations different? How does it influence their work?

B) Interactions in the global health environment of Geneva

6. By which means do these front groups attempt to manipulate global health policy related to tobacco?

7. Do these organisations have access to specific conferences or participate in events organised by international organisations in Geneva? Can you give any examples?

8. How do these organisations present themselves and communicate with global health actors in Geneva? How would you describe their relationship with those actors?

9. How is their action perceived by global health actors?

10. How open/responsive are other stakeholders in global health to collaborating with these organisations? What challenges do tobacco-funded organisations face when collaborating with these stakeholders?

11. Switzerland has not ratified the FCTC and has no formal rules against the participation of the tobacco industry in public health policy. To what extent does this affect your tobacco control efforts in Switzerland?

12. What are key lessons learned when advocating against tobacco-funded organisations? Any way forward?

13. Is there anything else you would like to add or discuss?

C) Collaboration with partners and financial structure

14. Who are the key stakeholders in these organisations?

15. How does tobacco financing influence the agenda of these organisations?

16. What is their relationship with the funding institutions? Do they provide reports to them and take part in industry events?

17. What do you know of the real linkages between the tobacco industry and the front group organisation? What is known (i.e. financing for ECLT) and what is hidden?

18. In which ways is information hidden and how can we better approach understanding front groups' actions, influence and utility for the industry (e.g. relevant players, fora, manoeuvres, or a specific tactic that we may not be aware of)?

19. Some would see these organisations and their activities as part of a strategy to improve the reputation of tobacco companies. Do you agree with this view? And do you think this strategy is effective?

D) Conclusion

20. Is there anything else you would like to add or discuss?

Appendix B. Transcription Rules

Table 5 Transcription Rules (Dresing & Pehl, 2015, p.28-30)

Nr	Rule	Example
1	No summary but transcription of the content	
2	Informal contents are written in standard and informal language	“cause” does not become “because” but stays “cause”
3	Sentences with no ending are indicated	...
4	Affirmative utterances are not indicated	“hm”
5	The research team is marked with two letters The interviewees are marked with two letters	Research Team: “RT” Paul Hofer: “PH”
6	Physical demonstrations are not added	
7	Word or phrase is acoustically not understandable	<incomprehensible>
8	Arial / title font size 12 / date and time 10/ general text 11	



Appendix C. Code Book

Name	Description	Files	References
Active on site	Front group organisations having the benefit of being on site in Geneva and being able to directly intervene	1	1
Astroturf	Astroturf is a movement of fake grassroots organisations that make it seem like NGOs are not all on the same page	1	1
Backfiring tobacco industry	Attempt by tobacco industry fails and backfires	3	3
Child Labour	Actual impact on child labour in tobacco growing	4	8
Collaboration inside the industry	Tobacco companies working together	1	2
Competition inside the industry	Existing competition within the tobacco industry	2	2
Conflict of interest	Interests of the industry are incompatible with the interests of public health	4	6
Conversation on harm reduction	Creating a constructive conversation on harm reduction with public / global health experts of different opinions	7	16
Cross-industry learning	Different industries (gun, oil, tobacco, more) learning from each other	6	10
Delan Human	Content related to Delon Human	2	4



Derek Yach	Content related to Derek Yach	4	10
Dirty work	On one hand front-group organisations are created for more legitimization and on the other hand to do the so-called dirty work such as suing other stakeholders	1	1
ECLT	Content related to Eliminating Child Labor in Tobacco-growing Foundation	5	19
Emerging tobacco products	Emerging tobacco products include 'smoke-free' products such as e-cigarettes	5	16
Ending collaborations	Content relating to the end of a collaboration between the tobacco industry and another stakeholder	3	4
Exclusion of industry	Excluding the tobacco industry from the public / global health conversation	5	11
Exposure of information	The importance of information in advocating against the tobacco industry	4	6
FCTC Article 5.3	Any relevant content related to this article. Could lead to a summary of violations against this article.	4	7
FCTC not ratified	Content linked to the fact that Switzerland has not ratified FCTC	5	5
Framing	Changing the perspective ppl have on the tobacco industry	7	22
Funded activities	Activities not related to the tobacco industry but funded by the tobacco industry	5	6



Funding issues	Monetary incentives lead people to provide services for or collaborate with the tobacco industry	5	20
Further interesting sources	Further sources recommended by the interviewee to review.	5	7
Health Diplomats	Content related to Health Diplomats	1	1
High income vs low-income countries	Difference between high income and low-income countries in approaches for tobacco control	1	2
Human Rights	Anything related to human rights.	2	5
Industry lacking success	The lack of success by the tobacco industry when implementing their strategies to hamper public / global health	6	9
INNCO	Content related to International Network of Nicotine Consumer Organisation	7	13
Interference in informal setting	Front-group organisations intervene with other stakeholders especially in informal settings	1	3
Interference with local authorities	Tobacco industry collaborates with local authorities to influence global health	1	4
Interference with national authorities	tobacco industry tries to collaborate with national authorities to influence policies	5	13
Interference with non-PH actors	tobacco industry focuses on non-public health actors, who are not fully aware of given regulations	7	31



Interference with public health community	Having a seat at the table in global health GVA	5	18
Lack of transparency front group	Unclear relationship between front group organisation and tobacco industry	5	27
Lack of transparency industry	Nontransparent activities performed by the tobacco industry	4	10
Lack of transparency national authorities	National authorities do not communicate transparently their sources of income	3	3
Lacking realistic expectations	The lack of realistic expectations leading to a person (e.g. Derek Yach) being fired	1	1
Launch of FCTC	Content referring to the launch of the Framework convention of tobacco control	2	2
Location Geneva and Switzerland	The country of Switzerland and the city of Geneva as an important location for global stakeholders	4	9
Mutual support	Tobacco industries and other associations (e.g. growing association) rely and support each other	3	5
No direct communication	Public / global health actors try to not communicate with front group organisation and tobacco industry directly	2	4
Part of solution	Industry wanting to be seen as part of solutions when it comes to public / global health	4	6



Political debate Switzerland	The political debate in Switzerland based on tobacco related topics	5	5
Power of preparedness	Tobacco industry demonstrates not only strategic but also well-prepared actions to hamper global / public health	2	3
Private-public partnership (PPP)	Private-public partnership (PPP) relates to an official long-term collaboration between the public and private sector (contract)	3	4
Profit oriented	Goal of tobacco industry is to continue doing profit	4	7
Promotion of FCTC	Activities promoting Framework Control of Tobacco Convention	3	4
Public campaign Tobacco	Summarises instances in which tobacco companies use public campaigns.	5	15
Revolving doors	Change one's position from public / global health to a pro tobacco related position	5	6
Sabotaging conference	Front group organisations sabotage conferences of public / global health	4	6
Science talks	Giving science the upper hand and relying on science-based evidence	3	4
Social Media advocacy	Use of social media tool to highlight hidden involvement of tobacco industry to civil society not being aware of it	2	4
Sowing division	Tobacco industry attempts to divide public health community and/ or public opinion	6	12



Strategic approach	Tobacco industry uses strategic ways to hamper the public / global health world	5	28
Targeting non-smokers	Tobacco industry targeting children and youth	2	3
Threat by industry	Counties being treated by the tobacco industry going against new tobacco control regulations	4	4
TI_(Vaping) industry lacking success	The lack of success by the vaping and tobacco industry when implementing their strategies to hamper public / global health	1	1
TI_(Vaping) part of Solution	(Vaping) industry wanting to be seen as part of solutions when it comes to public / global health	2	5
TI_Exclusion of industry	Excluding the tobacco industry form the public / global health conversation	2	4
TI_FCTC criticism	Criticism of Framework Control of Tobacco Convention	1	2
TI_Framing	Changing the perspective ppl have on the vaping or tobacco industry	2	5
TI_Industry funding	Activities funded by the tobacco industry	1	1
TI_Interference in informal setting	Front-group organisations and vaping industry intervene with other stakeholders especially in informal settings	1	1
TI_Lacking financial resources	Lack of financial resources hinter tobacco or vaping industry	1	1



TI_Lacking trust in harm reduction	Negative perspectives on harm reduction	1	2
TI_Power of preparedness	(Vaping) industry demonstrates not only strategic but also well prepared actions to hamper global / public health	1	1
TI_Pro vaping	Arguments that support vaping industry	1	1
TI_Profit oriented	Goal of tobacco industry is to continue doing profit	1	1
TI_Sabotaging conferences	Front group organisations sabotage conferences of public / global health	1	2
TI_Science talks	Giving science the upper hand and relying on science-based evidence	1	3
TI_Sowing division	Tobacco and vaping industry attempts to divide public health community and/ or public opinion	1	1
TI_Targeting non-smokers	Tobacco and vaping industry targeting children and youth	1	2
TI_Tobacco control advocacy	Any actions that promote advocacy on tobacco control	2	2
TI_Trust in Pharma Industry	Public / global health experts not trusting vaping industry but pharmaceutical interventions (e.g. patch)	1	3
Tobacco control advocacy	Any actions that promote advocacy on tobacco control	4	7
Types of front groups	Information on different types of front groups	1	2
WHO lacking success	WHO approach and success in tobacco control is lacking	1	1



Arbeitsgemeinschaft
Tabakprävention Schweiz
Association suisse pour
la prévention du tabagisme
Associazione svizzera per
la prevenzione del tabagismo

Working in silos	UN organisations not collaborating and having knowledge of other areas at the UN	3	5
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