ROTATION OF HEALTH WARNING LABELS:

Research-Based Recommendations for Implementation

Health warning labels (HWLs) are highly effective in conveying the health risks from tobacco use. For their effectiveness to be maintained, the periodic rotation of these labels is crucial. However, given the need to continuously pass new regulatory or administrative (e.g., ministerial resolution or decrees) measures to update these warnings, there are particular challenges in the implementation of rotation. In-depth interviews with government officials and representatives from civil society organizations and academia from six countries (Chile, Guyana, Indonesia, Jamaica, Mexico, and Vietnam) set out the following challenges and recommendations.

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Institute for
Global Tobacco Control

Challenges

1. Political elements

The introduction of new rounds of HWLs necessitates substantial government involvement. It extends beyond the administration that initially supported and enacted the HWL law. As a result, government priorities and political will exert significant influence over the continuity of HWL rotation.

- **Government priorities and political will:** Government and health ministries often give limited attention to tobacco control due to resource constraints, with only a few personnel handling tobacco-related matters. Even within tobacco control, rotation is not considered a priority.

- **Changes in government:** Government transitions pose a challenge, as changes in leadership can lead to personnel turnover, varying levels of knowledge about HWLs, and potential interruptions in the rotation process.

2. Time and bureaucracy

The process of passing new iterations of HWLs is complex and time-consuming, involving elements like the establishment of committees for topic selection, research and evaluation of warnings and pictograms, and multistep government approvals by different government offices and departments. Even though original tobacco control laws may specify a rotation period (normally between 6–24 months), the whole approval process often extends beyond this timeframe.

3. Legal loopholes and lack of clarity

Often there is ambiguity in the wording of laws, leading to differing interpretations by government authorities and tobacco companies regarding the number of images, timing of rotation, and transition periods.

4. Finding images

Finding images is one of the most significant challenges, as it is both costly and time-consuming:

- Existing international and regional image banks (e.g., WHO's) have legal issues (such as copyright issues) and logistical barriers—including low variability of health conditions and subpopulations, and low-resolution images.

- Generating images is complex, requiring collaborations with hospitals, academic institutions, or morgues, often involving logistical, financial, and emotional challenges.

- Cultural and ethnic relevance is vital, necessitating region-specific images, which are hard to find or create.

- Countries are forced to use available images despite subpar quality due to the difficulty in finding alternatives.

5. Proper evaluation

Although not legally mandated, evaluation of HWLs helps assess and maximize their effectiveness and impact on specific population groups but faces challenges due to cost and varying rigor.

- **Pre-implementation evaluation:** This is often done through collaborations with research centers and universities. The rigor and extent of these evaluations vary, with some countries lacking comprehensive assessments and others not carrying them out altogether.

- **Post-implementation evaluation:** This is almost nonexistent and in the few cases where it does exist, it consists of assessing the overall effectiveness of HWLs in large surveys rather than evaluating specific rounds or images.

- **Political influence on image selection:** Political actors wield significant influence in HWL image selection, often overriding evidence-based recommendations.

6. Tobacco interference

Tobacco interference is not specific to the rotation of HWLs, but can appear in the following ways:

- Ministries consult with the industry during decision-making, selecting lower-ranked or weakened versions of images.

- Industry lobbying and legal challenges cause delays and resource expenditure.

- Industry insistence on locally sourced images makes image sourcing more difficult.

- Industry selects specific HWLs for certain products or store locations (e.g., rural vs urban) to make them less impactful (e.g., using an image targeted for older adults with a product aimed primarily at youth).

7. Enforcement

Challenges in enforcement arise from limited resources, including a shortage of enforcement agents and competing priorities, where health inspectors often have broader responsibilities.

- **Equal distribution of HWLs among products/brands:** Monitoring equal distribution of HWLs across products and brands is impossible to enforce and can be taken advantage of by the tobacco industry by having a smaller percentage of the most "damaging" images in circulation.

- **Transition periods:** The tobacco industry can flood the market with products bearing old warnings right before new rounds take effect. Legally, the industry is currently not responsible for getting old stock off the shelves at the point of sale.

8. Economic and human resources

A lack of financial and human resources often leads to the extension of existing warnings or the reuse of past images, without the novelty and effectiveness of new warnings.

Recommendations

Having every country do all the necessary work to successfully implement HWL rotation is unrealistic given the financial and logistical hurdles described above. However, a few significant things can be done at the international (e.g., WHO) or regional level (i.e., AFRO, EMRO, EURO, PAHO, SEARO, WPRO) to assist all countries and make a substantial impact.

1. International and regional image banks

- **Invest in comprehensive international and existing regional image banks:** Develop a comprehensive repository of images, with the necessary permissions or without copyright constraints, that represent diverse populations and have demonstrated effectiveness. Public polls can be conducted periodically to gauge the effectiveness of specific warning labels to inform development of future warning labels. Allow countries to adapt images to suit their specific contexts.

- **Have ethnically and culturally relevant images:** These should be sourced from and evaluated in countries that comprise the regional bank (in cases where regional banks exist). If an international WHO image bank is prioritized, it needs to contain a large variety of images that have been evaluated and created from multiple regions.

- **Keep databases up to date:** Ensure images remain publicly available and are of high quality.

- **Ask countries to eliminate copyright restrictions in their national databases.**

- **Provide support:** Have international organizations provide resources to countries for creating local images when needed.

- **Industry independence:** The tobacco industry should be excluded from any involvement in the HWL selection process.

- **Explore artificial intelligence:** Research the possibility of using AI to develop images.

With an image bank in place at an international and/or regional level, there are two areas where countries should focus their national efforts: institutionalizing the process and setting out several future rounds.

2. Institutionalize the process of HWL rotation

Ensuring the continuity and success of HWL rotation necessitates minimizing their reliance on political will and available resources. To this end, countries should do the following:

- **Overall actions:** Delegate responsibilities to stable and supportive institutions, like government agencies (e.g., U.S. FDA), securing adequate financial and human resources through legislative processes.

- **Legal actions:** Pass legal or regulatory actions that eliminate the need for legal processes to pass new rounds.

- **Close legal loopholes:** Address ambiguities in the wording of regulations, such as clarifying when and how image rotation occur—and avoid vague terms like "at the soonest" and replace them with phrases like

"at the latest" to hold the government and tobacco companies accountable.

3. Set out several rounds of HWLs within one legal instrument

- **Establish a 10-year cycle:** Following FCTC Guidelines and research, set out enough sets for ten years, with 8–12 warnings per set for 12–36 months per round. This maximizes resources, allows governments to have

a more efficient and effective research and evaluation process, and provides a larger break before having to start the process again. If available, choose images from tested regional/international image banks.

- **Allow for flexibility:** Allow for new images to quickly enter a new round, especially when addressing evolving public health issues (e.g., COVID-19 pandemic).

Additional Recommendations

For countries that may have the budget or resource capabilities or for those that wish to prioritize HWLs rotation before an image bank is in place, we have set out the following additional recommendations.

1. Establishing partnerships

- **Establish a permanent expert group/council:** Include representatives from civil society, academia, government and other relevant stakeholders to provide institutionalized oversight across different stages of the HWL rotation process.

- **Request international support:** Seek technical support from international organizations, like the WHO and its regional bodies, to assist primarily with the evaluation.

- **Collaborate with academic institutions and health centers:** Partner with academic institutions to improve evaluation and collaborate with hospitals and other relevant institutions to improve image sourcing.

2. Country-to-country coordination or use of regional bodies

- **Promote country-to-country coordination and leverage regional bodies, like WHO regional offices or trade blocs (e.g., MERCOSUR, CARICOM, ASEAN):** Share best practices, resources, evaluation evidence, and images among similar population groups.

- **Establish regional designated roles:** Designate specific roles for participating countries (e.g., one country in charge of conducting evaluations, another in creating images, etc.).

3. Enforcement

- **Improve enforcement during and after transition periods:** Shift the verification process from the manufacturing point to the point of sale and make industry responsible for getting rid of product with old HWLs from stores and point of sale.

4. Improving evaluation

- Diverse populations groups (e.g., youth, women) should be included in evaluations.

- Countries should aim to do periodic post-implementation evaluation, collecting feedback through public polls to gauge the effectiveness of specific warning labels on the public and use this data to inform development of future rounds.

Access the Institute's video and complete report on the implementation of health warning label rotation.