International cooperation for implementation of the WHO FCTC

Report of the Convention Secretariat

BACKGROUND

1. This report has been prepared in accordance with decision FCTC/COP5(14), adopted by the Conference of the Parties (COP) at its fifth session (Seoul, Republic of Korea, 12–17 November 2012). In that decision, the COP requested the Convention Secretariat, among other things: to continue to actively work in accordance with Article 24.3(e) of the Convention with relevant departments and offices of WHO in facilitating support by relevant stakeholders and development partners for implementation of the WHO FCTC to Parties in need; and to engage with WHO in convening annual meetings of the United Nations Ad Hoc Interagency Task Force on Tobacco Control and to facilitate within its mandate support to Parties in strengthening comprehensive, multisectoral national tobacco-control strategies, plans and programmes as called upon by the Economic and Social Council (ECOSOC) in resolution E/2012/L.18 on United Nations system-wide coherence on tobacco control. The Secretariat had earlier presented comprehensive reports1 to the COP at its fourth and fifth sessions on the potential for cooperation with international organizations and bodies for strengthening implementation of the Convention at country level, including an initial matrix of such cooperation.

2. It was reported to the COP at its fifth session that between its fifth and the sixth sessions international cooperation on implementation of the Convention would be further crystallized and enhanced. This would take place in many ways at the country, regional and global levels. For example, the Ad Hoc Interagency Task Force on Tobacco Control would meet each year and progress reports would be submitted to the substantive sessions of the ECOSOC. The work of the Task Force would be complemented and supported by the work of international organizations and bodies that are observers to the COP, in addition to the activities taking place under South–South and triangular cooperation, which would also see increased involvement by various entities under three broad frameworks: the Task Force, international organizations accredited as observers to the COP, and South-South and

triangular cooperation networks and institutions. These developments would be reported to the regular sessions of the COP for review and further guidance. The present report provides an update on the progress made in this direction. The activities range from country-specific missions/assistance and regional-level meetings, to important developments in enhancing cooperation frameworks with development partners, sharing of expertise and knowledge, and enhancement of South–South and triangular cooperation.

PROGRESS SINCE THE FIFTH SESSION OF THE COP

South–South and triangular cooperation

3. The workplan adopted at the fifth session of the COP included demonstration projects to promote South–South and triangular cooperation among the Parties, with the involvement of stakeholders, observers to the COP and development partners. In decision FCTC/COP5(13), the COP endorsed five such projects including:

- national coordination mechanisms in compliance with the WHO FCTC;
- tobacco product regulation and disclosure;
- smokeless tobacco;
- prevention of shisha tobacco use;
- promotion of implementation of Articles 11 and 13 in relation to packaging and labelling of tobacco products (including pictorial warnings, with specific reference to the WHO African Region).

4. The Secretariat has begun to implement three projects so far. The status of the three projects is described below.

5. Given the urgency and the need for pictorial warnings with specific reference to the African Region, the Secretariat initiated action on this project early in 2013. This also followed the discussions during the regional meeting on implementation of the Convention for the African Region held in Dakar, Senegal, in October 2012. The Secretariat entered into an agreement with the World Lung Foundation to develop an Africa-specific pictorial database. The work commenced in the second half of 2013 and aims to promote synergy between implementation of Articles 11, 12, and 13 of the Convention. At the time of writing of this report the pictorial database was going through pre-launch tests in some countries in the region. The database will include:

- pictorial warnings that meet the specific needs of the African Region and subregions;
- accompanying messages on the harms caused by tobacco use, again meeting Africa-specific requirements, including subregional variations in terms of language and cultural dimensions;
- pre-tested pictorials and messages that are effective and impact-oriented;

1 See document FCTC/COP/5/16, paragraphs 2–5.
• pictorials that could be further modified to meet needs of the Parties when they are required to rotate the warnings in line with their obligations under the Convention.

6. It is expected that the database will be ready for use by the time of the sixth session of the COP. The World Lung Foundation will also use a civil society platform to promote implementation of Article 11 in the region. The Secretariat and the WHO Regional Office for Africa will work to stimulate subregional cooperation through existing subregional forums.

7. The second demonstration project that has been initiated is on the use of smokeless tobacco. This project also followed endorsement by the Parties during the regional meeting on implementation of the Convention held in New Delhi, India, in July 2013. The project is being implemented in coordination with the International Agency for Research on Cancer (IARC), which participated in the New Delhi meeting. Among other things, the demonstration project will focus on the areas described below.

• Analysis of prevalence of tobacco use by gender, age group and ethnicity. The results will provide a rationale as to where implementation efforts should be focused. At the same time they will serve as a baseline to assess progress of WHO FCTC implementation in terms of reduced tobacco use.

• Age- and cohort-specific analysis of trends of oral and lung cancer incidence through a trend analysis of existing registry data for past decades by country, and also within countries (particularly within India) by gender, age group and ethnicity, that will provide an estimate of the tobacco-specific burden of adverse health effects, and also show use patterns in the past by tobacco types and by different groups. At the same time the results will serve as a baseline to assess progress of WHO FCTC implementation in terms of reduced cancer burden.

• Evaluation of effectiveness of interventions offered by tobacco cessation clinics. The evidence-base on successful intervention strategies for cessation of chewing tobacco is much weaker than that for smoking tobacco and there are almost no data on risk reversal after chewing cessation. As a starting point, a systematic analysis of the experience of the Indian cessation clinics would inform a science-based strategy for successful programmes for chewing cessation. This project would need some preliminary assessment of data availability, data quality and overall feasibility of the project. As a follow-up, risk reversal after chewing cessation could be studied.

8. IARC has started initial analysis of the data in the context of the first objective listed above. The Indian Government has assured its support to IARC in implementation of the project and in further promoting the project in the region. It is expected that major progress in the implementation of this project will be made in 2014–2015. The findings will be disseminated in India and in other countries in the region for the benefit of Parties in the region and beyond. IARC, WHO and other relevant institutions are expected to use their respective platforms to further promote prevention of smokeless tobacco.

9. The third project has been initiated to address the strengthening of national coordination mechanisms that are in compliance with the WHO FCTC. These projects will build on the examples of the many Parties that have successfully set up such national coordination mechanisms in different regions. During the needs assessment missions and as part of post-needs assessment support, many such examples have been identified and initiatives and requests by Parties for support to fully implement their obligation under Article 5.2(a) are being addressed. The project has been initiated in collaboration with the United Nations Development Programme (UNDP). As a first step, a review of
the status of implementation of Article 5.2(a) is being undertaken in the African Region. Based on the findings, a tool kit will be developed. Thereafter, a comparative analysis will be carried out with countries in other regions to further validate the tool kit. Once validated, the tool kit will be promoted as a technical resource by UNDP through its regional offices, in coordination with the Secretariat and WHO. It is expected that cross-regional implementation of this project will commence by the end of 2014.

10. The initial phase of this project covers:
   - the current status of national multisectoral coordinating mechanisms in Africa, including recent achievements and challenges, identifying for each country details of such mechanisms, such location, structure, reporting lines, authority, composition, mandate, periodicity of meetings, financing status and funding source(s);
   - identifying effective legislative, executive, administrative and other measures implemented by Parties to ensure the establishment, functioning and sustainability of such coordinating mechanisms at national level;
   - highlighting good country practices in operating coordinating mechanisms;
   - formulating, based on the research undertaken and in the context of implementation of Article 5.2(a) of the WHO FCTC, recommendations on the best options for the establishment and functioning of national coordination mechanisms and options to promote inter-country cooperation in the form of a tool kit.

11. The fourth project on prevention of shisha tobacco use is now in the initial stages, with a technical paper being prepared at the time of writing of this report. In line with the request made by several Parties of the WHO Eastern Mediterranean Region, an agenda item has been included in the provisional agenda of the sixth session of the COP. The technical paper is being developed by the Secretariat in coordination with WHO and the WHO Regional Office for the Eastern Mediterranean. Implementation of this project will also enter its active phase after the sixth session of the COP.

12. The Secretariat will continue to work in line with guidance provided by the COP and in accordance with paragraphs 24 and 25 of document FCTC/COP/5/17, in order to further concretize the work to promote South-South and triangular cooperation. The Secretariat will convene a meeting of experts to develop a plan of action for consideration at the next session of the COP. Resources for such a meeting are available.

**Establishment of knowledge hubs**

13. In another area of growing importance to the sharing of expertise and knowledge among the Parties to the Convention and development partners and other stakeholders, including observers to the COP, knowledge hubs are being established as per the workplan adopted by the COP. They will act as catalysts for the sharing of expertise and knowledge and building capacity in their respective areas of expertise. This will be accomplished in coordination with the entities involved, such as WHO, the Convention Secretariat and relevant development partners. The knowledge hubs are also expected to facilitate cross regional dissemination of information in a dynamic manner through active liaison with party focal points, CSOs and development partners. The establishment of the knowledge hubs is based on the guidance of the COP to involve all relevant stakeholders, including civil society observer organizations.
14. The first agreement was signed with Union for International Cancer Control (UICC). The McCabe Center for Law and Cancer, a joint initiative of UICC and its member organization, Cancer Council Victoria, will bring its expertise to the area of legal challenges to implementation of the Convention. The second agreement was signed with the National Institute of Health and Welfare, Finland, in the area of Parties’ needs with respect to surveillance and building capacity for a whole-of-government approach to tobacco control. This knowledge hub will receive support from UNDP in addressing the latter area of its work. The third agreement was signed with Ministry of Public Health of Uruguay to facilitate exchanges of expertise and knowledge in areas related to implementation of Articles 8, 11 and 14, and South–South cooperation. At the time of writing of this report, work on the web site of the knowledge hubs was under way, and they were expected to be partially operational by the time of the sixth session of the COP.

15. As will be evident from the preceding paragraphs, international cooperation, as envisaged in the Convention, has become an important resource available to the Parties to meet their implementation needs. A broad synergy is developing among stakeholders in meeting the identified needs of the Parties. International civil society organizations such as the UICC, the International Union Against Tuberculosis and Lung Disease, the World Lung Foundation, are actively working to support the COP workplan, in addition to their respective and important ongoing contributions in countries that are not covered by implementation assistance under the workplan. While challenges to synergy and coordination remain, this is a welcome trend that needs to be supported, sustained and further utilized.

Cooperation with international organizations

16. Following the ninth meeting of the United Nations Ad Hoc Interagency Task Force on Tobacco Control, in 2012, potential areas of collaboration concerning multisectoral assistance to Parties were identified in a matrix in the Secretary-General’s report to ECOSOC.1 The tenth meeting of the Task Force was convened in March 2013. The deliberations during the meeting served as the basis for the report of the United Nations Secretary-General that was submitted to ECOSOC at its 2013 substantive session.2 The report followed the matrix referred to above and presented a work plan for the period 2013–2014. The report contains work accomplished by WHO, the Convention Secretariat, the United Nations Conference on Trade and Development (UNCTAD), UNDP, the World Bank and others, and describes the potential for contributions by the International Labour Organization, the World Trade Organization and the World Intellectual Property Organization.

17. During the tenth meeting of the Ad Hoc Interagency Task Force on Tobacco Control, participants recommended to ECOSOC to expand its remit to include work on prevention and control of noncommunicable diseases (NCDs), removing the reference to the “ad hoc” nature of the mechanism and recommending amendment of its terms of reference in order to reflect a wider NCD agenda. This was subsequently reflected in the decision of the ECOSOC establishing the United Nations Interagency Task Force on Prevention and Control of Non-Communicable Diseases.

18. Additionally, it was decided that the Task Force would meet twice a year and that during one of these meetings, one day would be devoted to tobacco control. Accordingly, during the second meeting of the Task Force, on 29–30 January 2014, issues related to tobacco control were discussed. These are referred to in report E/2014/55. The update on contributions by members of the Task Force to multisectoral assistance is described therein. During the reporting period, some other aspects of the

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2 Document E/2013/61. Available at http://www.who.int/tobacco/about/partners/un_taskforce/sg_untf_ecosoc_2013.pdf?ua=1
workplan adopted by the COP were also accomplished. These include signing of cooperation frameworks between the Convention Secretariat and development partners. Such frameworks have been concluded with UNDP, the World Bank, and the World Customs Organization (WCO). The cooperation framework with UNCTAD has been finalized for signature and is likely to be concluded before the sixth session of the COP. Therefore, three out of five such cooperation frameworks envisaged for conclusion in the COP workplan have been concluded and a fourth has been finalized. The main areas covered under the frameworks are described below.

**UNDP**

(i) Development of a guidance note on integration of implementation of the Convention into development instruments and United Nations Development Assistance Frameworks.

(ii) Preparation of a programme guidance note on Article 5 of the Convention and provision of support to the strengthening of national multisectoral coordination mechanisms for implementation of the Convention.

(iii) Engagement by UNDP in country needs assessment missions, regional implementation meetings and other events under the Convention as relevant.

(iv) South–South and triangular cooperation to promote implementation of the Convention.

(v) Development of a joint programme document on accelerating implementation of the Convention.

**World Bank**

(i) Continuing collaboration in the area of tax and price policies to reduce the demand for tobacco, in line with Article 6 of the Convention.

(ii) Exploration of opportunities for collaboration in the following areas:

   (a) links between tobacco, poverty and development, with a view to supporting integration of the Convention into national development strategies and programmes;

   (b) analysis of health-care costs and the economic burden associated with tobacco use, with a view to supporting economic arguments for accelerating implementation of the Convention;

   (c) promoting economically sustainable alternatives to tobacco growing, in relation to Articles 17 and 18 of the Convention;

   (d) issues related to illicit trade in tobacco products, in relation to Article 15 of the Convention and the Protocol to Eliminate Illicit Trade in Tobacco Products;

   (e) helping countries to establish and maintain a system for regularly collecting and disseminating information on tobacco production and manufacturing, and the activities of the tobacco industry that have an impact on the Convention or on national tobacco-control measures, in relation to Article 20.4(c) of the Convention.
UNCTAD

(i) Sharing of information on trade revenues, tariff and non-tariff measures, as relevant to implementation of the WHO FCTC.

(ii) Research into and analysis of the tobacco supply chain, and policy reviews in relation to tobacco-growing developing countries, in the context of Article 17 of the Convention.

(iii) Promotion of coherence between other public policies/bodies of international law, including trade and investment and intellectual property rights, as relevant to implementation of the WHO FCTC.

(iv) Development of a joint programme document on accelerating implementation of the Convention and enhancing synergy of joint efforts.

WCO

(i) Awareness raising of the Protocol among national customs authorities, and promotion of multisectoral dialogue and coordination between health, customs and other relevant sectors, with a view to assisting countries in the process of ratification and entry into force of the Protocol.

(ii) Sharing of information on the prevalence of illicit trade in tobacco products and measures taken to combat that trade, as relevant to the objectives and provisions of the Protocol.

(iii) Provision of assistance to countries, on request, in assessing their policy and regulatory frameworks, capacities and needs in view of the requirements of the Protocol;

(iv) Following entry into force of the Protocol, preparation of a plan of joint and/or coordinated action to support implementation of the Protocol in line with decisions of the Meeting of the Parties to the Protocol.

Nongovernmental organizations accredited as observers to the COP

19. Cooperation with nongovernmental organizations (NGOs) and other relevant international organizations that are observers to the COP continued. The observer NGOs participated in various inter-country meetings on implementation of the Convention. These include the meetings organized in Bogota, Colombia, in New Delhi, India, in Budapest, Hungary, and in Nadi, Fiji in 2013–2014. All the meetings had a strong component of participation by the observers and the respective outcome documents1 describe their contributions and potential assistance to Parties in need. In addition, the Secretariat continued to engage with NGOs at national level, through the respective governments, during the joint needs assessment missions. The contributions of the observer NGOs to the COP have been summarized in the relevant report (Document FCTC/COP/6/26).

1 See http://www.who.int/fctc/implementation/workshops/en
FCTC/COP/6/18

RECENT GLOBAL DEVELOPMENTS AND TRENDS RELEVANT TO IMPLEMENTATION OF THE WHO FCTC

20. Since the last session of the COP, some important developments have taken place. First, the High-level Meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved since 2011 in the prevention and control of NCDs took place on 10–11 July 2014. The outcome document of the meeting reiterates the commitment to accelerate implementation by Parties of the WHO FCTC, and encourages State non-Parties to consider becoming Parties of the Convention.

21. Secondly, United Nations Member States are negotiating the post-2015 Sustainable Development Goals (SDGs) under the auspices of the United Nations General Assembly in New York. Two meetings were held to make progress on the initial zero draft presented to the Member States by the Co-Chairs, Barbados and Belgium, in June 2014. The documents directly refer to tobacco use as being a development challenge and to full implementation of the Convention as a means of mitigating risk factors related to NCDs and preventing tobacco use. This momentum needs to be kept, and the Secretariat, in accordance with COP decision FCTC/COP5(14), will continue to work with development partners to advance the agenda of full implementation of the Convention as one of the post-2015 SDGs.

22. Notwithstanding important milestones being achieved in multisectoral assistance to the Parties, there is a growing apprehension among the Parties that while it is important to build synergies and strengthen the response to NCDs through effective implementation of the Convention, the gains made so far in achieving multisectoral cooperation from different development partners and through concrete work plans, should continue to be singled out and used as a successful approach as part of wider NCD initiatives. With this in mind, many Member States in the ECOSOC 2013 session mentioned that the matrix contained in the Secretary-General’s report (document E/2012/70) should be preserved and reported upon each year in the format of report E/2013/61. The Secretariat will continue to work with WHO and other members of the Task Force to achieve this important reporting objective to the COP and to the ECOSOC.

ACTION BY THE CONFERENCE OF THE PARTIES

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