1. The 2012 global progress report on implementation of the WHO FCTC\(^1\) revealed a relatively low rate of implementation of treaty provisions across all substantive articles of the Convention, at 56% in 2012. Seventy-two Parties reported more than 30 different constraints or barriers that they encountered in implementing the Convention. The most frequently mentioned constraints were the following:

- interference by the tobacco industry in tobacco-control policy development;
- lack of or insufficient political will;
- insufficient financial resources for tobacco control; and
- lack or weakness of intersectoral coordination within the country, including lack of understanding, interest or commitment of sectors other than health regarding the need for intersectoral action on tobacco control.

2. In order to help improve implementation as well as address other concerns expressed by the Parties, the COP decided to establish a working group on sustainable measures to strengthen implementation of the WHO FCTC in decision FCTC/COP5(14). In that decision, the working group was mandated to:

---

3. prepare a report on barriers and successful experiences in mobilizing the range of resources in implementing the WHO FCTC at country level, including through existing bilateral and multilateral mechanisms of assistance;

- provide recommendations on how resources can be accessed for WHO FCTC implementation and best practice can be shared;
- provide recommendations to strengthen South–South and triangular cooperation as well as North–South cooperation for implementation of the WHO FCTC, contributing to capacity building in Parties;
- review existing tools and mechanisms of assistance to the Parties to ensure they meet the needs of the Parties;
- identify new tools to support Parties to implement Article 5.2 of the WHO FCTC;
- identify and recommend best practices to access international resources for tobacco control through bilateral and multilateral cooperation and other opportunities in development cooperation;
- examine possibilities of using modern technologies for the exchange of information, cooperation between Parties, and to promote the effective implementation of the WHO FCTC;
- provide recommendations on how to promote the WHO FCTC in wider international forums.

4. The above mandate of the working group is contained in the Annex to this document, grouped into five sections: mechanisms of assistance, resource mobilization, multisectoral coordination, international cooperation, and visibility of the WHO FCTC in wider international forums. Each section contains: background information, key findings related to each area of the mandate, suggested actions/recommendations in each area of the mandate to advance implementation of the WHO FCTC, and relevant stakeholders that should be responsible for each of the proposed actions.

5. The working group met twice, on 29–30 October 2013, and 2–4 April 2014. The first meeting was attended by representatives of 26 Parties, two State non-Parties and three nongovernmental organizations (NGOs) accredited as observers to the COP. Staff from WHO Headquarters and regional offices also attended. The second meeting was attended by representatives of 23 Parties, two intergovernmental organizations, four NGOs accredited as observers to the COP, and WHO Headquarters and regional office staff.

6. In its first meeting, the working group began the process of mapping utilization of the mechanisms of assistance and requested the Parties to provide feedback on their awareness of these mechanisms and experiences in accessing them through a questionnaire, including any barriers they faced in accessing or requesting access to them. In addition, the Parties were requested to provide feedback on the availability of resources for implementation of the Convention, examples of good practices in this area and barriers faced by the Parties in low-resource settings in accessing such resources. Feedback from Parties was analysed and presented at the second meeting of the working group. The working group did not have all the information needed to make the analyses requested in the COP decision, but identified some key issues as well as the action that could be taken to complete the task, as outlined in paragraphs 7 to 20 of the Annex.
7. In the area of resource mobilization the working group was able to report on some barriers and successful experiences in mobilizing the range of resources required to implement the WHO FCTC at country level as outlined in paragraphs 26 and 27 of the Annex. Regarding recommendations on how resources can be accessed and best practices shared, the working group suggested some actions that could be taken by the Parties, the Secretariat and other stakeholders, and these are contained in paragraphs 28 to 33 of the Annex.

8. The working group concluded that further cooperation between the Secretariat and WHO is needed. Taking into account this fact and that a platform to coordinate activities could strengthen collaboration among different stakeholders that provide resources and/or technical assistance to implement the WHO FCTC, the working group suggested that such a mechanism be put in place under the guidance of the COP.

9. Turning to the identification of new tools to support Parties in implementing Article 5.2(a) of the WHO FCTC, the working group felt that Parties need to have guidance on how to establish a functioning national multisectoral coordination mechanism and identified two tools that could be developed to help build support to assess the impacts of tobacco use and the cost of implementation of the Convention, as set out in paragraphs 35 to 45 as well as paragraphs 28 to 33 of the Annex.

10. Some recommendations to strengthen South–South and triangular cooperation as well as North–South cooperation are contained in paragraphs 59 to 66 of the Annex but the working group felt that it could contribute with further work and a deeper analysis to complete the mandate on this subject, taking into account ongoing work, including the current demonstration projects.

11. Recommendations on how to promote the WHO FCTC in wider international forums are contained in paragraphs 77 to 83 of the Annex.

12. In short, the mandate contained in decision FCTC/COP5(14) could not be completely fulfilled. The available information received from Parties was considered to be insufficient to make concrete, comprehensive and evidence-based conclusions and proposals as requested by the COP in some areas of the mandate of the working group. The working group considered that further collection and analysis of information would be useful, with the results to be presented to COP at a subsequent session. In order to make appropriate, comprehensive and evidence-based recommendations, therefore, some areas of the mandate that were not finalized require further work. The working group also felt that the work in this context would benefit from the discussions and guidance provided at the sixth session of the COP.

**Action by the Conference of the Parties**

13. The COP is invited to note this report, and to review and consider adopting or endorsing the recommendations and suggested actions contained in the Annex, where appropriate, and to provide further guidance.

14. In view of the progress made, as well as to fulfil the mandate provided in decision FCTC/COP5(14), the COP may wish:

   To extend the mandate of the working group and request the working group to:
• complete the review of the mechanisms of assistance with a view to ensuring that they meet the needs of the Parties, by making a comprehensive inventory of existing mechanisms of assistance, which includes the procedures for accessing them, and devise a method for evaluating how Parties are benefiting from their utilization, in coordination with the Convention Secretariat and WHO;

• complete the examination of possibilities for using modern technology for the exchange of information and cooperation between Parties and strengthening South–South and triangular cooperation, including capacity building of focal points and guidance on how to implement the WHO FCTC, adapting implementation to national contexts, including through online training modules, in cooperation with the Secretariat and WHO;

• provide options for the establishment of functioning national multisectoral coordination mechanisms, ensuring the participation of government sectors that are key for implementation of WHO FCTC obligations, in line with Article 5.2(a).

To request the Secretariat to:

• invite the World Bank to develop a methodological tool to assess the economic impact of tobacco use on health systems and disease burden and other related areas, such as environmental and economic costs that have an impact on poverty and development;

• invite WHO to collaborate on providing guidance and support to Parties to implement comprehensive multisectoral national tobacco control strategies plans and programmes in line with Article 5.1 of the WHO FCTC;

• invite WHO to continue to develop comprehensive tools to cost the implementation of the WHO FCTC, to be used at country level, adapted to the national context;

• strengthen coordination with WHO and put in place a coordination platform, under the guidance of the COP, which may include convening regular meetings, among international, intergovernmental and nongovernmental organizations and other potential providers of resources and technical assistance, for WHO FCTC implementation in order to strengthen collaboration among these organizations and to respond to the financial and technical needs of Parties.

To request the Convention Secretariat in coordination with WHO and other relevant organizations and/or other stakeholders, when required, to implement paragraphs 17, 18, 19, 28, 29, 30, 31, 61, 65, 66 and 81 of the Annex and together with Parties to implement paragraphs 77, 78, 79 and 82 of the Annex in order to support the possible future work outlined above and advance implementation of the WHO FCTC.

To advise Parties to consider appropriate action on paragraphs 20, 45, 59, 60, 63, 64, 80 and 83 of the Annex.
ANNEX

SUGGESTED ACTIONS OR RECOMMENDATIONS ON SUSTAINABLE MEASURES TO PROMOTE THE IMPLEMENTATION OF THE WHO FCTC PROPOSED BY THE WORKING GROUP

MECHANISMS OF ASSISTANCE

Mandate

Review existing tools and mechanisms of assistance to the Parties to ensure that they meet the needs of the Parties.

Background

1. In accordance with the relevant decisions of the COP, mechanisms of assistance to Parties include: needs assessments and sharing of best practices; support to the development of projects and programmes that address identified needs; advice on and promotion of access to available resources; awareness raising and communication; promotion of the transfer of technical, scientific and legal expertise and technology; compilation and communication of information on treaty matters; promotion of South–South and triangular cooperation; and coordination with international organizations.

2. 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.

3. The COP meets on a biennial basis to review progress and take decisions to promote effective implementation of the Convention. So far the COP has met five times and has put in place mechanisms of assistance through which implementation assistance is channelled in accordance with the workplans and budgets, covering all provisions of the Convention. Nevertheless the Secretariat is not responsible for providing all assistance. Article 25 of the Convention calls for the Secretariat to establish cooperation, under the guidance of the COP, with competent international and regional intergovernmental organizations including financial and development institutions, in order to provide technical and financial cooperation for achieving the objective of the Convention.

4. WHO, through its regional and country offices, provides technical and legal assistance at the request of Parties to support them in implementation of the Convention, through a wide variety of mechanisms.

5. Regarding treaty implementation, assistance is also provided by international organizations, including regional organizations, United Nations (UN) agencies, and the UN Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (NCDs), of which the Convention Secretariat is a member, in the areas that fall under their respective mandates. Other international organizations, including regional organizations, also provide ad hoc technical and legal support to Parties.

As per decision FCTC/COP5(14).
6. International, regional and local civil society organizations also provide technical and legal support to Parties in meeting their obligations under the Convention.

Key findings

7. The existing mechanisms of assistance are useful tools. However, Parties face challenges in accessing and adapting the existing mechanisms to their specific needs.

8. Parties confront multiple challenges in implementing the WHO FCTC. Parties often cite managerial challenges and the absence of technical or trained personnel.

9. Parties also often cite lack of permanent staff exclusively for tobacco control as a common challenge.

10. There is a lack of clear guidance to Parties on what can the Convention Secretariat, WHO (Headquarters, regional and country offices), and the international community, under their respective mandates, can offer as support to implementation of the WHO FCTC and how to access such support. Parties need to know what tools exist, how to access them, which organization provides the assistance and how to adapt this assistance to their national context.

11. So far, fragmentation of the assistance available to Parties is affecting effectiveness and efficiency in delivery of the mechanisms of assistance. Comprehensive mapping of mechanisms of assistance and the providers of such assistance, as well as enhanced coordination between the various providers, would streamline the process of accessing mechanisms of assistance and facilitate the reach and effectiveness of the mechanisms available to Parties.

12. After the delivery of the mechanism of assistance, follow-ups are needed to monitor progress. The stakeholders that provide implementation assistance should be mutually responsible for reporting on different aspects of this assistance within their respective mandates to the Convention Secretariat, particularly to prevent duplication and ensure mutual accountability. Parties should also provide feedback on their experiences and lessons learnt in accessing, implementing and evaluating multisectoral assistance. Parties that provide assistance to other countries should do the same, and a systematic assessment of mechanisms of assistance should be put in place.

13. Counteracting tobacco industry interference is becoming one of the principal preoccupations of Parties as they make progress in adopting legislation and attempting to implement it. Some mechanisms of assistance need to be reinforced in order to address this issue, for example: sharing successful litigation experiences in relation to interference by the tobacco industry corresponding to different articles of the Convention and adopted guidelines; identification of potential expertise among international organizations and Parties to assist countries in need of such legal expertise; promotion of exchange of such expertise across regions in order to facilitate the provision of required assistance to Parties in need; and identification of networks of lawyers and jurists who may be in a position to provide their assistance and guidance to Parties in upholding the public health objectives of the Convention vis-à-vis industry challenges across different regions and countries.

Suggested actions

14. Put in place a systematic review of mechanisms of assistance to evaluate how Parties are benefiting from their utilization. (Working group in cooperation with the Secretariat and WHO)\(^1\)

---

\(^1\) The text in parentheses denotes the stakeholders it is suggested should carry out the actions/recommendations.
15. Make a comprehensive inventory of existing mechanisms of assistance that includes the procedures for accessing them and inform the Parties of the procedures. This inventory must be regularly updated and Parties should be regularly informed. (Working group in cooperation with the Secretariat and WHO)

16. Analyse the modalities of capacity building of tobacco control focal points and provide and guidance on how to implement the WHO FCTC, adapting its implementation to the national context, including the capacity to use and access existing mechanisms of assistance, such as online training courses (Working group in cooperation with the Secretariat and WHO)

17. Provide regular feedback in a structured manner on successful experiences and obstacles in implementing the WHO FCTC and disseminate such feedback through the WHO FCTC information platform and WHO in order to share experiences among Parties. (Secretariat)

18. Make available through the WHO FCTC information platform successful country experiences and challenges in relation to the mechanisms of assistance provided by UN agencies or other international organizations in each country to strengthen coordination among providers and implementation of the WHO FCTC. (Secretariat in cooperation with WHO and other relevant organizations)

19. Strengthen and facilitate the availability of mechanisms of assistance that counteract tobacco industry interference and challenges, and disseminate to Parties. (Secretariat in cooperation with WHO)

20. Ensure retention of trained personnel at country level for tobacco control as a long-term solution. (Parties)

**RESOURCE MOBILIZATION**

**Mandate**

Prepare a report on barriers and successful experiences in mobilizing the range of resources in implementing the WHO FCTC at country level, including through existing bilateral and multilateral mechanisms of assistance.

Provide recommendations on how resources can be accessed for WHO FCTC implementation and best practices can be shared.

**Background**

21. In line with Articles 5 and 26 of the Convention, Parties should establish a sustainable funding mechanism to support tobacco control with the domestic resources of the country and take steps to mobilize further resources at country level if needed. 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 to the benefit of all Parties, especially developing country Parties and Parties with economies in transition, is recognized and emphasized in the Convention.

22. Harmonization and alignment of treaty implementation as part of national health and development plans allow Parties to access external resources based on priorities identified under these
health or development programmes. The study undertaken by the UN Development Programme (UNDP) and the Convention Secretariat found that only a few Parties have managed to integrate the WHO FCTC into such plans.

23. Article 26 also requires the Convention Secretariat to advise developing country Parties and Parties with economies in transition, upon request, about available international resources of funding to facilitate the implementation of their obligations under the Convention.

24. A study to review existing and potential sources and mechanisms of assistance was conducted by the interim Secretariat and a report presented to the COP at its first session. The Convention Secretariat has since built on the work presented in that initial report and updated the list of potential sources, creating a database that reflects the full scope of the Convention. The database is used to link Parties that have identified their needs to internationally available sources of support.

25. The database is not exhaustive – there are also other international organizations that provide financial resources – but the information needed to access these other resources is mainly found on websites or through other means that are not widely known by Parties.

Key findings

26. Information extracted from the questionnaires sent to Parties on resource mobilization, taking into account the fact that only 72 Parties replied to the questionnaire, was not sufficient to submit a report on barriers and successful experiences in mobilizing resources. Case studies will be needed to complete this task. The working group identified the following obstacles to accessing resources for WHO FCTC implementation:

- Parties find it very difficult to raise awareness of the health benefits of WHO FCTC implementation and its role in reducing health-care costs, as well as to obtain resources for implementation at country level.
- It is also difficult to prioritize or even include tobacco control in development plans. Other pressing health issues are prioritized in national health plans.
- Internationally available resources can be better accessed if Parties are able to include WHO FCTC implementation in their national development/health plans, or even better, if it is included in their UN Development Assistance Frameworks (UNDAFs).
- Resources from international organizations can generally be accessed for specific programmes developed by these organizations following specific selection criteria, and sometimes these programmes do not meet the needs of Parties.
- The international organizations that provide resources are often not clear on the needs of Parties that would enable the international organizations to put in place the appropriate programme to coordinate the involvement of donors in tobacco control.
- The Secretariat database, which is available on the WHO FCTC website, is not widely used. Parties find it difficult to access information on seed funds or other forms of available resources, e.g. to identify the health and development agencies that support tobacco control.
- Parties need a tool to cost WHO FCTC implementation.

27. On the other hand the working group could identify the following successful experiences in WHO FCTC implementation involving mobilization of resources:
• A good start is the adoption of legislative, administrative and regulatory measures at national level that do not require significant financial resources and have considerable impact in public health.

• Multisectoral coordination at national level has benefited resource mobilization for tobacco control policies. The establishment or reinforcement of such coordination has contributed in many countries to providing coordinated financial responses to the tobacco epidemic and strengthening political commitment and engagement in the fight against tobacco use.

• The inclusion of tobacco control in development planning tools has helped countries to integrate the WHO FCTC into their national development plans as well as UNDAFs, and thus obtain resources for implementation.

• Parties that have a whole-of-government approach to tobacco control have had better results than others in mobilizing resources at national and international level to implement the WHO FCTC.

**Suggested actions**

28. Support Parties to raise awareness among political leaders and decision-makers in order to mobilize internal resources based on evidence of the health, social and economic impacts of tobacco use. (Secretariat in cooperation with the WHO and other relevant organizations, including civil society)

29. Provide capacity building to Parties on how to: (a) put in place administrative and regulatory measures that do not require significant financial resources, such as tobacco taxation, in line with WHO FCTC guidelines; (b) mobilize national and international resources, including through innovative methods; and (c) harmonize and align implementation of the Convention with national health and development plans, in order to access resources under health or development programmes. (Secretariat in cooperation with the WHO and other relevant organizations)

30. Under the guidance of the COP, put in place a platform for coordination among stakeholders that provides information on accessing mechanisms of assistance, through regular meetings with international, intergovernmental and nongovernmental organizations and any other organizations that provide or could provide resources, in order to strengthen collaboration among these organizations and better respond to the financial and technical needs of Parties. (Secretariat)

31. Make the WHO FCTC resource database more user-friendly. (Secretariat)

32. Continue to develop comprehensive tools to cost WHO FCTC implementation and make them available to Parties to be used at country level, adapted to the national context. (Secretariat to invite WHO)

33. Develop and make available a methodological tool to assess the economic impact of tobacco use on the disease burden and health systems, as well as other related social, environmental and economic costs affecting poverty and development, including the health and economic costs of not controlling tobacco consumption. (Secretariat to invite the World Bank)
MULTISECTORAL COORDINATION

Mandate

Identify new tools to support Parties to implement Article 5.2 of the WHO FCTC.

Background

34. Article 5.2 of the WHO FCTC states that Parties shall establish or reinforce and finance a national coordinating mechanism or focal points on tobacco control.

35. The establishment or reinforcement of coordinating mechanisms at national level contributes to a coordinated response to the tobacco epidemic, and strengthens political commitment and engagement in the fight against tobacco use.

Key findings

36. Parties, particularly developing countries and those with economies in transition, need an appropriate methodological tool to assess the economic impact of tobacco use on the disease burden and health systems, as well as the related social, environmental and economic costs of tobacco use that have an impact on poverty and development, in order to mobilize political leaders and decision-makers to put in place a multisectoral coordination mechanism and to promote the positive impact of WHO FCTC implementation on public health and economies.

37. Other economic studies on WHO FCTC implementation and estimates of beneficial returns on investments in terms of health and socioeconomic factors, would facilitate the decision to create such a mechanism and mobilize resources.

38. The results of such studies and work on building the economic case should be formulated in an advocacy tool to be presented to high-level policy- and decision-makers at country level and at regional and global level, as appropriate.

39. Development partners, particularly the World Bank, UNDP, the UN Conference on Trade and Development and WHO, have relevant expertise in this area and should therefore address the issue of developing this methodological tool in a coordinated manner at the global, regional and national levels.

40. The WHO FCTC is a health treaty but its full implementation depends on the active engagement of the health sector and other sectors of government based on a whole-of-government approach.

41. Notwithstanding the pending development of a methodological tool/economic studies, the Parties should utilize the legal dimension of the Convention in order to make progress in meeting their obligations under the Convention.

Suggested actions

42. Provide guidance to Parties, as appropriate and if requested, to carry out economic studies through relevant stakeholders using the methodological tool referred to in paragraph 36 as appropriate. (Secretariat in cooperation with WHO and other relevant organizations)
43. Provide guidance and support upon request to Parties for the development of comprehensive multisectoral national tobacco control strategies and costed plans and programmes in line with Article 5.1. (Secretariat in cooperation with WHO)

44. Provide options to establish functioning national multisectoral coordination, ensuring the participation of sectors of government that are key for implementation of the WHO FCTC, in line with Article 5.2. (Working group)

45. Actively work with civil society in promoting and mobilizing multisectoral coordination for effective implementation of the WHO FCTC and include civil society actors, as appropriate, in the definition and formulation of national strategies, plans and projects. (Parties)

INTERNATIONAL COOPERATION

Mandate

Provide recommendations to strengthen South–South and triangular cooperation as well as North–South cooperation for implementation of the WHO FCTC, contributing to capacity building in Parties.

Identify and recommend best practices to access international resources for tobacco control through bilateral and multilateral cooperation and other opportunities in development cooperation.

Examine possibilities for using modern technologies for the exchange of information, cooperation between Parties, and for promoting effective implementation of the WHO FCTC.

Background

46. Article 25 of the Convention calls for the Secretariat to establish cooperation, under the guidance of the COP, with competent international and regional intergovernmental organizations including financial and development institutions, in order to provide technical and financial cooperation for achieving the objective of the Convention.

47. Article 24.3(e) of the Convention mandates the Convention Secretariat to ensure, under the guidance of the COP, that the necessary coordination with competent international and regional intergovernmental organizations and other bodies takes place.

48. In decisions FCTC/COP2(10), FCTC/COP3(19), FCTC/COP4(17), FCTC/COP4(19), FCTC/COP4(20), FCTC/COP5(13), FCTC/COP5(14) and FCTC/COP5(19), the COP endorsed efforts to strengthen coordination with international and regional intergovernmental organizations and other bodies, and the promotion of South–South cooperation, by including them in the respective biennial workplans and budgets.

49. The Convention Secretariat cooperates with relevant agencies to further strengthen multisectoral assistance to Parties. The first framework for such cooperation is the provision of multisectoral technical support to the Parties through specialized assistance by the UN Ad Hoc Interagency Task Force on Tobacco Control and the subsequent UN Interagency Task Force on NCDs,1 of which the Convention Secretariat is a member.

1 See ECOSOC decision E/2013/L23 and World Health Assembly decision WHA66.10.
50. A second potential framework would be comprised of the international and regional intergovernmental organizations that are accredited as observers to the COP and that are not members of the Ad Hoc Interagency Task Force on NCDs. In addition, this framework also includes NGOs accredited as observers to the COP. In the next phase of implementation assistance to Parties, the potential of such organizations will require closer attention in terms of coordination and giving further impetus to their contribution to country-level implementation of the Convention.

51. The third framework is comprised of other important international and regional organizations that are not part of the frameworks mentioned above, including regional development banks and international aid agencies. This third framework and international health networks could play an important role in implementation of the Convention at country level and internationally.

Key findings

52. The multisectoral and development dimensions of the Convention transcend local boundaries and call for consolidation of international multisectoral expertise and cooperation to assist Parties in implementation of the Convention.

53. Streamlining of coordination among different stakeholders, such as the Convention Secretariat, WHO (including its regional and country offices), development partners and civil society, in providing multisectoral assistance to Parties is required in order to comprehensively address the issue of technical assistance. Closer and open cooperation between key organizations would benefit coherence and help prevent duplication of efforts.

54. The information gathered on this subject shows that there is a need for clearer distribution of work and coordination of support provided by key stakeholders, as well as effective coordination within WHO (among the Convention Secretariat, WHO regional and country offices). NGOs, national governments and in some cases, local governments, should also be involved.

55. More effort should be made to involve other UN agencies in tobacco control to mirror the activities of the Ad Hoc Interagency Task Force on NCDs at country level. Coordination among stakeholders (such as WHO regional and country offices and others), including sharing of information on planned activities, is required to avoid duplication and save costs.

56. The potential of development partners, including UN agencies, to provide multisectoral assistance to the Parties requires greater understanding from and commitment of UN country teams. In this regard, the roles of WHO country offices and UN resident coordinators are very important, particularly in order to meet requests from Parties to include implementation of the Convention in UNDAFs.

57. The international cooperation dimension also includes South–South and triangular cooperation as well as relevant networks and institutions that have the potential to contribute in different areas of the Convention.

58. By implementing the results of the findings mentioned above, it will be possible to utilize existing technical capacity available in development partners at country level and civil society organizations that have expertise in legal, scientific and other relevant technical areas that can be shared with other countries where relevant similarities exist.
Recommendations

59. Encourage increased engagement of UN country teams and leadership by UN resident coordinators and WHO country representatives in providing and promoting multisectoral assistance for implementation of the WHO FCTC and integration of the Convention into UNDAFs and WHO country cooperation strategies. (Parties)

60. Parties to the Convention have an important role in stimulating technical assistance across relevant sectors and should cooperate with other countries at the national, regional and global level in line with their obligations under the Convention. (Parties)

61. Encourage the use of modern information and communication technologies through networks that stimulate dynamic and active exchanges of information and knowledge among Parties and development partners, including civil society. Also assist Parties that experience difficulties in accessing new information and communications technology to participate in active and dynamic exchanges of information and knowledge. (Secretariat and WHO)

62. Put in place a coordination platform among different stakeholders that would provide multisectoral technical assistance to comprehensively address this issue. (Secretariat under the guidance of the COP)

63. Contact WHO country and/or regional offices and the Convention Secretariat on issues of technical assistance across relevant sectors in order to be connected with relevant experts or specialized UN agencies and development partners. (Parties)

64. Explore possibilities for technical assistance that exist at bilateral or regional/subregional levels. Bilateral and regional cooperation is an important aspect of international cooperation for implementation of the Convention. (Parties)

65. Continue to advance and prioritize full implementation of the WHO FCTC within the UN Ad Hoc Interagency Task Force for the Prevention of Control of NCDs and other relevant coordination mechanisms. (Secretariat in cooperation with other relevant organizations)

66. Report regularly to the COP on the work of the Ad Hoc Interagency Task Force on NCDs and other relevant coordination mechanisms to support implementation of the WHO FCTC, to enable the COP to monitor progress and provide guidance on this work. (Secretariat)

VISIBILITY OF THE WHO FCTC IN WIDER INTERNATIONAL FORUMS

Mandate

Provide recommendations on how to promote the WHO FCTC in wider international forums.

Background

67. In 2013, the UN Economic and Social Council (ECOSOC) adopted a resolution by which it requested the UN Secretary-General, in close collaboration with the WHO Director-General, to establish the UN Interagency Task Force on the Prevention and Control of NCDs by expanding the mandate of the existing UN Ad Hoc Interagency Task Force on Tobacco Control. The Task Force is convened and led by WHO and reports to ECOSOC through the UN Secretary-General, and
incorporates the work of the UN Ad Hoc Interagency Task Force on Tobacco Control, including the work of supporting accelerated implementation of the WHO FCTC.

68. It is envisaged that WHO will convene the Task Force twice a year, with one of the two meetings including a one-day session devoted to tobacco control and implementation of the WHO FCTC. The Convention Secretariat should continue to work to ensure that tobacco control is duly addressed and prioritized in the mandate of the Task Force, to help ensure that the gains achieved in international cooperation are not lost.

Key findings

69. At global level, the NCD agenda continues to gather momentum, and there is an opportunity to integrate WHO FCTC implementation into this broader context. One major development that illustrates this opportunity is the creation of the WHO Global Coordination Mechanism for the Prevention and control of NCDs, which is convened, hosted and led by WHO, and which has as partners Member States, UN funds, programmes and agencies, other international partners, and non-State actors.

70. Some Parties in the working group felt that the NCD framework constitutes an opportunity for WHO FCTC implementation in a broader context, which is gathering momentum, and that such implementation would benefit from the commitment building around a global response to prevention and control of NCDs. On the other hand, some other Parties felt that it is important to retain the focus on the special nature and character of the Convention with tobacco as the main risk factor, so as not to allow commercial and other vested interests of the tobacco industry to further harm implementation of the Convention.

71. At national level, more effort should be made to involve UN agencies in tobacco control, in coordination with the activities of the UN country teams.

72. The gains already achieved in international cooperation, including through the work of UN Ad Hoc Interagency Task Force on Tobacco Control should not be lost and WHO FCTC implementation should continue to constitute a special segment in the context of reporting through the Secretary-General to ECOSOC and monitoring of progress in the UN Interagency Task Force on the Prevention and Control of NCDs.

73. An area of increasing concern is interference by the tobacco industry. The tobacco industry is strengthening its efforts to interfere with the adoption and implementation of advanced legislation and regulations.

74. Against this background, it is necessary to assist Parties in countering such activities with the creation of advocacy groups and through media campaigns.

75. Such campaigns should primarily highlight the multiple benefits of tobacco control for public health, the economy, development and poverty reduction, and the need to protect WHO FCTC implementation from industry interference.

76. Assessment of the economic and social impact of tobacco use on health systems and the disease burden, as well as other related social, environmental and economic costs affecting poverty and development, is key for mobilizing political leaders and decision-makers around the world, and will be a key element in promoting visibility of the Convention.
Annex

Recommendations

77. Highlight the WHO FCTC as the first global health treaty and its broad impact on public health. (Parties, Secretariat and all relevant stakeholders)

78. Increase promotion of the WHO FCTC in public health forums, as well as the broader international context, including forums that deal with issues such as the environment, human rights, trade and development. (Parties, Secretariat and all relevant stakeholders)

79. Make use of factual information and data on the impacts of tobacco consumption on the disease burden, poverty, development and public health in general. (Parties, Secretariat and all relevant stakeholders)

80. Give due consideration to the inclusion of WHO FCTC implementation in the post-2015 agenda in all relevant international forums. (Parties)

81. Address visibility of the WHO FCTC through an information platform and a robust communication and outreach strategy and action plan. (Secretariat)

82. Promote joint campaigns championed by relevant stakeholders, including suitable personalities, groups and civil society organizations, to raise the profile of the WHO FCTC and tobacco control as a health and development priority. (Parties, Secretariat and all relevant stakeholders)

83. Use World No Tobacco Day events to raise awareness of the importance of tobacco control and the WHO FCTC. (Parties)