Financial resources and mechanisms of assistance

Report of the Convention Secretariat

1. This report was prepared in accordance with decision FCTC/COP2(10) taken by the Conference of the Parties at its second session (Bangkok, Thailand, 30 June – 6 July 2007), requesting the Convention Secretariat to prepare and present, at every session of the Conference of the Parties, an implementation report on activities undertaken to implement decisions FCTC/COP1(13) and FCTC/COP2(10) on financial resources and mechanisms of assistance.

2. The report summarizes the information available in Parties’ reports on implementation of the WHO Framework Convention on Tobacco Control (FCTC) and the work in progress by the Convention Secretariat in this area, in light of the relevant provisions of the Convention and the decisions adopted by the Conference of the Parties at its previous sessions. It also includes a review of progress made in promoting the transfer of technical and legal expertise and technology as outlined in the 2010–2011 workplan adopted by the Conference of the Parties at its third session (Durban, South Africa, 17–22 November 2008).1

Background

3. The WHO FCTC recognizes the need to generate global action to enable all Parties to implement its provisions. The Preamble acknowledges “that tobacco control at all levels and particularly in developing countries and in countries with economies in transition requires sufficient financial and technical resources commensurate with the current and projected need for tobacco control activities”. Article 5.6 obligates Parties “within means and resources at their disposal, [to] cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms”. Article 21 calls on Parties to submit periodically to the Conference of Parties implementation reports, including details of any constraints or barriers encountered during implementation of the Convention. Article 26 recognizes the importance that

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1 See decision FCTC/COP3(19).
financial resources play in achieving the objectives of the Convention, and particularly in supporting
global action. Article 23 emphasizes that the Conference of the Parties shall “promote and facilitate
the mobilization of financial resources for the implementation of the Convention in accordance with
Article 26.”

4. The Preamble to the WHO FCTC also notes that Parties to the Convention are “Determined to
promote measures of tobacco control based on current and relevant scientific, technical and economic
considerations”. Article 22 obligates Parties to “cooperate directly or through competent
international bodies to strengthen their capacity to fulfill the obligations arising from this
Convention”. The areas of cooperation identified include the transfer of technical, scientific and legal
expertise and technology, with the aim of strengthening tobacco control at the national level. The
Convention also urges that this cooperation should take into account the needs of developing country
Parties and Parties with economies in transition.

5. At its first session (Geneva, Switzerland, 6–17 February 2006), the Conference of the Parties
emphasized that there was an urgent need for assistance, calling upon developed country Parties to
provide technical and financial support to developing country Parties and Parties with economies in
transition, in accordance with their obligations under the Convention. The Conference of the Parties
also called upon developing country Parties and Parties with economies in transition to conduct needs
assessments in light of their total obligations under the Convention. It requested the Convention
Secretariat to assist those Parties in conducting such assessments and to continue to develop and
update the database of internationally available sources of funding and other resources. At its second
session, the Conference of the Parties urged donor Parties to provide voluntary extrabudgetary
contributions and mandated the Convention Secretariat actively to seek such contributions from
Parties and other international donors, specifically for the purposes of helping Parties in need to carry
out needs assessments and develop project and programme proposals.

6. The workplan and budget for the biennium 2010–2011 adopted by the Conference of the Parties
at its third session stresses the importance of assisting developing country Parties and Parties with
economies in transition, strengthening coordination with international organizations, and aligning
tobacco-control policies at country level to promote implementation of the Convention. Needs
assessments, combined with the promotion of access to available resources, the promotion of treaty
tools at country level, the transfer of expertise and technology, and South–South cooperation were
designated as major components of this work. In light of the fact that the voluntary assessed
contributions of Parties, as projected in the biennium 2010–2011, would not cover this part of the
workplan, the Conference of the Parties also called for extrabudgetary contributions and authorized the
Convention Secretariat to seek and receive such contributions in order to be able to fully implement
the workplan and particularly to support country-level work.

Analysis of needs, resources and assistance in Parties’ reports

7. In the 2009 summary report on global progress in implementation of the Convention, 117 Party
reports were analysed to identify the types of gaps that exist between Parties’ needs and the resources

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1 See decision FCTC/COP1(13).
2 See decision FCTC/COP2(10).
3 2009 Summary Report on global progress in implementation of the WHO Framework Convention on Tobacco
Control, Geneva, Convention Secretariat to the WHO Framework Convention on Tobacco Control, 2009
that they have secured to address these needs. Information on technical and financial assistance received from or provided to Parties for implementation of the Convention was analysed. As of 30 June 2010, 135 Parties had presented their two-year implementation reports, which form the basis of the analysis presented in this paper.

8. Overall, the findings indicate a relatively low level of mutual assistance between Parties as well as a relatively low level of identification of needs and of the gaps between resources available and needs assessed. Only 38% of Parties reported that they had identified such gaps (while 42% reported that they had not done so). There was no indication that these were comprehensive needs assessment exercises based on a systematic review in light of total obligations under the treaty, as called for by the Conference of Parties. Half of the Parties that had identified gaps also provided some detailed information regarding what had either already been done or was in the process of being done to advance tobacco control within their jurisdictions. All Parties that reported, however, confirmed that their available resources fell short of their identified needs. The areas most frequently mentioned as requiring more resources were communication campaigns, policy advocacy targeting key decision-makers and senior government officials, research activities, and cessation programmes.

9. Only 15% of Parties reported that they had received assistance in meeting their reporting obligations, while the vast majority (68%) reported that they had not received such assistance. It is not clear how many actually need such support and have not yet requested or received it.

10. Half of the Parties that reported indicated that they had either asked for or were considering providing technical or financial assistance on specific programmes. Most requests for support concerned projects related to the development of new legislation and national tobacco-control action plans, followed by those related to training, research and development of infrastructure, and for capacity building for the treatment of tobacco dependence and cessation of tobacco use.

11. The five-year implementation reports submitted in 2010\(^1\) show that the situation is changing, with more Parties reporting that they have identified their gaps (up from 38% to 42%). A more significant increase is seen in the provision and receipt of assistance. For example, the proportion of Parties providing materials, equipment and supplies, as well as logistic support for tobacco-control strategies, plans and programmes had doubled (from 15% to 31% of reporting Parties).

**Needs assessment missions**

12. Pursuant to Articles 21 and 26 of the WHO FCTC, at its first session the Conference of Parties called for detailed needs assessments to be carried out at country level, especially in developing countries and countries with economies in transition, with a view to ensuring that lower-resource Parties are supported in fully meeting their obligations under the Convention.\(^2\) At its third session, the Conference of the Parties adopted the workplan and budget for the 2010–2011 biennium, which includes support to Parties in conducting needs assessments. These are a major part of the activities aimed at aligning tobacco-control policies at country level to promote implementation of the Convention.

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\(^1\) As of 30 June 2010.

\(^2\) See decision FCTC/COP1(13).
13. To respond to this mandate, the Convention Secretariat has so far supported eight Parties,\(^1\) drawn from all WHO regions, in conducting needs assessment exercises based on the substantive articles of the WHO FCTC and the guidelines adopted by the Conference of the Parties.\(^2\) Support for these joint needs assessment exercises will continue to be provided by the Secretariat as more resources become available.

14. To be comprehensive, the needs assessment exercises are carried out in three phases: (a) initial analysis of the status, challenges and potential needs deriving from the latest implementation report of the Party and other available sources of information; (b) visit of an international team to the country for a joint review with government officials representing the health and other relevant sectors; and (c) follow-up with country representatives to obtain further details and clarifications, to review additional materials jointly identified, and to develop and finalize the needs assessment report in cooperation with the government focal point(s).

15. The pre-mission phase also includes an analysis of the activities of development partners active in the country in question. These partners may be sources of future assistance to meet technical and financial needs and thereby fill any gaps identified in the needs assessment exercise. The Convention Secretariat has also planned that, in the future, those development partners with a specific focus on or interest in a particular country may be invited to take part in the joint needs assessment mission, so that they can better understand the needs and gaps identified and, in particular, the role that they might be able to play to support that Party in implementing the Convention.

16. The country missions undertaken by international teams have been organized by the Convention Secretariat, and have also included staff of WHO’s Tobacco Free Initiative as well as WHO regional and country offices. They have provided a much-needed opportunity for different sectors within government to gain a better understanding of the WHO FCTC. They have also provided a forum for all relevant sectors of government to identify the role they need to play in implementation of the Convention, so that they can contribute as effectively as possible to the efforts of their country to meet its treaty obligations. Representatives of United Nations Resident Coordinators and of relevant development partners in countries visited were also met and their possible role in supporting the country in this regard discussed.

17. The reports resulting from the joint needs assessments that have been conducted so far show the progress that Parties are making in domestication of the Convention. Some challenges that appear frequently in these reports and that need to be addressed include: the establishment of a multisectoral coordinating mechanism; the establishment of a dedicated budget line for tobacco control; implementation of the time-bound provisions of the Convention; utilization of bilateral and multilateral mechanisms made available through the Convention under its provisions on international cooperation; and development of effective infrastructure, including through capacity building, to implement the Convention nationally.

18. In order to strengthen the harmonization and integration of treaty implementation with national development priorities and with needs identified, the Convention Secretariat requested the governments concerned to secure resources from within their countries in a sustainable manner.

\(^1\) Bangladesh, Ghana, Guatemala, Jordan, Lesotho, and Papua New Guinea. Needs assessments in Mexico and the Republic of Moldova were in progress at the time of writing this report and expected to be finalized by October 2010.

Governments have also been asked to consider advocating for the inclusion of WHO FCTC implementation within the United Nations Development Assistance Framework and within the Joint Assistance Strategy among development partners in their countries. Other potential means of promoting implementation of the Convention were also encouraged.

19. The needs assessment missions have been welcomed by the Parties supported so far. Concern was expressed, however, over the urgent need for technical and financial support, particularly to address time-bound treaty obligations.

**Database of available resources**

20. A study to review existing and potential sources and mechanisms of assistance was conducted by the interim Secretariat and a report presented to the Conference of the Parties at its first session. The Convention Secretariat has since built on the work presented in this initial report and updated the list of potential sources, creating a database that reflects the full scope of the Convention.

21. The Convention Secretariat first developed a tool (in the form of a questionnaire) that helps to identify institutions that represent potential sources of assistance. This tool also identifies the specific area of implementation of the Convention that such an institution would be able to support. The tool has been, and continues to be, disseminated among relevant institutions and feedback continues to be received.

22. The responses received have been collected in a database, in a format that enables searches to be conducted on the basis of certain criteria. The database is continuously being updated as more feedback is received from the contacted institutions. It is then used to link Parties that have identified their needs to internationally available sources of support. The database will be presented in more detail during the fourth session of the Conference of Parties.

**Regional workshops**

23. The Convention Secretariat, in collaboration with WHO regional offices and host governments, has continued to co-organize regional workshops on implementation of the Convention. A workshop attended by 14 countries from the Eastern Mediterranean Region was held in Cairo, Egypt, on 2–4 November 2009; the second workshop, jointly for the South-East Asia and Western Pacific Regions, was held in Singapore on 22–24 February 2010 and was attended by 29 Parties from the two regions; and the final workshop was held on 7–9 June 2010 in Bucharest, Romania, and was attended by 38 countries from the European Region. These concluded the first series of regional workshops to

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1 Document A/FCTC/COP/1/4.
2 Bahrain, Djibouti, Egypt, Iraq, Jordan, Lebanon, Libyan Arab Jamahiriya, Oman, Pakistan, Saudi Arabia, Sudan, Syria, United Arab Emirates and Yemen.
3 Bhutan, Brunei, Cambodia, China, Cook Islands, India, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Maldives, Marshall Islands, Micronesia (Federated States of), Mongolia, Myanmar, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Sri Lanka, Thailand, Tonga, Tuvalu and Vanuatu.
4 Albania, Armenia, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Denmark, Estonia, Finland, Georgia, Germany, Greece, Hungary, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Montenegro, Netherlands, Poland, Republic of Moldova, Russian Federation, Serbia, Slovenia, Spain, Sweden, Switzerland, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, and Uzbekistan.
discuss implementation of the Convention, with the second round of workshops due to start in 2011 subject to availability of funds.

24. Discussions at the regional workshops covered many areas relating to implementation of the Convention, including the objectives and working mechanisms of the Convention, as well as implementation instruments and the process of their development. Participants were updated on reporting arrangements under the Convention, with special emphasis placed on Group 2 questions of the reporting instrument and on the 2009 summary report on global progress in implementation. The workshops covered the agendas of the relevant sessions of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products and preparations for the fourth session of the Conference of the Parties; information in this regard was provided to support governments in their preparations for and participation in these meetings. The time-bound provisions of the Convention also received special attention owing to the urgency resulting from the deadlines. Information on potential sources and mechanisms of assistance was also shared during the workshops, including the ongoing development of the database of available resources, and the means by which Parties can liaise with the Convention Secretariat, in accordance with decisions of the Conference of the Parties, in order to seek such assistance.

25. During the regional workshops, country-specific experiences, needs and challenges were also reviewed in bilateral sessions. The purpose was to identify, for each interested Party, areas that may benefit from implementation assistance and also to explore the appropriate mechanism to provide that assistance.

26. One of the challenges to implementation most frequently cited during the workshops was interference by various vested interests that do not want to see effective policy and laws enacted. There was a call to support effective implementation of the guidelines on Article 5.3 of the Convention. Other challenges identified included the need to build capacity to enforce existing law (including technical expertise), and to develop broader understanding of the Convention and its obligations within government agencies. Many delegations expressed the desire to share experiences regularly so as to learn from other Parties and benefit from such experiences.

Promoting the transfer of expertise and technology

27. Article 22.2 of the WHO FCTC states that “The Conference of the Parties shall promote and facilitate transfer of technical, scientific and legal expertise and technology with the financial support secured in accordance with Article 26”. Party reports¹ show that requests for and cases of provision of assistance in this area are relatively few. Of the assistance provided, even fewer are cases of mutual assistance by Parties. This is despite the fact that there are numerous reports of needs and gaps in this area.

28. In relation to Article 22.1(a) of the Convention on development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control, only 32 Parties (24%) reported that they had provided such assistance, while 53 (39%) confirmed that they had received it. In relation to Article 22.1(b) on technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes, only 35 Parties (26%) confirmed that they had provided and 58 (43%) that they had received such assistance. The second (five-year) Party

¹ Two-year reports received as of 30 June 2010.
implementation reports show a significant improvement with regard to Article 22.1(a), with the proportion of Parties providing support in this area having increased from 24% to 42%, while the proportion of Parties receiving such support has also increased from 39% to 46%.

29. In relation to Article 22.1(d), on material, equipment and supplies, as well as logistic support, for tobacco-control strategies, plans and programmes, only 20 Parties (15%) reported that they had provided such support, while 40 (30%) confirmed that they had received assistance in this area. In relation to Article 22.1(e) on the identification of methods for tobacco control, including comprehensive treatment of nicotine addiction, 14 Parties (10%) have provided and 19 (14%) have received assistance in this area. However, only 9 Parties (7%) have provided and 12 (9%) have received assistance in undertaking research to increase the affordability of comprehensive treatment of nicotine addiction, in line with Article 22.1(f). The second (five-year) Party implementation reports have also shown a significant improvement in relation to Article 22.1(e), with the proportion of Parties providing support in this area increasing from 10% to 27%, and the proportion of those receiving it from 14% to 27%.

30. The Convention Secretariat has been and continues to facilitate and promote the transfer of expertise and technology to support implementation of the Convention. This has been achieved in a variety of ways as described below.

31. Parties have been making direct requests to the Convention Secretariat to support various treaty-related activities at country level. These include requests for support in the drafting of new legislation and regulations or the amendment of existing legislation and regulations so that they are in line with the Convention and the adopted guidelines. The Secretariat has responded to specific queries regarding national legislation and regulations and provided advice on how the Convention and the guidelines can guide domestication of the WHO FCTC. Parties that have benefited from such support include Cameroon, Ghana, Jamaica, Jordan, Kenya, Lesotho, Pakistan, Singapore, Solomon Islands, and Trinidad and Tobago. This process has at the same time served to enrich understanding of the Convention and its guidelines, which will serve the countries well in the future.

32. During the regional implementation workshops, the Convention Secretariat organized seminars to tackle several provisions of the Convention. Experts were invited to share with participants the details of relevant provisions of the Convention and, where appropriate, the adopted guidelines. Implementation experiences from all over the world were presented and discussed. Strategies for successful implementation were also discussed and the experts able to provide more detailed support to interested delegations. The provisions covered in this manner included Articles 5.3, 8, 11 and 13. These sessions served to provide access to expertise and experiences, including on the management of challenges to implementation.

33. The Conference of the Parties requested that work be undertaken in promoting the transfer of expertise and technology in order to support implementation of Article 11. In line with the decision of the Conference of the Parties, the Convention Secretariat invited WHO’s Tobacco Free Initiative to establish and maintain a central international database of pictorial health warnings and messages. This database was launched in May 2010 and will grow as more information is made available by Parties.

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1 For a detailed analysis, see the 2010 global summary report on implementation of the Convention (document FCTC/COP/4/14).
2 See decision FCTC/COP3(10).
The Conference of the Parties also requested the Secretariat not only to encourage the use of this database but also to facilitate, upon request, the granting of licenses for use of pictorial health warnings and messages. The Secretariat continues to facilitate the sharing of these images through bilateral agreements between Parties.

34. Parties that have confirmed to the Convention Secretariat that they are willing to share the pictorial warnings for which they hold the copyright include Australia, Canada, the European Union, India, the Islamic Republic of Iran, Peru, Singapore, Thailand and Venezuela (Bolivarian Republic of). The WHO Regional Office for the Eastern Mediterranean is also willing to share the images it has created. Parties that have so far benefited from this arrangement include Georgia, Egypt, Seychelles, Trinidad and Tobago and Ukraine, while the process of sharing images with Maldives and Samoa was still in progress as this report was being finalized.

35. The procedures established for sharing pictorial health warnings differ according to the preferences of those who own the copyrights. Some Parties have requested the Convention Secretariat to forward any request so that a license can be granted bilaterally. Another model is the agreement by which the Secretariat acts on behalf of the European Commission to facilitate the granting of licenses and to support the recipient Party in implementation.

36. The Conference of the Parties may wish to provide guidance on the way forward in relation to other possible areas of implementation of Article 22.2, beyond the process already established for the pictorial health warnings and messages.

Conclusions

37. Although the WHO FCTC and subsequent decisions of the Conference of the Parties have called for financial and technical support to be provided to developing country Parties and Parties with economies in transition, these provisions and decisions have not yet been optimally implemented. The relevant treaty provisions, the guidelines adopted by and the decisions of the Conference of the Parties can enhance global action in the implementation of the Convention. Increased cooperation in these areas is essential to help release the much-needed resources required for country-level activities.

38. Undertaking needs assessments, compiling and promoting access to internationally available resources, and promoting transfer of expertise and technology have emerged as key mechanisms of assistance in treaty implementation, along with technical and legal advice on treaty-specific matters through communication with Parties’ focal points and intercountry workshops.

39. As Parties begin to report for the second time (five-year reports), and as the need to report clearly and fully on matters of assistance becomes more evident, there is an expectation that an increasing number of Parties will provide detailed information on the challenges they face during implementation and on the types of assistance they have requested or provided. This will inform the process of securing relevant resources and expertise.

40. Needs assessments at country level are essential for generating broader interest in the Convention and galvanizing resources from both within and outside the country to support implementation. Needs assessments are open to all Parties even though the emphasis has so far been predominantly placed on developing country Parties and Parties with economies in transition. It is a core part of treaty work at country level and will require substantial support in the years to come, so as to secure global action. More resources will be required to broaden the reach of needs assessment missions to a wider number of Parties. The involvement of development partners will be another
crucial factor in assisting developing country Parties to meet the needs identified under the Convention.

41. The database of available resources to support implementation of the Convention is now well established and continues to be populated with relevant information from potential sources. The success of the database will be seen when the identified sources actively support country-level implementation when requested to do so by Parties that are in need.

42. Transfer of expertise and technology is an important means of ensuring that implementation progresses faster in the future, because Parties will be learning from each other. The promotion of such transfers should continue and be enhanced to cover a wider spectrum of treaty provisions. The Conference of the Parties may consider urging Parties to share their expertise and technologies, as well as to assess and share their needs in light of their total obligations under the Convention.

43. The Convention Secretariat will continue to promote provisions of the treaty and decisions of the Conference of the Parties in cooperation with relevant departments of WHO and other international partners so as to support full implementation of the Convention. The success of this effort however will rely on the availability of resources to support country-level work, particularly because the assessed contributions by Parties for the biennium 2010–2011 will not cover this aspect of the budget and workplan.

**ACTION BY THE CONFERENCE OF THE PARTIES**

44. The Conference of the Parties is invited to note this report and provide further guidance.