SIXTY-NINTH WORLD HEALTH ASSEMBLY
Provisional agenda item 12.5

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Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control

Report by the Secretariat

The WHO Framework Convention on Tobacco Control and its achievements

1. The WHO Framework Convention on Tobacco Control is the first treaty negotiated under the auspices of WHO. It was adopted by the Fifty-sixth World Health Assembly in resolution WHA56.1 on 21 May 2003,[1] and entered into force on 27 February 2005. To date, the Convention comprises 180 Parties (179 countries and one regional economic integration organization) and is one of the most rapidly and widely embraced treaties in the history of the United Nations.

2. The Convention was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. It represents a milestone in the promotion of public health and provides new legal dimensions for international health cooperation. It contains legally binding provisions and guiding principles for its Parties.

3. The Conference of the Parties is the governing body of the Convention, comprising all 180 Parties. It keeps under regular review implementation of the Convention and takes the decisions necessary to promote effective implementation of the Convention. It may also adopt protocols, annexes and amendments to the Convention. To date, six sessions of the Conference of the Parties have been held, and the seventh is scheduled to take place between 7 and 12 November 2016 in Noida, India.

4. The Conference of the Parties has adopted several treaty instruments, including the Protocol to Eliminate Illicit Trade in Tobacco Products[2] in 2012. As of 4 March 2016 the Protocol has 15 Parties and once it enters into force it will be an international treaty itself. The Conference of the Parties has

[1] http://www.who.int/tobacco/framework/final_text/en/ (accessed 29 March 2016).

[2] http://www.who.int/fctc/protocol/en/ (accessed 29 March 2016).

adopted eight guidelines for implementation of several articles of the Convention and policy options and recommendations to implement Articles 17 and 18.[1]

5. The reporting system has been well established and Parties are obligated to report to the Conference of the Parties on the implementation of all provisions of the Convention every two years. According to the latest available information collected in the 2014 reporting cycle, implementation of the Convention has increased steadily since entry into force in 2005, with the average implementation rate approaching 60% of the substantive articles of the Convention in 2014, compared with just over 50% in 2010. Overall, 80% of the Parties have strengthened their existing or adopted new tobacco control legislation after ratifying the Convention. Many Parties have seen significant declines in the prevalence of smoking. For example, in Turkey and Uruguay, smoking prevalence declined by 22% and 25%, respectively, in 10 years. Nine out of 17 Parties that reported data on tobacco-related deaths in both 2012 and 2014 saw a decrease.[2]

Implementation of the WHO Framework Convention on Tobacco Control in the agenda of WHO's governing bodies

6. The Health Assembly adopted 18 resolutions on tobacco between 1970 and adoption of the Convention in 2003.[3] In these resolutions the Health Assembly recognized the risks associated with tobacco consumption and made recommendations on how to address those risks.

7. Following adoption of the Convention in 2003, the WHO Secretariat served as the Interim Convention Secretariat, in accordance with Article 24.2 of the Convention.[4] The WHO Secretariat's update in 2004 on the status of the Convention included information on the role of the Convention as part of an integrated approach to prevention and control of noncommunicable diseases. [5] It also described the activities of the United Nations Ad Hoc Interagency Task Force on Tobacco Control.[6]

8. In 2006, the agenda of the Fifty-ninth World Health Assembly included a specific item on the outcome of the first session of the Conference of the Parties. Having considered the report,[7] the Health Assembly adopted resolution WHA59.17 in which inter alia it requested the Director-General to establish a permanent secretariat of the Convention pursuant to decision FCTC/COP1(10). Similarly, in 2008 the agenda of the Sixty-first World Health Assembly included a specific item on the outcome of the second session of the Conference of the Parties. The Health Assembly noted the report, which included reference to establishment of a permanent Convention Secretariat within WHO.[8]

[1] http://www.who.int/fctc/guidelines/adopted/en/ (accesssed 31 March 2016).

[2] http://www.who.int/fctc/reporting/2014globalprogressreport.pdf?ua=1 (accessed 30 March 2016).

[3] These resolutions are available at http://www.who.int/tobacco/framework/wha_eb/wha_resolutions/en/ (accessed 29 March 2016).

[4] http://www.who.int/fctc/text_download/en/ (accessed 29 March 2016).

[5] Document A57/18.

[6] Document A57/31.

[7] Document A59/40.

[8] Document A61/34.

9. Since the Sixty-first World Health Assembly, tobacco control and the Convention have been covered by agenda items on prevention and control of noncommunicable diseases. Information about decisions of the Conference of the Parties, including those referring to WHO support, was reported within this broader agenda on noncommunicable diseases and in the context of tobacco control activities undertaken by WHO programmes. This approach may have created the impression that implementation of the Convention is not accorded the attention it deserves by the Health Assembly.

10. WHO's regional committees have considered implementation of the Convention as a separate agenda item on an irregular basis in most regions and, again, within the broader context of prevention and control of noncommunicable diseases. A non-exhaustive list of recent examples of actions specific to tobacco control and the Convention follows.

- In 2005 and 2013 the Regional Committee for Africa considered implementation of the Convention.[1]

- The Regional Committee for the Americas in 2008 resolved in resolution CD48.R2 to consider opportunities and challenges for implementation of the Convention and in resolution CD50.R6 in 2010, taking account of progress made, requested continued strengthening of capacity to implement the Convention. Biennial progress reports on tobacco control, including implementation of the Convention, are also provided to the Regional Committee.[2]

- It is customary for the Regional Committee for the Eastern Mediterranean to consider a progress report on the work of the Tobacco Free Initiative, including information concerning the Convention.[3]

- At its 65th session in 2015 the Regional Committee for Europe adopted the Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025 (resolution EUR/RC65/R4).

- In 2008, the Regional Committee for South-East Asia adopted resolution SEA/RC61/R4 on tobacco control, which focused on progress and plans for implementation of the Convention. In 2015, the Regional Committee adopted the Dili Declaration on Tobacco Control (resolution SEA/RC68/R7).

- The Regional Committee for the Western Pacific in resolution WPR/RC65.R2 (2014) endorsed the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019), reaffirming that the Convention is the overarching framework for curbing the tobacco epidemic.

Implementation of the Convention in the international development and health agenda

11. Heads of States and Governments meeting in New York in September 2011 adopted the Political Declaration of the High-level Meeting of the United Nations General Assembly on the

[1] Respectively, documents AFR/RC55/13 and AFR/RC63/INF.DOC/4.

[2] See for example section A of document CD54/INF/5 (2015).

[3] See, for example, document EM/RC61/INF.DOC.2.

Prevention and Control of Noncommunicable Diseases.[1] The Political Declaration calls for acceleration of implementation by Parties to the Convention, recognizing the full range of measures, including measures to reduce consumption and availability, and encourages countries that have not yet done so to consider ratifying, accepting, approving or acceding to the Convention, recognizing that substantially reducing tobacco consumption is an important contribution to reducing non-communicable diseases and can have considerable health benefits for individuals and countries and that price and tax measures are an effective and important means of reducing tobacco consumption.

12. The Rio Political Declaration on Social Determinants of Health[2] adopted in October 2011 during the World Conference on Social Determinants of Health also urges Parties to the Convention to accelerate its implementation, recognizing the full range of measures including those to reduce consumption and availability, and encourages countries that have not yet done so to consider ratifying, accepting, approving or acceding to the Convention. It recognizes that substantially reducing tobacco consumption is an important contribution to addressing social determinants of health and vice versa.

13. In July 2015, the Addis Ababa Action Agenda[3] was adopted at the Third International Conference on Financing for Development (Addis Ababa, 13–16 July 2015). The text fully recognizes that, as part of a comprehensive strategy of prevention and control of noncommunicable diseases, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health care costs, and represent a revenue stream for financing for development in many countries. The United Nations General Assembly endorsed the Action Agenda as the framework for financing development post-2015 (resolution 69/313, 27 July 2015).[4]

14. On 25 September 2015, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development, along with a set of 17 Sustainable Development Goals and 169 associated targets (resolution 70/1). The strengthening of the implementation of the Convention in all countries, as appropriate, is included as Target 3.a of Goal 3 (Ensure healthy lives and promote well-being for all at all ages). In addition to that goal, implementation of the Convention will also contribute to the achievement of almost all other Sustainable Development Goals, namely Goal 1 (End poverty in all its forms everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 5 (Achieve gender equality and empower all women and girls), Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all), Goal 10 (Reduce inequality within and among countries), Goal 13 (Take urgent action to combat climate change and its impacts), Goal 15 (Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss), and Goal 17 (Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development).

[1] Resolution 66/2, http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf (accessed 30 March 2016).

[2] http://www.who.int/sdhconference/declaration/en/ (accessed 30 March 2016).

[3] http://www.un.org/esa/ffd/ffd3/press-release/countries-reach-historic-agreement.html (accessed 30 March 2016).

[4] http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/313 (accessed 30 March 2016).

Convention Secretariat: interim and permanent arrangements

15. From inception of the negotiations, WHO has been instrumental in advancing the Convention. Following adoption of the Convention in 2003, WHO provided secretariat functions on an interim basis until the permanent Convention Secretariat was established within WHO in 2007, pursuant to decision FCTC/COP1(10) of the Conference of the Parties and resolution WHA59.17 of the Health Assembly. The WHO Secretariat and the Convention Secretariat have been cooperating and supporting each other over the past nine years.

Strengthening synergies between the World Health Assembly and the Conference of the Parties to the Convention

16. The Health Assembly and the Conference of the Parties could optimize cooperation, better coordinate their activities and strengthen the response to the increasing demand from governments reflected in the international health and development agenda. In this sense, the Health Assembly would benefit greatly from periodic provision of information on the progress in implementing the Convention through decisions of the Conference of the Parties. Likewise, the latter could be enriched with information on decisions and resolutions of the Health Assembly relevant to implementation of the Convention.

17. In October 2014, the Conference of the Parties at its sixth session adopted decision FCTC/COP6(16) on the Conference's contribution to the prevention and control of noncommunicable diseases and decided to place the subject on the agenda of each regular session until the twelfth session in order to consider reports on the contribution that the Parties are making in the area of the reduction in the prevalence of current tobacco use. Implementation of the Convention mainly contributes to the prevention and control of noncommunicable diseases, but it is also linked to the work of other WHO programmes such as health systems financing, maternal and child health, gender and equity, social determinants, tuberculosis and HIV/AIDS.

18. Despite the huge public health impact that tobacco use continues to have globally, implementation of the Convention has not been the subject of specific agenda items at recent Health Assemblies. WHO Member States that negotiated the Convention through the Health Assembly-mandated Intergovernmental Negotiating Body might consider establishing a mechanism to ensure that the implementation of the Convention is given the attention it deserves by, for example, being considered as a separate item by the Health Assembly in light of recent decisions by the United Nations General Assembly and its adoption of the 2030 Agenda for Sustainable Development.

19. The Health Assembly might consider adopting a resolution that grants a mechanism for exchange of information between the Conference of the Parties and the Health Assembly. A similar arrangement might be considered by the Conference of the Parties at its seventh session in November 2016 as part of the provisional agenda being considered by the Bureau of the Conference of the Parties.

ACTION BY THE HEALTH ASSEMBLY

20. The Health Assembly is invited to consider the following draft resolution:

The Sixty-ninth World Health Assembly,

Having considered the report on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control,[1]

DECIDES:

(1) to include the outcome of the Conference of the Parties as a stand-alone item in the provisional agenda of the immediate session of the Health Assembly following the Conference of the Parties held every two years; and

(2) to encourage the Conference of the Parties to include relevant resolutions and decisions of the Health Assembly as a stand-alone item on the agenda of each of its sessions.

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[1] Document A69/11.