

STEP BY **STEP**
GUIDE TO DEVELOPING
Pictorial Health Warnings



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technical, institutional and cross sector support

Step by Step Guide to developing Pictorial Health Warnings

Contents: 1. Rationale for the PHWs Guide 2. Key steps to follow in developing PHWs 3.
Guide to developing of regulations 4. Sample themes and possible health warning messages
5. Sample discussion Guide for pre-testing PHWs

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STEP BY
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GUIDE TO DEVELOPING
Pictorial Health Warnings

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Foreword

According to the guidelines of Article 11 of the WHO Framework Convention on Tobacco Control (WHO-FCTC), well-designed health warnings and messages are part of a range of effective measures to communicate health risks and to reduce tobacco use. The implementation of Pictorial Health Warnings (PHWs) is an obligation that should be fulfilled within three years of the ratification of the treaty. Majority of countries in Africa have not fulfilled this obligation.

It is against this backdrop that the Centre for Tobacco Control in Africa (CTCA) has provided the Step by Step Guide to assist governments to implement Article 11 of the WHO-FCTC. The Guide draws from FCTC guidelines on Article 11, existing evidence on the effectiveness of PHWs, the WHO Database on PHWs as well as country best practices on implementing PHWs.



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Acronyms and abbreviations

CSO	Civil Society Organizations
CTCA	Centre for Tobacco Control in Africa
FCTC	Frame Work Convention on Tobacco Control
FGD	Focus Group Discussion
GHW	Graphic Health Warning
MOH	Ministry of Health
PDA	Principal Display Area
PHW	Pictorial Health Warning
TC	Tobacco Control
TI	Tobacco Industry
TWG	Technical Working Group
WHO	World Health Organization

1.0 Preamble

Article 11 of the WHO Framework Convention on Tobacco Control (FCTC) specifies that;

‘Each Party shall, within a period of three years after entry into force of this convention for that Party, adopt and implement, in accordance with their national law, effective measures to ensure that: tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about the product’s characteristics, health effects, hazards or emissions, including any term, descriptor, trademark or figurative or other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than others.’

According to the WHO FCTC Guidelines, effective warning labels increase knowledge about risks associated with tobacco use and can decrease intentions to use tobacco by adolescents, persuade tobacco users to quit, and keep ex-tobacco users from starting again.

Evidence indicates that pictorial health warnings are a highly effective intervention in reducing tobacco consumption because it informs the tobacco user and the non user, repeatedly, of the harmful effects of tobacco use. The pictorial presentation of the message also helps to break challenges of languages and inability to read text only messages. In addition, the use of PHWs imposes no extra cost on the government as the Tobacco Industry (TI) pays for the production and dissemination of the health messages.

The terms ‘Graphic Health Warnings’ (GHWs) and Pictorial Health Warnings (PHWs) are interchangeably used in different publications to refer to pictorial health warning messages. However for purposes of this guide/tool, we shall use the term ‘Pictorial Health Warnings’ abbreviated as PHWs.

2.0 Rationale for the Step by Step Guide to developing PHWs

Many countries have demonstrated political commitment to tobacco control by ratifying the WHO FCTC and enacting comprehensive compliant legislations. However, although these Parties have ratified the treaty, a few have implemented PHWs due to various reasons including funding constraints and limited technical capacity. It is against this background that CTCA has developed this ‘Step by Step Guide’ to support governments in implementing PHWs.

3.0 Objectives of the Guide

This **Step by Step Guide** is a resource to governments and other TC actors in the process of developing , implementing and reviewing of PHWs. The guide is also intended to serve as a source of motivation to governments and other actors to meet their FCTC obligations.

The guide outlines the key steps involved in the development of PHWs, the target audience, the actors, enforcement and compliance mechanisms, monitoring and evaluation and the estimated cost of developing PHWs.

4.0 Key Steps to follow

This section spells out the specific steps to be followed in developing PHWs. It is assumed that the countries that will be using this tool already have legislation.

Step 1: Document Review

This involves carrying out a review of the available literature and should include a situation analysis of the country policies and legislation. The documents to be reviewed may include but are not limited to the following;

- a) The WHO FCTC
- b) Existing country legislation
- c) WHO PHWs training toolkit
- d) WHO Data base on PHWS
- e) Global best practices and studies on PHWs

Step 2: Drafting of regulation on PHWs

In the event that a country does not have regulations, these have to be developed. This process should be led by the Ministry of Health (MOH) with the technical support of from WHO, Civil Society Organizations (CSOs) and other relevant institutions. A brief guide on the development of regulations is annexed. (*Annex 1*)

Step 3: Consultation with Key stakeholders

The Ministry of Health (MOH) should identify key stakeholders to be part of the process. These should include representatives from government departments, CSOs and WHO Country Office. This step is key in ensuring ownership. The stakeholders should be oriented on the importance and process of developing PHWs, as well as best practices.

Step 4: Formation of a Technical Working Group (TWG)

The TWG should be established and headed by MOH. This TWG should consult and report to the stakeholders. It should preferably comprise of personnel with the following competencies;

- a) Health education and promotion
- b) A doctor with a public health background
- c) A qualitative researcher preferably from the School of Public Health or Social Scientist with qualitative research experience
- d) A cardiologist or oncologist
- e) A professional photographer and graphic designer.

Step 5: Determining Health Warning Messages and Corresponding pictorials

- This should start with the review of the country burden of disease to determine the appropriate themes for the PHWs.
- The process is further guided by the regulations which spell the details of the health warning messages. Reference should also be made to the WHO FCTC database on PHWs; <http://www.who.int/tobacco/healthwarningsdatabase>. This data base should be reviewed to identify any health messages that may be relevant to a given country situation. Since these are already pre-tested and proven, they should only be tested for cultural acceptability and appropriateness. This will greatly help to reduce costs. The necessary steps should however be taken to seek permission from the Convention Secretariat of the WHO- FCTC to use the resources.

After selecting the PHWs to be directly adapted from the WHO database, the TWG should then enlist the thematic areas, from the regulations, for which pictorials must be taken locally. These should depict health hazards of tobacco use, particularly reflecting the tobacco disease burden of the country. Some of the themes could include; addiction, harmful effects of second hand smoke, oral health, Cardiovascular diseases, lung disease,) etc. **See sample list of themes in annex 2)**

The TWG should then identify possible physical locations from where the photo shoots will be taken and make appointments with the Institutional Authorities. Such locations could include hospitals, medical school, community based health centres, etc. The introduction letter should preferably be from the MOH. The TWG should also determine/propose the most appropriate scenarios for each of the pictures to be taken, e.g. a home setting for second hand smoke, depicting a child and a pregnant woman exposed to the smoke.

Step 6: Photography and Designing

A brief may be prepared to guide both the photographer and the graphic designer. Some members of the TWG should accompany the photographer to take the pictures based on the identified themes and locations. The photographer should take as many pictures as possible from different angles for each of the themes. The pictures should be clear, precise and of high resolution (minimum 2000 dpi), in JPEG format and in full color.

The purpose of the photo shooting should be clearly explained to the subjects, who may or may not be patients, and written consent obtained prior to taking the pictures. (*See sample consent form in annex 3*)

The TWG should review and select at least three sets of pictures for each theme. These pictures are given to the graphic designer to develop prototypes. The designer should be asked to develop at least three different concepts for each theme. The designer shall be provided with size and color specifications including: (a) the size of the PHW-what percentage of the Principal Display Area (PDA) of the pack it will occupy and how many sides (as applicable), (b) background and font color and style to be used. The size will be determined by the regulations based on the national legislation. The WHO FCTC recommends at least 30% but preferably 50% of the Principal Display Area (PDA).

The designer should also be provided with representative samples of the tobacco products packages and cartons.

Step 7: Review and selection of designed prototypes

The TWG should review the designed prototypes, recommend the necessary changes and select the final ones for pre-testing. This first set of prototypes should also be shared with the bigger group of stakeholders to get their input before the final prototypes can be designed.

Step 8: Field Pre-testing of the PHWs

8.1 Methods of pre-testing

Before the warnings are officially notified by the Ministry of Health, field testing is critical to establish their efficacy and effectiveness. This field testing can be conducted in different ways; through multiple Focus Group Discussions (FGDs) and in-depth interviews with multiple stakeholders. The primary aim of the field testing is to assess whether the warnings are clear, easily understandable, will be effective in motivating tobacco users to quit, and, if they will be able to prevent non-users from initiating tobacco use. Where the proven health messages are to be adapted, the pre-testing may only be limited to cultural acceptability. Copyright issues however have to be dealt with. An FGD guide (interviewer administered) should be developed for this purpose. Administrators should be trained on how to conduct the FGDs/surveys. Preferably dummy packs with the warnings to be tested should be developed for field testing. If not possible, then colored photographs of the warnings can be used. It is recommended that a substantial number of PHWs are field tested, keeping extra images as well. This will ensure that a variety of warnings are available and can be rated by the respondents. This also provides for some additional warnings that can be used for rotational purposes as may be relevant. The process should preferably be led by experts in qualitative and a quantitative research methods.

(Sample FGD guide- Annex 4)

8.2. Selection of FGDs and Key informants for the In-depth Interviews

Respondents/informants should include a balance of age, socio economic status, gender and literacy levels, as well as urban and rural settings. Both tobacco users and non-users should be recruited for field testing. Each FGD should comprise of about 8-10 respondents. The participants per group should also preferably be homogeneous for instance female youth smokers, male youth none -Tobacco, etc. The following categories are proposed;

- a) Female youth tobacco users
- b) Female Youth non tobacco users
- c) Male Youth tobacco users
- d) Male Youth non-users
- e) Adult male tobacco users
- f) Adult male non-users

- g) Adult Female tobacco users
- h) Adult Female non-users

For purposes of this tool, a youth will be defined according to the country laws and legislations. For FGDs involving minors, consent should be sought from the parent/guardian/caretaker.

In the case of In-depth interviews, participants may be drawn from key actors from both relevant government departments and CSOs. This should include people that are more knowledgeable as well as those that are less knowledgeable about tobacco control.

8.3 Data Analysis

This is the responsibility of a social scientist or a Qualitative researcher as the case may be, with the guidance from the Ministry of Health. The analyzed data should be collated to draft the final results of the field testing. The report should be submitted to the TWG.

Step 9: Finalization of the PHWs

After the pre-testing, the warnings must be modified by incorporating all major findings of the field testing. The revised warnings should be finalized collaboratively by the Ministry of Health and the Technical Working Group. Depending on the outcomes of the pre-testing, it may be necessary to take fresh pictorials or to work with the designer to make the necessary modifications.

The designer should be asked to develop a template of the final PHWs that will be provided to the manufacturers on a CD to carry out the labeling of the PHWs. The templates should be a replica of the exact dimensions that the TI will have to use. It should be in a format that cannot be altered. If a country has multiple languages, then the text accompanying the PHWs should be replicated in all major languages used or as may be recommended in the regulations.

Step 10: Notifying the final PHWs

- The MOH should release an official gazette notification specifying the PHWs, placement, text font, color etc. and the date of coming into force and rotation period as may be relevant. Basing on the WHO-FCTC Guidelines, the proposed rotational period should range between 12-36 months.

- The print ready PHW images should be made available to tobacco product manufacturers on a CD or the Ministry of Health website.
- A Public Notice for message outreach to the industry, manufacturers, retailers, consumers etc., should be published in a newspaper for wider dissemination of the law.
- Both the notification and the public notice should mention a violations reporting mechanism and the penalty for manufacturers, retailers, if they do not abide by the law.

Step 11: Supportive Communication and Awareness activities

This component must be built in to ensure effective implementation. The MOH should take lead and use multiple communication approaches as may be appropriate. A coordinated and comprehensive media campaign will help to reinforce health warnings and messages, improve access of information to target groups, provide additional information on health warnings and messages and also communicate other information that increases tobacco users motivation and confidence in their ability to quit, such as the dangers of using tobacco, benefits of quitting, and advice on how to quit.

The following activities are proposed:

- A press release
- Press conference/ media briefing
- Radio and TV programs (where appropriate)
- Media interviews
- Newspaper articles and supplements
- Use of the MOH website and partner websites

Additionally, the PHWs should be sent to WHO TFI for inclusion in the global database.

Step 12: Enforcement and Compliance

For enforcement purposes, the MOH should clearly indicate a shelf life period for existing stocks to be off the market. The period could range between 8 -12 weeks and should be communicated to the TI in time. This is in consideration of the fact that the TI will most likely buy time to implement these provisions on grounds of changes needed in their packaging.

Step 13: Monitoring and Evaluation

Monitoring and Evaluation of the PHWs should be an ongoing process. There is need to monitor the impact of the messages on all categories of society as well as compliance by the TI.

5.0 Cost of developing PHWs

Depending on the setting and the availability of human resource, the cost of developing PHWs can range from US \$10,000- 15,000, excluding costs for a Consultant. The cost can however further be reduced by adapting existing PHWs from the WHO database. The other way of cutting costs would be by following a simple pre-testing process. Where possible, the qualitative researcher and social scientist may be replaced by a competent person from the Health Promotion and Education Department of the MOH.

5.1 Key cost area categories may include;

- Costs for the Photographer and graphic designer
- Costs for the Social Scientist and Qualitative Researcher (Where applicable)
- Costs for pre-testing
- Administrative costs including facilitation for the TWG and stakeholder meetings
- Costs for supportive communication in the media

5.2 Timeline

The actual development process should preferably be carried out as a one off activity. This however calls for proper planning especially on the part of the MOH. If this is done, it may take between 4-6 weeks from the time when the first photo shoots are taken to when the final prototypes are presented to the MOH. However in the event that this time cannot be blocked off at once, this activity may be carried out in phases.

GoK Kenya Gazette Supplement Tobacco Act 2007, Government Printer

World Health Organization (2011), Framework Convention on Tobacco Control, Guidelines for Implementation

World Health Organization (2008), Programmes and projects, Tobacco Free Initiative (TFI), WHO Report on the Global

Tobacco Epidemic -The MPOWER package [http://www.who.int/tobacco/mpower/tobacco_facts/en/index.html].

http://67.199.72.89/packwarning/pw_index.html.

<http://www.tobaccofreeunion.org/content>

http://www.who.int/tobacco/publications/building_capacity/training_package/tp2_background_material_resources.pdf

<http://www.tobaccolabels.ca/>

<http://www.smoke-free.ca/warnings/canada-warnings.htm>

Annex 1: Guide to drafting of regulations on PHWs (in case they don't exist)

In the event that a country does not have regulations, this process should be spearheaded by the Ministry of Health (MOH) with Technical support from relevant experts from WHO and Civil Society Organizations (CSOs).

The guidelines for implementation of Article 11 of the WHO FCTC recommend that regulations should specify the content and form (appearance) of warnings and other required information as far as possible. Lack of specificity allows tobacco manufacturers to exploit loopholes that undermine the intent and spirit of the legislation or regulations, even if they comply technically with the requirements. The regulations should specifically cover the following aspects;

- packaging and products;
- language(s) to be used, including how the languages could appear if there is more than one language;
- rotation practice and time frames;
- distribution practices, in order to obtain equal display of health warnings and messages on retail packages;
- how text, pictures and pictograms of health warnings and messages should actually appear on packaging (including specification of location, wording, size, color, font, layout, print quality), including package inserts, onserts and interior messages;
- different health warnings and messages for different types of tobacco products;
- source attribution, if appropriate, including placement, text and font; Prohibition of promotion by means that are false, misleading, deceptive or likely to create an erroneous impression, in accordance with Article 11.

Annex 2: Sample of Themes and possible health warning messages

	Theme	Target population	Health Warning Message
1.	Addiction	Nonsmokers, young people, children	Tobacco use is addictive
2.	Reproductive health effects	Smokers/nonsmokers, young Women, young men,	Tobacco use causes miscarriage
3.	Reproductive dysfunction	Men of all ages	Tobacco use causes impotence
4.	Second Hand Smoke (SHS)	Nonsmokers, smokers, parents, guardians	Tobacco smoke harms your children
5.	Respiratory system	General population, smokers	Tobacco use causes lung cancer
6.	Oral effects	Smokeless tobacco users	Tobacco use causes mouth cancer
7.	Vascular effects	Smokers	Tobacco use causes rotting of your foot
8.	Systemic disease	Smokers and non smokers	Tobacco use causes severe heart disease
9.	Cardiovascular diseases	Smokers	Tobacco use causes stroke
10.	Aesthetic	Youth, young adults, smokers	Tobacco use makes your breath stinky
11	Heart		-
12	Mouth Cancer		-

NB: A quit line may be included if available

Annex 3: Patient / Volunteer Consent Form for Photography for Tobacco Control Purposes

Patient/Volunteer/ Guardian's name:
.....

Date:.....
.....

I consent for photographs to be taken of (Tick below as appropriate)

- Myself
- My Child
- Me and my family (wife and children/ husband and children)
- Person for whom I am a legal guardian

By consenting to these photographs, I understand that I will not receive payments from any party. If I have any questions or may wish to withdraw my consent, I should contact the Ministry of Public Health with 24 hours.

By signing this consent form, I confirm that it has been explained to me in terms which I understand.

I consent for these photographs to be used in public health information and communication materials, tobacco product packages and for teaching purposes by the Ministry of Health. Although these photographs will be used without identifying information such as my name or my child's name, I understand that it is possible that someone may recognize me or my child.

Sign:.....
.....

Witness:
.....

Annex 4(a): Sample Discussion Guide for Pre-testing PHWs with Smokers

Name of PHW being pre-tested:

Methodology: FGD..... III.....

Date:..... Time starts:Time ends:.....

Venue: Location: Urban/Semi-urban/Rural:.....

Respondents' characteristics:

- Age (range):
- Gender: M..... F.....
- Moderator:..... Signature:.....
- Note-taker:..... Signature:.....
- Observer:..... Signature:.....

WARMING-UP

Questions:

1. Can you **read** what is written here? Probe:
 - Ask one/two participants to read the text message.
 - What do you think of the words used- very easy, easy, difficult, very difficult to understand?
 - What do you think of the language used: not clear at all, clear, very clear?
 - Do you **understand** what is written here?
 - In your opinion, is it very easy, easy, difficult or very difficult to understand what is written here?
 - Can you see the text message easily? Can you read the text message easily? If not, why? (*Aim here is to pre-test the font size*)
2. Taken together, are the text and picture trying to convey a message? Probe:
 - If yes, which message?
 - Is the message easy or difficult to understand?
 - Is there any other message? If yes, which other message?

3. According to you, how important is this health message/warning to smokers? Probe:
 - If not important, why?
 - If important, how much: very low, low, medium, high, very high? Why?
 - Do you think other smokers would find it important? Why?
4. Do you believe in the health message on this tobacco pack? Probe: If no, why?
5. What do you think of the color of the text message? Probe:
 - Does it make reading of the text difficult or easy?
 - Is it in harmony with the color of the picture?
 - Is it in harmony with the color of the background?
6. What do you think of the colors of the picture? Probe:
 - Do they help to make the health message more attractive or less attractive?
 - Are they in harmony with the color of the text?
 - Are they in harmony with the background?
7. Do you think the health message on this pack, that is, the text and picture, will catch the attention of/be noticed by smokers? Probe:
 - If no, why?
 - If yes, how often? Why?
8. In your opinion, would the health message/warning on this pack, that is, the text and picture, make the tobacco pack look less attractive, more attractive or make no difference to smokers? Probe:
 - If no, why? If yes, why?
9. In your opinion, does the health warning help to increase awareness of smokers on this particular problem associated to tobacco use? Probe:
 - If no, why?
10. In your opinion, would the health message help smokers to think about the health risks of smoking when they see it? Probe: If no, why? If yes, how often?
11. In your opinion, would the health message help smokers to discuss/talk with other people of the health risks of tobacco use? Probe:
 - If no, why? If yes, how often?
12. As a smoker, does this health message increase your concern on this particular problem associated with tobacco use? Probe:
 - If no, why? If yes, how much: very low, low, medium, high, very high?
13. Does the health warning make smokers think of quitting smoking? Probe:
 - If no, why? If yes, how often: very few times, few times, often, many times?

16. According to you, how would smokers feel when they see the message on the tobacco pack? Probe:
- Will they experience fear on seeing it? Very low, low, medium, high, very high?
 - Will they experience shock on seeing it? Very low, low, medium, high, very high?
 - Will they be embarrassed on seeing it? Very low, low, medium, high, very high?
 - Will they be hurt by anything in the warning? Very low, low, medium, high, very high?
 - Will they experience any other feeling? Very low, low, medium, high, very high?
17. In your opinion, can this health message/warning be improved? Probe: If yes, how?
18. How do you rate this health warning? very bad, bad, satisfactory, good, very good.
19. Do you have any other comment to make on this health message?

THANK YOU

Annex 4(b) : Sample Discussion Guide for Pre-testing PHWs with Non-Smokers

Name of PHW being pre-tested:

Methodology: FGD..... III.....

Date:..... Time starts:Time ends:.....

Venue: Location: Urban/Semi-urban/Rural:.....

Respondents' characteristics:

- Age (range):

- Gender: M..... F.....

- Moderator:..... Signature:.....

- Note-taker:..... Signature:.....

- Observer:..... Signature:.....

WARMING-UP

Questions:

1. Can you read what is written here? Probe:
 - Ask one/two participants to read the text message.
 - What do you think of the words used- very easy, easy, difficult, very difficult to understand?
 - What do you think of the language used: not clear at all, clear, very clear?
 - Do you understand what is written here?
 - In your opinion, is it very easy, easy, difficult or very difficult to understand what is written here?
 - Can you see the text message easily? Can you read the text message easily? If not, why? (Aim is to pre-test font size)
2. Can you tell me what you see here?
3. Taken together, are the text and picture trying to convey a message? Probe:
 - If yes, which message?
 - Is the message easy or difficult to understand?
 - Is there any other message? If yes, which other message?
4. According to you, how important is this health message/warning to smokers? Probe:
 - If not important, why?
 - If important, how much: very low, low, medium, high, very high? Why?
5. Do you believe in the health message on this tobacco pack? Probe: If no, why?
6. What do you think of the color of the text message? Probe:
 - Does it make reading of the text difficult or easy?
 - Is it in harmony with the color of the picture?
 - Is it in harmony with the color of the background?
7. What do you think of the colors of the picture? Probe:
 - Do they help to make the health message more attractive or less attractive?
 - Are they in harmony with the color of the text?
 - Are they in harmony with the background?
8. Do you believe the health message on this pack, that is, the text and picture, will catch the attention of/be noticed by smokers? Probe:
 - If no, why? If yes, how often? Why?
9. In your opinion, does the health message/warning on this pack,

that is, the text and picture, make the tobacco pack look less attractive, more attractive or make no difference to smokers? Probe:
- If no, why? If yes, why?

10. In your opinion, does the health warning help to increase the awareness of smokers on this particular problem associated to tobacco use? Probe:
- If no, why?
11. In your opinion would the health message help smokers to think about the health risks of smoking when they see it? Probe:
- If no, why? If yes, how often?
12. In your opinion, would the health message help smokers to discuss/talk with other people of the health risks of tobacco use? Probe:
- If no, why? If yes, how often?
13. As a non-smoker, does this health message increase your concern on this particular problem associated with tobacco use? Probe:
- If no, why? If yes, how much: very low, low, medium, high, very high?
14. Would the health warning make tobacco users think of quitting? Probe:
- If no, why? If yes, how often: very few times, few times, often, many times?
15. According to you, how would tobacco users feel when they see the message on the tobacco pack? Probe:
- Will they experience fear on seeing it? Very low, low, medium, high, very high?
- Will they experience shock on seeing it? Very low, low, medium, high, very high?
- Will they be embarrassed on seeing it? Very low, low, medium, high, very high?
- Will they be hurt by anything in the warning? Very low, low, medium, high, very high?
- Will they experience any other feeling? Very low, low, medium, high, very high?
16. In your opinion, can this health message/warning be improved? Probe:
If yes, how?
17. How do you rate this health warning: very bad, bad, satisfactory, good, very good.
18. Have you any other comment to make on this health message?

THANK YOU

Annex 5: Sample Checklist for the Development of PHWs

S/N	Activity	Timeline	Manpower requirements and Budget <i>(Core TWG, photographer, designer, social scientist/Qualitative Researcher, Consultant, etc)</i>
1	Review Literature, Review country Tobacco Control legislation		
2	Develop Implementation Plan (timeline, resources, personnel)		
4	List of health warnings messages approved by MOH regulations		
5	Select corresponding pictorial warning (s) for each health warning (<i>Refer to global database.</i>)		
6	Hold briefing sessions with photographer		
7	Identify locations for photo sessions and seek appointments		
8	Organize and undertake photo sessions		
9	Photographer submits a set of pictures for each thematic area		
10	Select a set of 2-3 best pictures for each text warning		
11	Hold briefing session with designer on concepts and design.		
12	Hold regular working sessions with designer		
13	Designer develops 2-3 prototypes for each PHW		
14	Designer provides A4 or A3 size (preferably A3 size) hard copies of each prototype, including hard copies as on a cigarette pack.		
15	Select the target groups for FGDs.		
16	Decide on the number of FGDs to be carried out with each target group (including the total number of FGDs).		
17	Finalize logistics (venues, transport, per diem for participants, etc) for FGDs.		
18	Finalize list of participants and arrangements for IIs (including number of IIs)		
19	Social scientist and her team conduct pre-testing thro' FGDs with different population groups.		

20	Social scientist and team conduct pre-testing of PHWs thro' Ills with influential people/stakeholders		
21	Social scientist submits report on pre-testing.		
22	Analyze pre-testing report and its findings		
23	Prepare a worksheet for designer with amendments required to pre-tested samples		
24	Hold working sessions with designer		
25	Designer effects changes to pre-tested samples.		
26	MOH ensures all design requirements are met		
27	Designer submits a set of 10 PHWs		
28	Validation meeting with stakeholders		
29	Validation meeting held with senior MOH staff and Minister		
	<i>If PHWs are validated:</i>		
30	Designer prepares template		
31	MOH distributes template to TI		
32	TI does re-sizing and submits samples to MOH for verification and approval		
33	TI prints PHWs		
34	TI submits samples to MOH, Tobacco Board, etc for final verification.		
35	Consignment is released for sale		
	<i>If PHWs are not validated (say stakeholders request a second wave of pre-testing or replacing some of the PHWs with new ones):</i>		
36	Re-start the process of either pre-testing some of the PHWs or developing some new ones.		

About CTCA

The Centre for Tobacco Control in Africa (CTCA) was established by the World Health Organization (WHO) with funding from the Melinda Gates Foundation.

CTCA's mandate is to support governments in African countries develop tobacco control policies and legislation as well as build and sustain institutional capacity for tobacco control. This is done through offering technical, institutional and cross sector support for tobacco control at national and regional levels. The Centre is hosted by the School of Public Health at Makerere University College of Health Sciences, www.musph.ac.ug, as part of a consortium of three organizations.



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