



Our Commitment to Health Equity

The **Campaign for Tobacco-Free Kids (CTFK)** is the leading advocacy organization working to reduce tobacco use and its deadly consequences in the United States and around the world. Through our **Global Health Advocacy Incubator (GHAI)**, we tackle other critical public health challenges across the globe – including food and nutrition policy, injury and overdose prevention, and building resilient and equitable health systems. **Our vision is a healthier and more equitable future for all.**

Our Approach to Health Equity

Our organization believes that our work must be rooted in a recognition of human dignity for all. Our approach views equity as both an outcome and an approach.

The World Health Organization describes health equity as the ability of everyone to “attain their full potential for health and well-being,” without “unfair, avoidable or remediable differences.”¹ These differences may be defined socially, economically, demographically or geographically, or by other definitions of inequality such as sex, gender, ethnicity, disability or sexual orientation.

Equity as an outcome: We are fiercely committed to policy solutions that leave no one behind. This includes policies that ensure everyone has access to essential health services, as well as policies that protect people and their communities.²

Equity as an approach: Our policy advocacy work ensures that communities most affected are not only heard but serve as leaders in informing and crafting effective policies, and helping to hold policymakers accountable for their implementation. We make a conscious effort to build coalitions that represent a variety of voices, particularly with people from communities that may be disproportionately impacted by the issue and policy approach we are taking.



Building Evidence for Health Equity

What gets counted determines who's included and who's left out. Through our research teams, as well as our Data for Health program, we help ensure that governments have the information they need to prioritize and develop health policies, deploy resources and measure access. We worked with the Global Fund and two regional networks, ACT Africa and APCASO/ACT Asia, to strengthen the ability of civil society organizations to build local evidence for pandemic preparedness and response for policymakers, with an emphasis on human rights and gender considerations.

The right data makes the invisible visible. In Colombia, GHAI is



collaborating with civil society organization Liga de Salud Trans on the implementation of the Colombian Constitutional Court's landmark 2022 decision, Ruling T-033, which ordered the civil registry to include NB ("nonbinary") in its documents. The Ministry of Labor has since announced that they will establish an Inter-Institutional

Technical Working Group on Data Justice. The national statistics agency, DANE, has released draft guidelines on statistics production including on gender identity, and the Civil Registrar launched a revised circular on processing requests to change to nonbinary and trans gender markers. ●

Experience from Every Part of the World

In practice, health equity means everyone has the chance to achieve their highest level of health. It is supported by policy change that mitigates or eliminates poor health outcomes for underserved communities. Lessons we have learned working with local partners across the United States and in more than 60 countries around the world include:

- **Addressing structural barriers to health must be a part of all efforts.**
- **Equitable outcomes require an equity model shared across our entire community of partners, from donors to local collaborators.**
- **Governments and civil society organizations (CSOs) must be supported to stand up to health-harming industries that exacerbate inequities by using their immense resources to prevent and undermine public health policies that threaten their profits.**

CTFK and GHAI takes a variety of actions to achieve health equity by advancing policy change that mitigates or eliminates health disparities.

- 1. We support policies and practices that protect all individuals, no matter where they live or who they are, from health-harming products and their public health consequences.

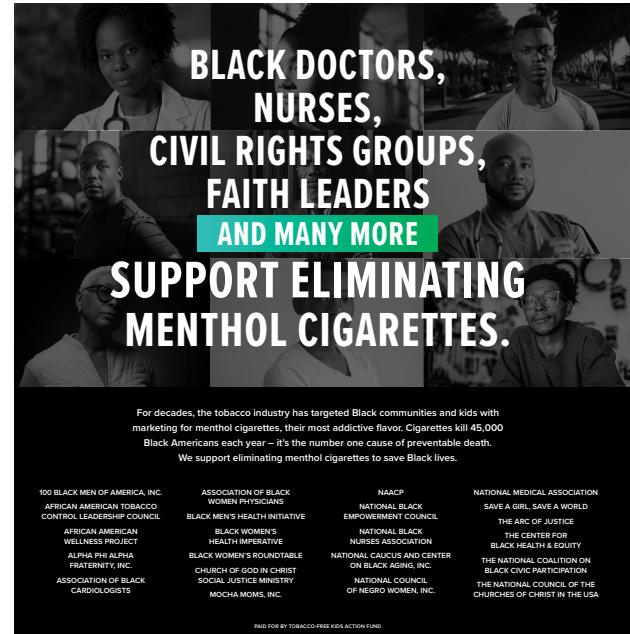
2. We begin internally seeking equitable, inclusive and diverse representation throughout our own organization and in the work that we do.
3. We support locally-led, vetted and inclusive priorities, views and knowledge promoting healthy communities, environments and resources for all.
4. We ground our approaches in locally led, vetted and inclusive priorities, views and knowledge promoting healthy communities, environments and resources for all.
5. We provide funding and technical assistance, including tools, research, communications, policy advocacy and legal expertise, to help communities and CSOs strengthen their long-term advocacy capacity and make the changes they want to see.
6. We work with governments to ensure that data and evidence used to develop and track health policies and implementation is inclusive of all communities and groups.
7. We address equity through the social and commercial determinants of health ("the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of-life outcomes and risks"³ and "the private sector activities that affect people's health"⁴) as well as through health systems.

Case Study: **Fighting for Equity in the United States**

For more than 60 years, the tobacco industry has continued to intentionally target Black Americans and other communities with marketing for menthol cigarettes, contributing to devastating health inequities. Menthol cigarettes make it easier for kids to start smoking, are more addictive, and are harder to quit than other cigarettes. Approximately **85% of Black smokers smoke menthol cigarettes** and Black Americans die at higher rates from tobacco-related diseases like cancer, heart disease and stroke than White Americans. Use of menthol cigarettes is also disproportionately high among communities of color, the LGBTQ+ community, socioeconomically disadvantaged populations, and smokers with mental health conditions.

In 2021, the Biden Administration proposed a rule that would prohibit menthol cigarette sales. In response, the CTFK built a community-centered, equity-driven national movement in support of this policy. We focused on elevating trusted Black leaders, civil rights organizations, faith communities, youth advocates, and grassroots partners to reframe eliminating menthol cigarettes as an issue of exploitation and social justice.

The tobacco industry aggressively fought back against these efforts, spreading misinformation and stoking fears of unintended consequences. To continue to counter these efforts by the industry, we coordinated and engaged a broad coalition of partners and stakeholders to maintain pressure and drive action. Essential to this effort was supporting and elevating the voices of communities disproportionately impacted by tobacco use. While the federal policy was ultimately not finalized, the work continues, and an increasing number of states and communities have adopted policies



For decades, the tobacco industry has targeted Black communities and kids with marketing for menthol cigarettes, their most addictive flavor. Cigarettes kill 45,000 Black Americans each year – it's the number one cause of preventable death. We support eliminating menthol cigarettes to save Black lives.

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100 BLACK MEN OF AMERICA, INC.	ASSOCIATION OF BLACK WOMEN PHYSICIANS	NAACP	NATIONAL MEDICAL ASSOCIATION
AFRICAN AMERICAN TOBACCO CONTROL LEADERSHIP COUNCIL	BLACK MEN'S HEALTH INITIATIVE	NATIONAL BLACK EMPOWERMENT COUNCIL	SAVE A GIRL, SAVE A WORLD
AFRICAN AMERICAN WELLNESS PROJECT	BLACK WOMEN'S HEALTH IMPERATIVE	NATIONAL BLACK NURSES ASSOCIATION	THE ARC OF JUSTICE
ALPHA PHI ALPHA FRATERNITY, INC.	BLACK WOMEN'S ROUNDTABLE	NATIONAL CAUCUS AND CENTER ON BLACK AGING, INC.	THE CENTER FOR BLACK HEALTH & EQUITY
ASSOCIATION OF BLACK CARDIOLOGISTS	CHURCH OF GOD IN CHRIST	NATIONAL COUNCIL OF NEGRO WOMEN, INC.	THE NATIONAL COALITION ON BLACK CIVIC PARTICIPATION
	SOCIAL JUSTICE MINISTRY	MOMA MOMS, INC.	THE NATIONAL COUNCIL OF THE CHURCHES OF CHRIST IN THE USA

November 2023 print ad signed by 22 leading Black organizations, organized by CTFK and published in Politico and Black-owned newspapers nationwide.

prohibiting sales of flavored tobacco products, including menthol. Through authentic partnerships, cultural fluency and sustained organizing, CTFK continues to push for federal, state and local action to eliminate menthol cigarettes, to protect Black health, and to advance health equity.

Case Study: **Counting Women's Deaths in Côte d'Ivoire**

In many countries including Côte d'Ivoire, women's deaths — and the causes of their deaths — are less likely to be registered than men's deaths. As a result, policymakers do not have the statistics necessary to develop evidence-based public



Using the Law to Advance Health Equity and Provide Justice

Effective legal and litigation strategies are essential for strong public health policies, including policies to advance and defend health equity. We use legal action to tackle systemic inequities that get at the root of health disparities and injustice. Our legal team provides expert technical assistance, resources and capacity strengthening for lawyers, advocates, governments

and public health professionals to pass, implement, defend and enforce evidence-based policies in their countries.

In Cambodia, we provided technical legal support to develop and draft a new civil registration, vital statistics and identification law that was adopted in July 2023 that ensured that all Cambodians are recognized in a comprehensive

health information system. The comprehensive new law guarantees civil registration to everyone residing in Cambodia, establishes a digital and decentralized system, removes obstacles and fees from the registration process, establishes a universal right to an ID card for citizens and includes privacy protections for personal data. ●



Building Advocacy Movements for Health Equity

We support locally-led advocacy movements, many focused on health equity. With the Next Gen(D)eration Leadership Collective, a global network of women leaders redressing power imbalances in food systems, we partnered to develop an equity-oriented advocacy planning methodology and toolkit. We served as Special Olympics International's global strategic advocacy partner

to help global and country-level teams assess the level of intellectual disability-inclusion of national health systems and develop advocacy plans for improving health access and outcomes.

In India, we helped launch the coalition "Women and Child Rights Organizations Supporting Tobacco Control," which broadened the tobacco control movement by mobilizing diverse stakeholders across 10 states—including youth, women and the home-based workers

who handroll traditional beedi cigarettes. A coalition letter-writing campaign from more than 20,000 beedi workers, advocating for tobacco control law reforms and describing the conditions in which they lived and worked, gained the attention of the Prime Minister. Among other responses, it prompted a district public health system in Rajasthan to begin providing beedi workers and their communities with free healthcare and medicines delivered to their homes by mobile medical units. ●



A leadership workshop on tobacco control advocacy for women beedi workers in the Indian state of Uttar Pradesh.

policy interventions and allocate resources. To address maternal mortality, gender-based violence and other causes of women and girls' deaths, comprehensive female death registration is critical.

In partnership with the Ministry of Women, Family and Children, GHAI's Data for Health team documented the social, cultural and systemic barriers that contribute to the under registration of women's deaths, particularly in the Bagoué region of northern Côte d'Ivoire. The findings revealed how gender norms, illiteracy, accessibility challenges and weak enforcement of

registration laws intersect to make women's deaths statistically invisible.

The project generated some of the first qualitative evidence in Côte d'Ivoire on why women's deaths remain undercounted. It also successfully translated this evidence into national policy discussions, leading to concrete policy recommendations and actions including the implementation of an administrative circular mandating the appointment of community and health agents to support birth and death registrations.

References

- 1 World Health Organization. "Health Equity." <https://www.who.int/health-topics/health-equity>. Last accessed Nov. 17, 2025..
- 2 This is compatible with the World Health Organization's definition of Universal Health Coverage: "all people have access to the full range of quality health services they need, when and where they need them, without financial hardship." World Health Organization. "Universal health coverage (UHC)." [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)). March 26, 2025.
- 3 U.S. Department of Health and Human Services. "Social Determinants of Health," Healthy People 2030. Formerly available at <https://health.gov/healthypeople/priority-areas/social-determinants-health>.
- 4 World Health Organization. "Commercial determinants of health." <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>. March 21, 2023.



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Contact us: info@tobaccofreekids.org, tobaccofreekids.org / info@advocacyincubator.org, advocacyincubator.org