



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

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WHO Framework Convention
on Tobacco Control**

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Financial resources and mechanisms of assistance

Report of the Convention Secretariat

INTRODUCTION

1. This report on the review of mobilization of resources and the performance of mechanisms of assistance to support implementation of the WHO FCTC has been prepared in accordance with the relevant decision¹ taken by the COP at its fourth session.
2. Article 26 of the WHO FCTC recognizes the important role played by financial resources in achieving the objectives of the Convention and the importance of mobilizing technical, financial and other relevant resources for the benefit of all Parties, especially developing country Parties and Parties with economies in transition. Article 26 also requires the Convention Secretariat to advise developing country Parties and Parties with economies in transition, upon request, about available sources of funding to facilitate the implementation of their obligations under the Convention.
3. The COP, starting from its first session,² took note of the importance assigned by the Convention to resources and mechanisms of assistance for its implementation. The COP emphasized the mobilization of extrabudgetary resources, in addition to voluntary assessed contributions, and it reviewed the multisectoral challenges associated with implementation, noting the potential role of multilateral institutions and agencies of the United Nations system, in particular those represented in the United Nations Ad hoc Interagency Task Force on Tobacco Control. The decision taken by the COP at that session³ also emphasized the linkage between the requirements for and mobilization of funding for treaty implementation and needs assessments at country level. Relevant decisions⁴ of the second, third and fourth sessions of the COP⁵ further promoted and reinforced this approach and linked the mobilization of

¹ Decision FCTC/COP4(17).

² Held on 6–17 February 2006.

³ Decision FCTC/COP1(13).

⁴ Decisions FCTC/COP2(10), FCTC/COP3(19) and FCTC/COP4(17).

⁵ Held on 30 June to 6 July 2007, 17–22 November 2008, and 15–20 November 2010, respectively.

resources to the overall principles of aid effectiveness by calling for the utilization of available resources and existing mechanisms of the United Nations system and other international frameworks, as well as harmonization and alignment of implementation of the Convention under national health and development plans.

4. According to Article 23 of the Convention, the COP keeps under regular review and promotes implementation of the Convention, including by promoting the mobilization of financial resources and requesting, where appropriate, the services and cooperation of relevant international organizations. The Convention Secretariat is responsible for implementation of the biennial workplans and budgets adopted by the COP, which contain clear objectives and benchmarks, to accomplish this important task. The cooperation and services provided by different stakeholders derive from the mandates of their governing bodies and the scope of and conditions attached to their resources.

5. This report accordingly reviews resources and mechanisms of assistance in two sections. The first section deals with the mobilization of resources necessary for the Convention Secretariat to implement the workplans adopted by the COP, and the performance of mechanisms of assistance. The second section reviews, on the basis of information made available by the relevant entities as enumerated in the COP decision, the resources such entities may dedicate or have dedicated, and the mechanisms of assistance utilized in the recent past to support and complement implementation of the WHO FCTC at country, regional and global levels.

6. A variety of sources were analysed and utilized in completing this report: the information provided by Parties in their implementation reports; responses to a questionnaire sent to Parties requesting additional information on the resources and assistance provided and received; responses to questionnaires sent to observers to the COP, both intergovernmental and nongovernmental organizations; information requested from WHO's Tobacco Free Initiative (TFI); and information contained in the database of resources available for implementation of the Convention, which is maintained by the Convention Secretariat.

Information available in Parties' implementation reports

7. In order to achieve the objectives of this document, the Convention Secretariat first analysed the information available in Parties' reports. A brief summary is presented below. More detailed information is provided in the global progress report presented to the current session of the COP.¹

8. An increasing number of Parties are reporting gaps between resources available and the needs arising in relation to implementation of the Convention: over half (72) of the 126 Parties that reported in 2011–2012 identified such gaps compared with 38% of the Parties (51) that had reported by mid-2010. The findings also indicate that approximately a quarter of the Parties provided or received assistance to/from other Parties in treaty implementation. However, it should be noted that Parties also continue to report more often assistance they have received than assistance provided. Overall, 78 Parties reported receiving some form of assistance, with the main areas including smoke-free policies, taxation, product regulation, packaging and labelling, public education, cessation, and surveillance.

¹ Document FCTC/COP/5/5.

RESOURCES AND MECHANISMS OF ASSISTANCE TO SUPPORT IMPLEMENTATION OF THE WORKPLANS AND BUDGETS APPROVED BY THE COP

9. The COP has approved four biennial workplans and budgets so far, spanning the period 2006 to 2013. Detailed information on their implementation, including on resources and mechanisms of assistance, is contained in the performance reports of the Convention Secretariat submitted to the previous and current sessions of the COP. A review of the overall picture is presented below.

Resources

10. Resources for implementation of the workplans and budgets adopted by the COP fall under two principal categories: (a) voluntary assessed contributions (VAC) of Parties, in line with the biennial scales of assessments; and (b) extrabudgetary funds – aimed at financing activities that are approved by the COP but not covered by VAC.

Voluntary assessed contributions

11. The amount of VAC was US\$ 8 216 000 in the first (2006–2007) biennium and it increased to US\$ 8 682 000 in the second (2008–2009) biennium.¹ Then it remained at approximately the same level, with small increases of US\$ 65 000 and US\$ 10 000 in the 2010–2011 and current (2012–2013) bienniums, respectively.² The actual collection of VAC stood at between 90% and 97% by the end of each biennium, with some of the arrears being paid after the closure of the respective biennium. Arrears in the amount of US\$ 489 949, or 2% of the total VAC for 2006–2011, had still not been settled as at 30 June 2012 (more information on payment of VAC is presented in document FCTC/COP/5/21). Overall, there was only a modest increase in the amount of VAC between the COP's first and current (fourth) budgets, by less than 10%, while the number of Parties has increased by half and the workplans, owing to the evolution of implementation work, have greatly expanded.

12. As the VAC was traditionally directed to funding activities related to treaty administration (convening sessions of the COP, elaboration of treaty instruments, such as the protocol and guidelines, development and maintenance of the reporting system of the Convention, coordination with international organizations and bodies, and general management and administration), it constituted the principal source of funding of the 2006–2007 and 2008–2009 workplans, when those activities were the main components of the workplans. This resulted, in particular, in the adoption of four guidelines and the second phase of the reporting instrument by the COP at its second and third sessions, as well as the initiation of negotiations for the protocol on illicit trade in tobacco products between those sessions.

Extrabudgetary funds

13. In view of growing requirements of the Parties, and in order to ensure the sustainability of treaty implementation, the COP at its third session took the important decision to include in the workplan key treaty activities pertaining to intercountry exchanges of information and technical assistance, broader international cooperation, South–South cooperation, and assistance to be provided to Parties in meeting their reporting obligations. However, these activities remained subject to the availability of

¹ Including VAC of countries that became Parties in the intersessional period after, respectively, COP1 (2006) and COP2 (2007).

² US\$ 8 757 000 as adopted by COP4 for 2012–2013 biennium (without the additional US\$ 350 000 exceptionally agreed by the COP to allow the convening in 2012 of the final session of the INB).

extrabudgetary resources. Therefore, the COP mandated the Convention Secretariat to raise extra budgetary resources for the full implementation of the workplan.

14. At its fourth session, the COP undertook a comprehensive review of the strategy for implementation of the Convention, its resource base and the provision of multisectoral assistance through enhanced cooperation with international organizations and bodies in order to strengthen mechanisms of assistance to Parties. The COP workplan for 2012–2013 took into account the Punta Del Este Declaration¹ which called, inter alia, for greater engagement with the work of the United Nations Ad Hoc Interagency Task Force on Tobacco Control, as well as decisions that the COP adopted with regard to resources, assistance and international cooperation.² The workplan therefore, required the raising of substantial extrabudgetary resources and greater international coordination.

15. In view of the above developments, and the increasing needs of Parties as reflected in their implementation reports, the Convention Secretariat followed the internationally agreed principles of aid effectiveness, national ownership and the harmonization and alignment of treaty implementation with national health and development plans. The Secretariat also took into account the guidance enshrined in the Convention and COP decisions to utilize existing resources and mechanisms for extending assistance to the Parties, upon request. Needs assessments, which were called for by the first session of the COP and linked methodologically to the identification of resource needs, have become the principal instrument for operationalizing country-level assistance.

16. To fulfil the unfunded yet adopted activities of the workplans, the Secretariat raised the necessary resources in 2011. Efforts in this regard began shortly after the third session of the COP, but given its strategic nature and large amount, and the necessary approvals required under European Commission rules, the European Union (EU) grant agreement in the total amount of €5.2 million, or approximately US\$ 6.7 million, was signed at the end of 2011.

17. The EU grant, to be implemented within three years, covers 30 needs assessments and related assistance in developing countries that are covered by the Development Co-operation Instrument. In addition, the grant covers horizontal activities that will allow broader coordination and exchange between Parties and with relevant international organizations and bodies, such as regional workshops and South–South and triangular cooperation projects, technical publications pertinent to treaty instruments, multisectoral assistance and best practices, cooperation with institutions with the potential to support knowledge analysis and exchanges related to treaty implementation, and establishment of an information platform for sustained implementation of the Convention.

18. Earlier, in 2011 Australia provided, in three separate developments and in a total amount of US\$ 908 109, resources to support the following unfunded yet approved activities under the COP work plan: needs assessments in Pacific island countries and least developed Commonwealth countries; implementation by developing countries of some key areas of the Convention; the work of the working group on Article 6; and reporting arrangements under the Convention. Australia also provided extrabudgetary resources to the Convention Secretariat under the previous workplans for assistance to Parties in the WHO Western Pacific Region, in the total amount of US\$ 300 000, and recently US\$ 205 480 to strengthen staff capacity in the Secretariat.

¹ Decision FCTC/COP4(5).

² Decisions FCTC/COP4(17) and FCTC/COP4(19).

19. Canada provided US\$ 66 595 to organize a workshop on international trade and tobacco control issues for health and trade representatives of Parties in March 2012.¹ Contributions were also received from Germany (in the amount of US\$ 166 250, through UNDP in 2010–2011) and the Netherlands (in the amount of US\$ 937 436 in 2009–2012), to support activities of the Secretariat through secondments, and from US CDC, in the amount of US\$ 28 250, to support reporting arrangements under the Convention.

20. Overall,² extrabudgetary funds available to support implementation of the Convention amounted to US\$ 200 000 in the 2006–2007 workplan, US\$ 273 228 under the 2008–2009 workplan, US\$ 1 582 391 under the 2010–2011 workplan, and US\$ 4 720 026 under the current (2012–2013) workplan (as of 1 September 2012).

21. The Convention Secretariat continues to engage with new development partners in order to meet the expectations of Parties, especially in the post-needs assessment phase, regarding the identification of resources for long-term needs. This work includes working closely with country-level donors and agencies, national health and planning ministries/donor coordination bodies, and WHO country offices and United Nations Resident Coordinators.

Mechanisms of assistance³

22. The WHO FCTC and the workplans and relevant decisions adopted by the COP provide the necessary framework for the mechanisms of assistance to Parties. These mechanisms can be grouped into the following three categories: assistance to Parties in implementing specific provisions of the Convention, with a particular focus on developing country Parties; promoting the reporting arrangements under the Convention; and facilitating implementation assistance through coordination with relevant international organizations and bodies.

Assistance to Parties in implementing specific provisions of the Convention, with a particular focus on developing country Parties

23. The work in this areas aims to provide advice and support on the compilation and communication of information on treaty matters, promotion of the transfer of expertise and technology, and advice and assistance in relation to resources available for implementation of the Convention, in line with the relevant articles of the Convention, in particular Articles 20.5, 22.2, 24.3(c) and (g), and 26.5. Mechanisms and activities through which this work is carried out are outlined in relevant decisions and the workplans adopted by the COP, as described below:

- Intercountry workshops. The workshops cover a broad range of issues, such as: regional and global developments under the Convention; instruments available to support implementation; best practices at country level and ways to promote their exchange and use among the Parties; as well as resources and mechanisms of assistance, and the role of international cooperation and international partners in promoting implementation. The workshops, organized in 2011 in four

¹ In support of decision FCTC/COP4(18) on cooperation between the Convention Secretariat and WTO.

² Without the resources provided by the host governments of previous and current sessions of the COP that were exclusively to cover additional costs for hosting the respective session.

³ Details are provided in documents FCTC/COP/5/16 and FCTC/COP/5/19.

regions¹ in cooperation with the relevant WHO regional offices, involved more than 70 Parties. More workshops have been organized or planned in the current biennium. On several occasions treaty-related information was also provided by the Secretariat in other relevant regional events.

- Needs assessments. The COP identified needs assessments as a key instrument to operationalize country assistance. The assessments are carried out on request and jointly with the government concerned, with priority given to lower-resource countries. As at mid-September 2012, when this report was being finalized, needs assessments had been carried out for 15 Parties² and were in progress or under preparation for a further eight Parties.³
- Assistance to Parties to meet the needs identified. The needs assessments envisage assistance being provided in relation to immediate needs identified, as prioritized jointly with the government. Four Parties have been provided with such assistance so far,⁴ in coordination with the relevant WHO regional and country offices, and planning in regard to some other Parties is in progress, with the aim being to cover all Parties requesting such assistance following needs assessment. In addition, the Convention Secretariat works with the Parties in identifying resources and expertise available to meet longer-term needs. In this regard the contribution of development partners such as UNDP and the World Bank is important in accessing resources through the United Nations Development Assistance Frameworks (UNDAFs) and Sector-Wide Approaches or other relevant assistance resources at country level.
- Database on available resources. Another significant component is the database maintained by the Convention Secretariat on resources available internationally for implementation of the Convention.⁵ The support available includes financial, technical and capacity-building assistance. Access to the database has been provided to Parties' national focal points and upon request to other relevant government authorities. An analysis of information available through the database is presented in paragraphs 46–53.
- Promoting the transfer of expertise and technology. This mechanism is outlined in Article 22.2 of the Convention and covered in workplans adopted by the COP. The work is accomplished through intercountry channels, such as the analysis and dissemination of key achievements contained in Parties' implementation reports, facilitating the exchange of best practices in regional workshops, and through bilateral mechanisms by facilitating transfers between interested Parties. As an example of the latter, the Convention Secretariat has facilitated the granting of licences for the use of pictorial warnings between Parties, with five Parties⁶ being providers and 12 Parties⁷ the recipients of such licences. Facilitating bilateral exchanges has also covered work related to Articles 12 and 14 of the Convention and will gradually expand to other treaty provisions where it is requested and efficient. One such evolving area of work linked to

¹ The European, Eastern Mediterranean, South-East Asia, and Western Pacific Regions.

² Bangladesh, Bhutan, Cook Islands, Fiji, Gambia, Ghana, Guatemala, Jordan, Kyrgyzstan, Lesotho, Palau, Papua New Guinea, Republic of Moldova, Samoa, and Solomon Islands.

³ Afghanistan, Botswana, Colombia, Lebanon, Micronesia (Federated States of), Nepal, Senegal, and Sierra Leone.

⁴ Bhutan, Ghana, Guatemala, and Jordan.

⁵ See: <https://extranet.who.int/fctcresources>.

⁶ European Union, Mauritius, Peru, Thailand, and Venezuela (Bolivarian Republic of).

⁷ Algeria, Chile, India, Israel, Kazakhstan, Maldives, Pakistan, Russian Federation, Samoa, Seychelles, Suriname, and Trinidad and Tobago.

needs assessments is assistance in the review and development of national legislation and action plans in line with Article 5 of the Convention. This is done by utilizing, among other sources, the successful experiences of other Parties.

Assistance in relation to reporting arrangements under the Convention

24. This area falls predominantly under the requirements of Articles 21.3, 20.5 and 24.3 of the Convention, and was further reinforced by relevant decisions of the COP.¹ Experience of recent years shows that the challenges that exist in this area, particularly in low-resource settings with limited human and technical resources, are a significant barrier to meeting reporting obligations.

25. The activities and mechanisms to support Parties in fulfilling their reporting obligations include:

- assistance through the step-by-step instructions maintained online by the Convention Secretariat for the use of Parties;
- assistance to individual Parties, on request and predominantly online, on specific matters in filling out the reporting instrument (more than 30 Parties have received assistance in such a manner) as well as technical feedback to all Parties upon submission of their report;
- organization of training for interested Parties, in conjunction with relevant regional events, in cooperation with the WHO regional offices, or, when possible, online. Recent assistance, in relation to the 2012 reporting cycle, covered 22 Parties² in the Western Pacific and South-East Asia Regions, through two face-to-face regional workshops, more than 20 Parties in the Region of the Americas and in the African Region through online sessions, and most of the Parties in the Eastern Mediterranean and European Regions through sessions organized as part of the regional treaty implementation meetings.

26. Other activities and mechanisms of assistance in this area include:

- the web forum maintained by the Convention Secretariat, with more than 60 registered Party representatives;
- the online treaty implementation database containing information from Parties' reports;³
- regular analysis of Party reports and the publication of global progress reports.⁴

27. Finally, a web-based tool to assist Parties in completing their implementation reports, as well as a WHO FCTC indicator compendium,⁵ will be additional instruments available to Parties for use in the next reporting cycle.

¹ Most recently decision FCTC/COP4(16).

² Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Kiribati, Lao People's Democratic Republic, Malaysia, Mongolia, Nauru, New Zealand, Niue, Palau, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu, and Viet Nam.

³ See: http://www.who.int/fctc/reporting/implement_database/en/index.html.

⁴ The key findings of the 2012 global progress report were issued as document FCTC/COP/5/5. All global progress reports are available at: http://www.who.int/fctc/reporting/summary_analysis/en/index.html.

⁵ See paragraphs 13–16 of document FCTC/COP/5/14.

Assistance through coordination with intergovernmental organizations and other bodies

28. This area falls predominantly under Articles 23.5(g), 24.3(e) and 25 of the Convention, and was further reinforced by relevant decisions of the COP.¹

29. The Convention Secretariat cooperates with relevant agencies to further strengthen multisectoral assistance to Parties. One overarching mechanism is the provision of multisectoral technical support to the Parties through specialized assistance by the *United Nations Ad Hoc Interagency Task Force on Tobacco Control*. The Secretariat co-facilitated, with the WHO Secretariat, the organization of the February 2012 special meeting of the Task Force focused on the WHO FCTC, and will continue to do so with respect to future meetings. The report of the Secretary-General of the United Nations and the relevant United Nations Economic and Social Council (ECOSOC) resolution² have further reaffirmed the potential of this interagency body to extend multisectoral and specialized assistance to Parties. The process has already begun with the participation of some agencies³ in the regional and global workshops, needs assessment missions, and preparation of technical publications to support implementation work. Furthermore, activities are envisaged to strengthen the reporting capacity of the Parties, particularly those facing resource constraints, and support to knowledge networks. More such arrangements are likely to be developed under the current and next workplans.

30. Further important benefits emerging from coordination with intergovernmental organizations and development partners are: *integration of WHO FCTC implementation within UNDAFs*; and *harmonization and alignment of treaty implementation as part of national health and development plans*. Most Parties that have participated in joint needs assessments received assistance on these matters, with similar plans in place for those conducting needs assessments in the future and other interested Parties. Overall, based on the implementation reports, growing numbers of Parties have taken steps to include WHO FCTC implementation in their national health and/or development plans.

31. Another area covered under this mechanism is *South–South and triangular cooperation*. The activities in this area aim at sharing best practices and knowledge and tackling specific challenges through cooperation within and across regions. More details are contained in document FCTC/COP/5/17, which describes current and proposed work in this regard. The document, in particular, proposes six areas of such cooperation that correspond to emerging needs and challenges in the regional and broader contexts.

32. Finally, the planned cooperation with knowledge networks and institutions would strengthen information and knowledge exchange among the Parties and promote exchanges of best practices through the development and dissemination of regional and global publications to cover specialized topics of the Convention, including those under Articles 5, 11, 13, 15 and 21.

Review of the performance of mechanisms of assistance

33. According to Article 23.5, the COP shall keep under regular review the implementation of the Convention and take decisions necessary to promote its effective implementation. Furthermore, Articles 20–22 also provide the basis for regular reviews of mechanisms of assistance available to the Parties, as activities under these articles are reflected in the workplans approved by the COP.

¹ Most recently decisions FCTC/COP4(6), FCTC/COP4(17), FCTC/COP4(18) and FCTC/COP4(19).

² Document E/2012/70 and resolution E/2012/L.18, respectively.

³ Namely FAO, UNCTAD, UNDP, UNESCO, UN Women, the World Bank and WTO.

Performance reports on implementation of the biennial workplans and budgets are presented by the Convention Secretariat to each regular session of the COP, in line with Article 24.3(d) and the relevant decisions of the COP. The COP has so far reviewed three such reports, along with three interim performance reports, submitted to the second, third and fourth sessions of the COP, with the guidance provided by the COP taken into account in the subsequent workplans and budgets. The fourth set of such reports have been submitted to the current session of the COP.¹

CONTRIBUTIONS BY OTHER STAKEHOLDERS AND ENTITIES

34. This section is based on the information provided by WHO TFI, as well as by international intergovernmental and nongovernmental organizations that are observers to the COP, in response to the request made by the Convention Secretariat for the purposes of this report. Information available from organizations that contributed to the database of available resources was also analysed in detail.

Information provided by WHO's Tobacco Free Initiative

35. The support provided by TFI to implementation of the Convention is based on the WHO Medium-term strategic plan 2008–2013.² The total amount spent under the programme budget for 2010–2011 for the global TFI network was US\$ 39 854 437 (including assessed contributions by WHO Member States: US\$ 9 770 928; voluntary contributions: US\$ 30 083 509).³ The majority of these voluntary contributions are from the Bloomberg Philanthropies and the Bill & Melinda Gates Foundation;⁴ voluntary contributions during the biennium 2010–2011, in a total amount of US\$ 2 378 166, were also received from the governments of Canada (US\$ 186 207), Japan (US\$ 550 000), Netherlands (US\$ 106 413), and United States of America (US\$ 1 535 546). Voluntary contributions were also received in 2012, in the total amount of US\$ 2 219 217, from Australia (US\$ 203 000), Canada (US\$ 96 117), Japan (US\$ 92 000), Norway (US\$ 750 000), and United States of America (US\$ 1 078 100).

36. In term of the assistance provided under the Medium-term strategic plan 2008–2013, the main areas covered during 2011 and 2012 were as follows:

- support relating to development of legislation or regulations provided to 27 countries;⁵
- tobacco-control capacity assessments carried out in six countries;⁶

¹ Documents FCTC/COP/5/19 and FCTC/COP/5/20.

² See: http://apps.who.int/gb/e/e_amtsp3.html.

³ Spent as staff costs of US\$ 22 556 712 and activity costs of US\$ 17 297 725.

⁴ More information concerning the grants programme under the Bloomberg Global Initiative to Reduce Tobacco Use and support provided by the Bill and Melinda Gates Foundation to tobacco-control programmes can be found at, respectively, www.tobaccocontrolgrants.org and www.gatesfoundation.org/topics/Pages/tobacco.aspx.

⁵ Antigua and Barbuda, Bolivia (Plurinational State of), Botswana, Brazil, Burkina Faso, Dominica, Ecuador, Estonia, Ghana, Guyana, Hungary, Kazakhstan, Kenya, Lebanon, Mauritania, Mexico, Nicaragua, Paraguay, Peru, Russian Federation, Rwanda, Saint Lucia, Sierra Leone, Turkey, Turkmenistan, Uganda and United Arab Emirates. Virtual technical advice was provided to 10 additional countries: Argentina, Belize, Cameroon, Chile, Costa Rica, Guatemala, Honduras, Madagascar, Nigeria, and Suriname.

⁶ Kenya, Mauritania, Philippines, South Africa, Uganda, and Viet Nam.

- trade-related aspects of tobacco control: two consultations conducted each in the South-East Asia and Western Pacific Regions for the respective Member States; publication of a technical resource, *Confronting the tobacco epidemic in a new era of trade and investment liberalization*;
- taxation – six workshops organized; tobacco taxation training in different regions covering more than 45 countries; 12 countries¹ provided with direct technical assistance to review and improve their taxation systems and administration to effectively reduce consumption while at the same time increase revenues;
- smoke-free public places and workplaces – global estimate of the burden of disease from second-hand smoke and training materials on smoke-free environments published; direct technical assistance provided to 15 countries;²
- tobacco product regulation and disclosure – publication of a technical report on two themes (toxic elements in tobacco and in cigarette smoke, and the basis for a regulatory framework to reduce the dependence potential of tobacco products); TFI, through the WHO Tobacco Laboratory Network (TobLabNet), is also developing and validating testing methods of seven components as per the relevant COP decision; direct technical assistance provided to two countries;³
- pictorial health warnings – training materials for implementation of pictorial health warnings developed; direct technical assistance provided to 14 countries;⁴
- education, communication and public awareness – direct technical assistance provided to eight countries;⁵
- comprehensive bans on tobacco advertising, promotion and sponsorship – publication of a technical resource, *Smoke-free movies: from evidence to action*; organization of subregional workshop of Gulf Cooperation Council States in Egypt; direct technical assistance provided to seven countries;⁶
- cessation – publication of a technical resource, *Developing and improving national toll-free quit line services*; direct technical assistance provided to 11 countries;⁷ three workshops organized to

¹ Bangladesh, Egypt, India, Indonesia, Philippines, Russian Federation, Senegal, Thailand, Uganda, Ukraine, Viet Nam, and Zambia.

² Bulgaria, Brazil, Burkina Faso, China, Egypt, Gambia, Hungary, India, Philippines, Poland, Spain, Suriname, Uganda, Ukraine, and Viet Nam.

³ Brazil and Panama.

⁴ Egypt, Hungary, India, Jordan, Kazakhstan, Madagascar, Mexico, Pakistan, Philippines, Poland, Russian Federation, Turkey, Ukraine, and Viet Nam.

⁵ Albania, China, Egypt, Ghana, India, Republic of Moldova, Thailand, and Ukraine.

⁶ India, Philippines, Russian Federation, Thailand, Turkey, Ukraine, and Viet Nam.

⁷ Argentina, Cameroon, China, India, Iran (Islamic Republic of), Israel, Jordan, Mauritius, Philippines, South Africa, and Ukraine.

train trainers for treatment of tobacco dependence in Barbados, Cameroon, and Mauritius, and further training for health-care managers provided in seven countries;¹

- surveillance – TFI assisted in collection of surveillance-related data in WHO Member States through various surveys (e.g. the Global Youth Tobacco Survey, the Global Health Professions Student Survey, the Global School Personnel Survey, and the Global Adult Tobacco Survey (GATS)); such surveys were conducted in 106 countries;² publication of a technical report, *WHO global report: mortality attributable to tobacco*;
- establishment of the Centre for Tobacco Control in Africa in Kampala, Uganda, to support all countries in Sub-Saharan Africa to advance implementation of the WHO FCTC; the centre is currently directly supporting Uganda, Kenya, South Africa, Mauritania, and Angola;
- World No Tobacco Day organized in 2011, to raise awareness of the WHO FCTC as a life-saving tool, and in 2012 to raise awareness of Article 5.3;
- publication of a technical resource for national implementation of Article 5.3 and participation in the work of the working groups established by the COP on Articles 6, 9 and 10, and 17 and 18.

Review of performance of mechanisms of assistance

37. In terms of assessment of performance mechanisms, the work of TFI is assessed by the governing bodies of WHO based on the following indicators of the Medium-term strategic plan 2008–2013:³

- proportion of Member States reporting a 10% reduction in the prevalence rate of tobacco use;
- number of Member States having comparable adult tobacco prevalence data available from recent national representative surveys, such as GATS or the WHO STEPwise approach to Surveillance;
- number of Member States with comprehensive bans on smoking in indoor public places and workplaces;
- number of Member States with bans on tobacco advertising, promotion and sponsorship;
- number of Member States with tobacco cessation support incorporated into primary health care.

Contributions by observer organizations

38. As noted above, the Convention Secretariat requested intergovernmental and nongovernmental organizations accredited as observers to the COP to provide information on resources and assistance

¹ Cambodia, Egypt, Iraq, Jordan, Malaysia, Philippines, and Trinidad and Tobago.

² Respectively, 13, 10, 31, 18 and 17 countries in the African, South-East Asia, European, Eastern Mediterranean, and Western Pacific Regions, and 17 in the Region of the Americas.

³ A mid-term interim assessment of the medium term strategic plan 2008–2013 is available (see: http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_6-en.pdf) as is an assessment of the 2010–2011 programme budget (see: http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf).

dedicated to implementation of the Convention. Written submissions were received from the Secretariat of the Pacific Community and five nongovernmental organizations.

39. **Secretariat of the Pacific Community (SPC).** The SPC has disbursed grants, in the range of AUD 225 000 to AUD 500 000, to 21 Pacific island countries that receive funding from Australia and New Zealand in the context of the NCD prevention and Control Programme. It is difficult to determine the proportion of the grants used specifically for WHO FCTC implementation. Additionally the SPC has disbursed AUD 1 million in small grants, some of which are for tobacco control, in the Pacific. Recently the SPC received a grant from the Bloomberg Initiative to counteract industry interference in three Pacific island countries. The SPC also provides assistance with national tobacco plans and their implementation, legislation, policy, and enforcement.

40. **Framework Convention Alliance (FCA).** The FCA provides support for implementation of the Convention directly and through its member organizations. Activities include technical assistance, policy analysis, capacity building, media work and campaigns. The FCA regrets lack of adequate national and international funding for tobacco control and continuously seeks governmental and nongovernmental donors in support of the WHO FCTC. The FCA supports the development of country-level cost estimates for implementation of all WHO FCTC measures, a performance review of the mechanisms of assistance under the Convention, and establishment of additional tools to stimulate sustainable investment in implementation of the Convention.

41. **International Council of Nurses.** Committed to a total ban of tobacco use, the organization supports implementation of Articles 12 and 14. In collaboration with other partners, the International Council of Nurses has developed a code of practice for tobacco control for health professionals. In 2010–2012 the total expenditure was approximately 130 000 Swiss francs to support tobacco-control programmes.

42. **International Network of Women against Tobacco (INWAT).** INWAT supports the FCA in obtaining and providing information and has made suggestions on gender-sensitive financing for tobacco control.¹

43. **The International Pharmaceutical Federation (FIP).** The FIP has provided information about its interest in and support for cessation-related provisions of the Convention (Articles 12 and 14). The FIP supports the development of policy on the role of pharmacists in tobacco control and assists national associations of pharmacists through the sharing of best practices on cessation and related health promotion activities.

44. **International Union Against Tuberculosis and Lung Disease (the Union).** The Union provided specific information on resources made available through the Bloomberg Initiative to reduce tobacco use in low- and middle-income countries. The Union is working with governments in over 40 countries through an integrated grants and capacity-building programme to support WHO FCTC implementation. The Union recognizes that major gains in tobacco control globally have resulted from an increased funding for tobacco control within the field of public health. However, the Union believes that support for multidisciplinary tobacco control is not sufficient to effectively implement all the provisions of the WHO FCTC. The Union has an assessment framework for its activities.

¹ These suggestions are reflected in the section dealing with conclusions and recommendations.

Review of the performance of mechanisms of assistance

45. The information provided shows that the SPC and the Union have their own indicators for reviewing the performance of mechanisms of assistance. While the Union, due to its own complex and wide network of capacity building and grants management, has developed its own indicators, it states that it considers them not to be suitable substitutes for WHO FCTC assistance mechanism and endorsed the need for effective and comprehensive implementation of the Convention. The SPC also indicates that as a grant recipient, it does undertake a review mechanism but how much of that could be related to the WHO FCTC is not known.

Information from organizations that contributed to the database on available resources maintained by the Convention Secretariat

46. The database provides information on other organizations, agencies and bodies (hereafter referred to as organizations) that have contributed to or have the potential and plans to contribute to implementation of the Convention. The Secretariat has sent a relevant questionnaire to more than 200 organizations. Parties that have indicated that they provide assistance to developing country Parties and Parties with economies in transition in their implementation reports have also been contacted.

47. As at September 2012, 80 organizations had provided information through the questionnaire. Of these, 52 joined the online resource database, including 23 government ministries, agencies and bodies,¹ three intergovernmental organizations and bodies,² 25 nongovernmental organizations,³ and one international financial institution.⁴ The remaining 28 organizations⁵ are yet to confirm that they wish to participate in the online database. Parties can access the database and search the information by several criteria, such as characteristics of the organization providing assistance, characteristics of the assistance provided, and eligibility criteria for those applying for assistance. Access is provided to national focal points and designated authorities of the Parties.

48. The Convention Secretariat continues to follow up with relevant organizations for the provision of information and inclusion in the database. The analysis below is based on information available from all 80 organizations that have to date provided information.

¹ From: Australia, Bahrain, Bulgaria, Cambodia, Canada, Denmark, Finland, France, India, Ireland, Lebanon, Mauritius, Netherlands, New Zealand, Panama, Paraguay, Portugal, Qatar, Serbia, Spain, Thailand, United Kingdom, and United States.

² Secretariat of the Pacific Community, Statistical, Economic and Social Research and Training Centre for Islamic Countries, and United Nations Environment Programme.

³ Africa Tobacco Control Regional Initiative, Campaign for Tobacco Free Kids, China Medical Board, Corporate Accountability International, European Network for Smoking and Tobacco Prevention, Framework Convention Alliance, Health Bridge Foundation of Canada, International Alliance of Women, International Council of Nurses, International Federation of Medical Students Associations, International League of Dermatological Societies, International Non-Governmental Coalition Against Tobacco, International Pharmaceutical Federation, International Pharmaceutical Students Federation, International Union Against Tuberculosis and Lung Disease, Japan National Cancer Center, Japan NGO Council on Tobacco or Health, Johns Hopkins Bloomberg School of Public Health (Institute for Global Tobacco Initiative), Norwegian Cancer Society, Southeast Asia Tobacco Control Alliance, Union for International Cancer Control, World Federation of Chiropractic, World Heart Federation, World Lung Foundation, and World Self-Medication Industry.

⁴ Asian Development Bank.

⁵ Including 10 government agencies, five intergovernmental organizations and bodies, one regional economic integration organization and 12 nongovernmental organizations.

49. In terms of level of involvement, a quarter of the organizations indicate that they have supported or are planning to support comprehensive tobacco-control programmes, approximately one sixth support tobacco-control measures as part of broader programmes, and approximately half support both. At the same time, close to 15% express the willingness to provide such support in the future, although they are currently not engaged in tobacco-control activities.

50. In terms of the nature of assistance provided, 54 organizations indicate that they provide technical assistance, 35 provide funding and 17 provide other forms of assistance. As regards the annual budget for tobacco control, in the case of 42 organizations the budget is less than US\$ 1 million, in six the budget is between US\$ 1 million and US\$ 5 million, while eight organizations allocate over US\$ 5 million to tobacco control annually.

51. Among the 68 organizations that responded to the question on eligibility, nearly 40 stated that they extend assistance to national governments and agencies and close to half assist regional entities and subnational governments or agencies. Thirty-one organizations also indicated the WHO regions from which Parties are eligible to apply for assistance; each of the six regional groups was referred to almost equally, by approximately two thirds of the organizations.

52. Sixty-four organizations responded to the question concerning which provisions of the Convention are covered in their assistance programmes. Three areas attract the highest donor interest (covered by more than two thirds of the organizations): education, communications and public awareness (Article 12); protection from exposure to tobacco smoke (Article 8); and general obligations (Article 5). There are six areas for which approximately half of the organizations indicated their readiness to provide assistance: price and tax measures (Article 6); packaging and labelling (Article 11); tobacco advertising, promotion and sponsorship (Articles 13); cessation programmes (Article 14); sales to and by minors (Article 16); and protection of the environment and the health of persons (Article 18). The areas least referred to in terms of eligibility to receive support, in decreasing order (each referred to by less than one third of the responding organizations), are: illicit trade in tobacco products (Article 15); regulation of the contents of tobacco products and disclosures (Articles 9 and 10); and support to economically viable alternatives (Article 17).

53. Nearly 60 organizations also provided information concerning the type of assistance provided. The types of supported activities most frequently referred to are support to conferences and meetings, and support to capacity building and publications, each referred to by more than two thirds of the organizations; close to half of the organizations support development of legislation and activities related to monitoring and assessment; one third support activities related to surveillance; and one quarter provide support to infrastructure and equipment.

Other information made available by Parties

54. In order to obtain information in addition to that which exists in the database, as well as in implementation reports, in early 2012 the Convention Secretariat requested the Parties, by means of a questionnaire, to provide information on mobilization of resources and the performance of mechanisms of assistance to support implementation of the WHO FCTC. Ten Parties¹ provided such information. Parties indicated both internal and external resources used to finance their domestic tobacco-control activities. As internal resources, Parties mentioned direct budget allocations for the implementation of national tobacco-control programmes, for meetings of national coordinating mechanisms, or for specific

¹ Australia, Congo, Georgia, Iraq, Jordan, Liberia, Mexico, Montenegro, Panama, and Paraguay.

programmes, such as maintaining a quit line. Panama, for example, indicated that it allocates 20% of tobacco excise tax revenue for activities in relation to implementation of the WHO FCTC. Parties also reported on mechanisms under which support has been mobilized, including needs assessments.

55. Examples were also given of supporting treaty implementation internationally and of respective mechanisms utilized for that purpose. Australia, for example, provided information on international assistance, especially in Commonwealth and Pacific island countries, through support to capacity building, needs assessments, workshops, treaty work at global level, and other modalities, using the channels of both its Department of Health and Ageing and AusAID, including in the broader context of noncommunicable diseases.

Conclusions and recommendations

56. The Convention, under Article 21.1(c) on reporting and exchange of information, requires the Parties to report, as appropriate, information on financial and technical assistance provided or received for tobacco control activities. This provision underlines the importance of needs based support to and by Parties. In addition, Article 26 of the Convention encourages Parties to utilize bilateral, multilateral, regional and subregional mechanisms and sources of assistance. Article 26.5(a), in particular, calls for mobilization of all relevant potential and existing resources, financial, technical, or otherwise, both public and private, that are available for tobacco control activities. The Convention, therefore, provides comprehensive guidance on mobilizing, mapping and utilizing resources.

57. The information contained in this document is by no means exhaustive, although every effort has been made to include information available or specifically requested for its development. Nevertheless, the document indicates certain trends and directions in which the resources and mechanisms of assistance are mobilized for implementation of the Convention.

58. The biennial workplans and budgets adopted by the COP remain the central instrument in this regard. The resource base of the workplans has gradually strengthened over time, due to the voluntary assessed contributions of new Parties and, more significantly, extrabudgetary contributions provided by an increasing number of Parties. In parallel, the mechanisms to support treaty implementation have gradually evolved into a system of assistance methodologically linked to needs assessments and utilization of resources available internationally, as enshrined in the treaty and the relevant decisions of the COP.

59. The Secretariat continues to undertake implementation assistance activities in line with COP decisions, strengthening harmonization and alignment of WHO FCTC implementation with national health and development policies and programmes and enabling further integration of implementation into the UNDAFs, which is also in line with the principles of aid effectiveness. Furthermore, in line with Article 24.3(e), the Secretariat will continue to play a coordinating role vis-à-vis relevant intergovernmental organizations and development partners, to facilitate the flow of multisectoral implementation assistance. While doing so, the Secretariat will also continue to provide a coordination platform to stakeholders to ensure synergy in the context of implementation of COP workplan and activities arising therefrom.

60. The report also describes, to the extent possible based on the information available or provided, the resources made available and activities undertaken internationally by relevant organizations and bodies to complement the treaty work envisaged in the COP workplans. The analysis demonstrates the importance of such resources and activities internationally, and at the same time the variety of platforms, countries and treaty provisions focused on, the share of public and private resources employed, and the

mechanisms through which the assistance is channelled and reviewed by the organizations and bodies concerned.

61. In view of the above, the COP may wish to:

- urge Parties to provide resources and contribute to implementation assistance, especially to developing country Parties and Parties with economies in transition, through bilateral, multilateral, regional or subregional mechanisms, and through the workplans and budgets adopted by the COP;
- encourage the Convention Secretariat, in line with Article 24.3(e), to continue to play its coordinating role, in cooperation with the relevant departments and offices of WHO, in facilitating support by relevant stakeholders and development partners for implementation of the Convention;
- request stakeholders and development partners to take into account the “needs based” approach and the needs expressed by the Parties, in the provision of assistance for implementation of the Convention;
- request the Convention Secretariat to continue to ensure synergy of efforts in supporting implementation of the Convention, in accordance with the workplans adopted by the COP;
- call upon Parties and international partners to support full and comprehensive implementation of the Convention in accordance with relevant decisions and guidelines adopted by the COP and the Political Declaration on the prevention and control of noncommunicable diseases.

ACTION BY THE CONFERENCE OF THE PARTIES

62. The COP is invited to note this report and provide further guidance.

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