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Impact assessment of the WHO FCTC

Report of the Convention Secretariat

INTRODUCTION

1. This document has been prepared in response to the request made by the Conference of the Parties (COP) to the Convention Secretariat to prepare a report outlining options for conducting an impact assessment of the WHO FCTC after its first 10 years of operation, for consideration at the sixth session of the COP.¹ In requesting such a report, the COP recognized the need to examine the impact of the Convention as a tool for promoting public health in general and tobacco prevention in particular.
2. The Convention Secretariat organized an expert consultation to assist in the preparation of this report. The meeting took place in Helsinki, Finland, kindly supported and hosted by the National Institute for Health and Welfare of Finland. In addition, the Secretariat sought input from other experts, within and outside WHO, on different aspects of such an impact assessment, including relevant international experiences.

RELEVANT INTERNATIONAL EXPERIENCES

Impact assessments related to health

3. During the last decades, in which impact assessments have been gaining widespread use, they have been frequently applied to environmental and health issues. As an example, WHO and the United Nations Environmental Programme established the Health and Environment Linkages Initiative and developed a toolkit advocating the use of impact assessment as a tool for evidence-based decision-making. One other area is the “Health in All Policies” approach, which requires a prospective assessment of strategies and policies.
4. Impact assessment initiatives have also been applied to selected tobacco control policies. The International Agency for Research on Cancer (IARC)² set forth a framework (including the measures/indicators to be used) to guide future evaluations of certain policies, such as taxation, product regulation, labelling of tobacco products, regulation of tobacco advertising, promotion and

¹ Decision FCTC/COP5(12).

² IARC Handbooks of Cancer Prevention, Tobacco Control, Vol. 12: Methods for evaluating tobacco control policies. Lyon: International Agency for Research on Cancer; 2008.

sponsorship, communication campaigns, and tobacco cessation interventions. While recognizing that there are a range of outcomes that could be used as the basis for evaluating tobacco control measures taken in response to the WHO FCTC, the framework focuses particularly on tobacco use outcomes as the most direct basis for evaluation.

5. Other relevant exercises include: the International Tobacco Control Policy Evaluation Project,¹ which has established through research over a decade the potential for understanding the linkages between policy changes deriving from implementation of the WHO FCTC and changes in tobacco use behaviours and prevalence; the SimSmoke tobacco control policy simulation model,² which has been applied to estimate the impact of a limited number of tobacco control policies on reducing tobacco-related disease burdens as well as mortality; and, at regional level, the Tobacco Control Scale project, which quantified, several times during the last decade, the implementation of tobacco control policies across several European countries.³

Other international treaties

6. The review of international practice did not identify any treaty body that has undertaken a full evaluation or assessment of impact. Examples so far include different forms of performance analysis of the treaties' strategic plans and implementation frameworks.⁴ They represent the most comprehensive types of performance reviews that have been undertaken for treaties and thus represent the exercises closest, although dissimilar, to the one foreseen in the case of the WHO FCTC.

7. According to the above analysis, there is no agreed best practice on this issue among multilateral treaties. Moreover, in the case of the WHO FCTC, the criteria for undertaking such a review must be developed. Accordingly, the following sections describe the options and possible approaches for a review of the impact of the WHO FCTC, in particular those related to scope, methodology, time frame and cost.

SCOPE OF THE IMPACT ASSESSMENT OF THE WHO FCTC

8. The decision of the COP underlines the need "to examine the impact of the Convention as a tool in promoting public health in general and tobacco prevention in particular". Consequently, the assessment exercise would first analyse the impact of the Convention on implementation of tobacco control measures in countries and internationally, and, linked to this, the potential impact on tobacco use and its health consequences as outlined in the Objective of the Convention. Another potential area, which also derives from the Convention's Objective, would be the impact, through strengthened tobacco control measures, on social, economic and environmental consequences of tobacco. Finally, the assessment would cover the broader impact of the Convention as a tool for promoting public health in general. The following sections describe the above areas in more detail.

Impact of the Convention on implementation of tobacco control measures

9. Two key components would fall under this area. First, the assessment would analyse the impact of the Convention on strengthening national tobacco control legislation and policies. As the preliminary analysis shows (see document FCTC/COP/6/5 concerning global implementation progress), 80% of the Parties which reported at least once on their implementation of the Convention adopted tobacco control legislation or strengthened their existing legislation after ratifying the Convention. However, a detailed study focusing on WHO FCTC-compliant legislation would be required. The information would be drawn from Parties' implementation reports, including relevant

¹ See <http://www.itcproject.org>

² See http://www.tobaccoevidence.net/pdf/sea_activities/SimSmoke_asean.pdf

³ See <http://www.europecancerleagues.org/tobacco-control/tobacco-control-in-europe.html>

⁴ Recent examples of such performance analyses include the United Nations Convention to Combat Desertification (UNCCD) mid-term evaluation of progress towards achievement of its strategic plan; the comprehensive external evaluation of UNCCD's Global Mechanism; the comparative assessment by the Secretariat of the Basel Convention of its 2002–2010 strategic plan; and the planned mid-term review by the Convention on Biological Diversity of its strategic plan. Some treaties (including the WHO FCTC) prepare regular progress reports on implementation.

supporting documents, that have been collected and synthesized by the Convention Secretariat, as well as other sources, such as reviews and databases compiled by WHO and international partners.

10. A second component would focus on the impact of the Convention, as an international legal instrument, in protecting Parties' tobacco control measures from the legal challenges brought against such measures. This would include, for example, invocation by governments in responding to tobacco industry claims and threats by citing WHO FCTC obligations and reliance on the Convention in relevant courts and tribunals.

Impact of the Convention on tobacco use and related health consequences

11. Article 3 of the Convention refers to reducing continually and substantially the prevalence of tobacco use and exposure to tobacco smoke. An increasing number of Parties report comparable prevalence data over time; for others, internationally accepted methodologies for producing prevalence estimates exist. Data on exposure to tobacco smoke are also gradually becoming available, at least in countries implementing comprehensive surveys and operating national surveillance systems.

12. In the longer term, account should also be taken of the impact of the Convention on morbidity and mortality related to tobacco. Systematic data in those areas are available only in a small number of countries. However, there are internationally accepted methodologies establishing the prospective impact of changes in prevalence (and recently also the impact of exposure to tobacco smoke) on mortality and morbidity. In addition, WHO developed tobacco-related global mortality estimates in 2010, with a similar exercise planned to take place at regular intervals in the future.

13. Therefore, given that the objective of comprehensive policies in relation to the WHO FCTC is to decrease the use of tobacco, prevalence of tobacco use could be identified as a key health impact indicator for the impact assessment. The collection and analysis of such data (as well as data on exposure to tobacco smoke, when available) would in turn lead to credible estimates of the impact that changes in prevalence and exposure are having or will have on tobacco-related morbidity and mortality at both the national and international levels.

Social, economic and environmental impact of the Convention

14. Protection of the population from social, economic and environmental consequences of tobacco is an important objective of the Convention. Furthermore, in the recent Rio Political Declaration¹ governments recognized that substantially reducing tobacco consumption is an important contribution to addressing social determinants of health and vice versa; the governments also called for assessment of the impact of policies on health and take this into account in policy-making. The Convention calls, in its Article 20, for including social and economic indicators in national surveillance systems. Methodologies have already been developed by WHO and various research groups, particularly in the area of economic costs of tobacco.² However, only a few countries reported undertaking research to assess the social impact of tobacco, and less than one third provided data on the economic burden of tobacco use in their jurisdictions.

15. The environmental consequences of the measures required under the Convention are less documented. Experience is available in several countries on the transition from tobacco growing to economically viable alternative activities, such as cultivation of replacement crops. Information is emerging in other areas related to the environmental consequences of tobacco manufacturing and trade (with India, for example, adopting legislation to prevent the packaging of bidis in plastic pouches).

16. Overall, the data on social, economic and environmental impact of the Convention are relatively scarce, and therefore would need a special approach and timeline within the impact assessment.

¹ Available at <http://www.who.int/sdhconference/declaration/>

² For example, WHO recently developed a toolkit on the assessment of economic costs of smoking, which can be found at http://whqlibdoc.who.int/publications/2011/9789241501576_eng.pdf

Impact of the Convention on public health

17. The Convention is the first international treaty to have been developed under the auspices of WHO, and it has provided new legal dimension to international health cooperation. It can be argued that with the WHO FCTC international legal frameworks have come to be seen as a major means of promoting global health, with the use of new types of institutions, processes and instruments.

18. When looking for examples of the broader public health impact of the treaty, four categories are most salient: the impact of the Convention on health governance; development cooperation; and policies addressing noncommunicable diseases (NCDs); and the broader impact on society generally.

Health governance

19. The Convention's impact on a range of governance matters for health can be examined at both national and international levels. This examination would cover a variety of considerations, ranging from global health architecture and the role of public health community in international law-making to the potential impact of international legal regimes in responding to health challenges in the era of globalization. In the meantime, the following specific impacts, directly linked to relevant provisions of the Convention, would be practical and feasible to assess:

- at the national level, the study could examine how the Convention has influenced national intersectoral coordination mechanisms, a legal obligation under the Convention, in the health sector. This would also assist with a review of the potential impact of promoting health in all policies and a whole-of-government approach in public health;
- at the international level, the study would focus on effects of the Convention on stimulating global and regional health cooperation and a strengthened role of relevant international organizations in promoting tobacco control and public health.

Development cooperation

20. The impact of the Convention on development cooperation, both at the national and global levels, could be considered:

- at the national level, the influence of the Convention on resource mobilization could be examined, along with the role of the Convention in shaping national health and development plans and its integration into the United Nations Development Assistance Frameworks;¹
- at the global level, the assessment could consider the impact of the Convention on the agenda of the United Nations Ad Hoc Interagency Task Force on Tobacco Control and Interagency Task Force on NCDs, on the relevant reports of the Secretary-General to the United Nations Economic and Social Council and on the respective resolutions of the Council.

21. The adoption of the Convention and the obligations of Parties also affected the lending and investment policies of governments and development partners. After entry into force of the Convention in 2005, several countries and organizations introduced policies on not lending, investing or guaranteeing investments or loans for tobacco production, processing, or marketing.² These and other examples could be systematized and analysed in view of their impact.

International NCD agenda

22. This category includes a review of how the Convention has contributed to the international agenda on NCDs. An important element of this consideration would be its influence on setting the

¹ As described in the report on this topic jointly developed by the Convention Secretariat and the United Nations Development Programme (available at <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/development-planning-and-tobacco-control--integrating-the-who-fr/>).

² The World Bank has had such a policy in place since 1991. In 2010, Norway excluded tobacco companies from the Government's pension fund. The Australian Government's Future Fund liquidated its investments in tobacco companies in 2013. In 2012, the Association of Southeast Asian Nations (ASEAN) agreed to withdraw tobacco from its Free Trade Area list by 2015. The Asian Development Bank supports projects to replace tobacco crops with other alternative livelihoods in relation to Article 17 of the Convention.

NCD agenda at the United Nations level, and on the policies and activities of WHO as well as other bilateral and multilateral institutions and national governments in this area.

Impact on society

23. The final category concerns the impact of the treaty on society broadly speaking. Areas of consideration include but are not limited to its contribution to civil society activities and advocacy, its influence on media coverage of tobacco control measures, and its role in shaping educational curricula for children and young adults. On the other hand, civil society groups, the media and society at large have also affected the speed and dimensions of WHO FCTC implementation in countries.

OPTIONS WITH REGARD TO THE SCOPE OF THE IMPACT ASSESSMENT, INCLUDING TIME FRAME

24. Based on the discussion contained in paragraphs 8 to 23 above, there would be four distinct, though interrelated, areas of coverage under the impact assessment:

- Area 1: impact of the Convention on implementation of tobacco control measures (as described in paragraphs 9 and 10 above);
- Area 2: impact of the Convention on tobacco use and related health consequences (as described in paragraphs 11 to 14);
- Area 3: social, economic and environmental impact of the Convention (as described in paragraphs 15 to 17);
- Area 4: impact of the Convention on public health (as described in paragraphs 18 to 24).

25. For the first, second and fourth areas, the principal analysis could be completed in the intersessional period between COP6 and COP7, with a report presented to COP7. The work could continue, if necessary, after COP7, based on the feedback received from the Parties and as mandated by COP7, with a further report submitted to COP8.

26. As for the third area, where the information is relatively scarce, the intersessional period between COP6 and COP7 would be utilized to assess the availability and potential sources of data in countries and internationally; this would be followed by the actual study of the impact in this area in the intersessional period after COP7, with the outcome reported to COP8.

27. Regarding the possible options, the COP may wish consider the following:

- Option A: Area 1 + Area 2;
- Option B: Area 1 + Area 2 + Area 4;
- Option C: the most comprehensive option covering all four areas.

28. A summary of possible options for the way forward and timeline is presented in the table below.

Option	Area 1	Area 2	Area 3	Area 4	Timeline
A	+	+			Principal assessment reported to COP7 (with possible further work, if requested, between COP7 and COP8)
B	+	+		+	Principal assessment reported to COP7 (with possible further work, if requested, between COP7 and COP8)
C	+	+	+	+	Principal assessment in Areas 1, 2 and 4, and data availability for Area 3 reported to COP7, with the actual study on Area 3 and other possible work, if requested, completed before COP8

OPTIONS FOR METHODOLOGY, INCLUDING COSTS

Considerations related to the level of independence

29. Consideration would be given to whether the impact assessment work is to be carried out by the Secretariat and external consultants it commissions or whether the work is to be outsourced in its entirety. The review of international practice has not identified any clear basis on which treaty bodies have chosen the entity or actor to conduct such reviews.

30. The use of external organizations to do the work may carry with it a higher cost, which is a factor against which the following criteria would be weighed:

- need for independence: the degree to which Parties have a need for independent analysis;
- need for scientific accuracy: the degree to which Parties have a need for scientific accuracy in the report and whether full independence has a significant bearing on that matter;
- utility of the report: whether and how an entirely independent assessment would facilitate Parties' actions in furtherance of the treaty; and
- capacity: whether the cost of partial outsourcing and adding internal capacity for and assisting such outsourcing would be greater than entirely outsourcing the work.

Methods

31. The possible methodology and cost were the COP to choose a Secretariat-coordinated mechanism, with the involvement of external experts, are described below. It is likely that some key elements of the methodology would also apply in the case of an entirely independent assessment; however, that would depend on the working methods and experience of the company/organization selected to conduct the assessment.

32. The following means could be utilized to carry out the impact assessment:

- global thematic studies involving desk reviews and analysis of existing data and literature,¹ with interviews with selected stakeholders when required, as well as review of already collected data within WHO-led and other relevant research, also taking into account different levels of implementation of treaty provisions as deriving from Parties' regular implementation reports and the respective global progress reports. These could be commissioned by the Convention Secretariat with the guidance of an advisory/steering committee to be established under the authority of the COP;
- visits to selected countries and studies on some of the above matters in the national context.

33. In addition, key findings contained in the 2014 (and potentially the 2016) global progress report on implementation of the Convention (document FCTC/COP/6/5) would be utilized as relevant.

Costs

34. Based on available estimates, the approximate cost of the Secretariat-coordinated mechanism (for the intersessional period between COP6 and COP7, with regard to option C) would be as follows:

- six global thematic reviews, to cover: Area 1 (one review, focusing on WHO FCTC-compliant national legislation, which would also include the review of the impact of the Convention on protection of such legislation from legal challenges brought against governments); Area 2 (two reviews, focusing on changes in prevalence, morbidity and mortality, as well as differential

¹ In areas where additional information is required or information is not available in a standardized, comparable format, newly developed questionnaires could be administered.

impact of selected policy measures); Area 3 (one review on availability and potential sources of data); and Area 4 (two reviews, covering impact related to international and intersectoral coordination, including development cooperation, and on other measures such as the impact on the NCD agenda) – with an average cost of US\$ 30 000 per review and therefore US\$ 180 000 for six reviews;

- case studies to assess the combined impact of different Areas/factors in four selected countries, with an estimated cost of US\$ 160 000 (US\$ 40 000 per country); this would include one country from each of the following four categories: high-income, upper-middle-income, lower-middle-income and low-income;
- staff cost for a mid-level short-term professional staff for six months to support the data coordination and analysis in the Secretariat (in addition to existing core staff) – US\$ 120 000;
- documentation and logistics – US\$ 30 000;
- a 10-member advisory/steering committee to provide technical and policy guidance: US\$ 130 000 would be required for two 2.5-day meetings, including travel, logistics and documentation.

35. If all the above elements are endorsed by the COP, the total cost would be approximately US\$ 620 000.¹ The costs would be slightly lower for options A and B, by between US\$ 30 000 and US\$ 90 000, owing to the lower number of global thematic reviews required for these options in comparison with option C. If the COP were to endorse the global thematic reviews but not the national case studies as the methodological approach, it would reduce the cost by a further US\$ 160 000.

36. Should the first phase of impact assessment be carried out in 2015–2016, after COP6, the current 2014–2015 workplan and budget would need to be amended accordingly by COP6 to include approximately half of the required cost (US\$ 270 000–310 000, depending on the option chosen by the COP, or US\$ 190 000–230 000 if the national case studies are also not included) for the 2015 portion of the work (given the constraints in the regular budget, the COP may encourage the provision of extrabudgetary funds for this task). The other half, required for the 2016 portion, would be included in the next (2016–2017) workplan and budget.

37. The costs for the potential work to be carried out, if necessary and as mandated between COP7 and COP8, would be presented to COP7 based on the progress made and outcome reported to the COP.

ACTION BY THE CONFERENCE OF THE PARTIES

38. The COP is invited to note this report and provide further guidance, in particular, in relation to the arrangements proposed in paragraphs 24–37 of this report, and more specifically the options and timeline described in paragraphs 27–28. Should the COP decide to establish a process to commence after COP6, the COP is also invited to consider amending the current 2014–2015 workplan and budget as described in paragraph 36 of this report.

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¹ US\$ 700 000 if the programme support cost of 13% is also taken into account.