Smoking rates in the Arab world are some of the highest worldwide.\(^1\) The epidemic is characterised by high and increasing rates of smoking in men and a dramatic re-emergence of waterpipe smoking, especially in young people (aged 13–24 years) and women. Although 19 of the 22 Arab countries have ratified the Framework Convention for Tobacco Control, implementation and enforcement of its provisions has been slow, weak, and ineffective in most countries.\(^2\)

Advocacy for a tobacco control agenda that protects and promotes public health has been successful in other regions of the world.\(^3\)–\(^6\) Active engagement and collaboration between various sectors committed to tobacco control has resulted in some success stories in the Arab world as well. Reports have outlined crucial elements for successful tobacco control advocacy and policy change,\(^7\)–\(^8\) but in this piece we emphasise those most relevant to the Arab world on the basis of our own experience.

First is the need for local evidence to support advocacy and policy.\(^9\)–\(^10\) This element is particularly important to provide context-specific counter-arguments to those brought about by opposing forces to local policy change, such as advertising agencies or multinational tobacco companies.\(^11\)–\(^12\)

Second is the importance of partnerships between academics and motivated and passionate activists, who believe in tobacco control and have strong resolve to achieve change. Partners complement each other in the skills they bring to the partnership, and widen the circle of support. In Lebanon, for example, such collaborations were instrumental in the advancement of the clean indoor air policy, and involved academics working with communication experts with strong contacts with local media, and experts in bold, confrontational advocacy techniques such as stunt flash mobs and direct action.

A key element in the success of these partnerships, in our experience, was the promotion of one voice and one message. Opposing forces, naturally, were keen to promote the need for smoking areas rather than smoke-free public spaces, and the need for gradual implementation and enforcement. Promoting one voice—backed by evidence from around the world—ensured success in counteracting these suggestions.

The third element is the importance of perseverance and audacity in the face of overwhelming opposition. This approach usually requires relentless day-in, day-out focus on the target to be achieved by the tobacco control community, and the ability not to get entangled with the sideshows put on by the opposition to derail the discourse towards their own agenda (eg, freedom of choice, consumer rights, and loss of revenues). It also means the ability to engage in various channels and media to maintain public pressure and support for tobacco control policies.

Fourth is the importance of having a very good understanding of power relations and structure relevant to each country or context and each tobacco control policy. In particular, tobacco control partners need to be savvy about power relations and dynamics locally, as well as their external connections with the international tobacco industry. Exposing such connections, at the right time, can provide the key catalyst for policy change.

Fifth is the value of developing personal relationships with stakeholders along the way, who understand the main rationale for tobacco control and are ready to go out of their way to support tobacco control work. For example, maintaining a strong relationship with the media can be crucial in advocacy for tobacco control policies. Additionally, personal relationships with supportive politicians can guide tobacco control advocacy by providing access to confidential business or political deliberations.

The final element is to be willing to let others take credit. This action requires an understanding that each...
success provides a springboard to the next, and that long-enduring partnerships require giving credit to other partners—especially those that are not public health professionals—to keep them motivated and engaged. In the end, the most important success is the passage and implementation of a strong tobacco control law.

The uniqueness of each society and each tobacco control policy needs a critical analysis of what works by those familiar with the intricacies of the local context. This approach is of paramount importance for the effective adaptation of global strategies to local settings. In the Arab world, where public health policies suffer from chronic weakness, partnerships need to be created to provide the needed public pressure for such policies. Such partnerships can be built around academic and advocacy cooperation and involve local, regional, and international professional networks. This approach bodes well for a strong unified voice and action for tobacco control and public health in the Arab world.

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