Information Kit for the WHO FCTC Technical Focal Points
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**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>COP</td>
<td>Conference of the Parties</td>
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<tr>
<td>ENDS</td>
<td>Electronic nicotine delivery system</td>
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<tr>
<td>ENNDS</td>
<td>Electronic non-nicotine delivery system</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>FCTC</td>
<td>Framework Convention on Tobacco Control</td>
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<td>GATS</td>
<td>Global Adult Tobacco Survey</td>
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<td>GHPSS</td>
<td>Global Health Professions Students Survey</td>
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<td>GS HS</td>
<td>Global School Health Survey</td>
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<td>GSPS</td>
<td>Global School Personnel Survey</td>
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<td>GTSS</td>
<td>Global Tobacco Surveillance System</td>
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<td>GYTS</td>
<td>Global Youth Tobacco Survey</td>
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<td>HTP</td>
<td>Heated tobacco product</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<td>LMICs</td>
<td>Low- and middle-income countries</td>
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<td>NCD</td>
<td>Noncommunicable disease</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental organization</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>STEPS</td>
<td>WHO STEPwise approach to NCD risk factor surveillance</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNIATF</td>
<td>United Nations Interagency Task Force on Non Communicable Diseases</td>
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<tr>
<td>VNR</td>
<td>Voluntary national review</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive summary

Tobacco control gains at global level are based on the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) by its Parties and by the impact of this treaty on global tobacco control governance, including in countries that are not yet Parties to the Convention. Effective and full implementation of the Convention requires pivotal contributions from the WHO FCTC focal points designated by the Parties. Such focal points are usually the primary entry points to the Parties for communication from the Secretariat of the WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products (Convention Secretariat) in the WHO FCTC Parties.

This Information Kit describes the role and mode of operation of WHO FCTC focal points. It is a “must-read” for newly appointed focal points as it will help them to ensure that they are adequately informed on matters related to the Convention. Moreover, the Kit is intended to enable established focal points to reinforce their knowledge of their tasks and responsibilities.

The Information Kit specifies the potential roles that WHO FCTC focal points of the Parties could play in the implementation of the Convention at country level. In addition, it outlines the avenues along which focal points can contribute to global tobacco control efforts, including by their participation in and contribution to the sessions of the Conference of the Parties and other subsidiary body meetings. The Kit underlines the important role of focal points in reporting on implementation of the Convention by the respective Parties, including within the process of reporting on the Sustainable Development Goals. It provides useful advice to focal points on how to attract and request assistance for the implementation of the Convention, and further elaborates on the specificities of operating focal points in low-resource settings.
Article 5.2(a) of the World Health Organization Framework Convention on Tobacco Control (the WHO FCTC) requires each Party to the Convention to, “in accordance with its capabilities establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control”.

In 2018, in the latest round of reporting on the implementation of the Convention, 84% (152) of the Parties to the WHO FCTC reported having designated a national focal point\(^1\) for tobacco control.

Over the years these national focal points, designated by the Parties, have played a pivotal role in the implementation of the Convention. The focal points are the primary entry points in each country for the Secretariat of the WHO FCTC on technical matters, reporting and related communications and, in most cases, also for official communications on statutory and procedural matters in relation to governing body meetings.

The purpose of this toolkit is to describe the roles and responsibilities of these focal points in the implementation of the WHO FCTC at national, regional and global levels. The toolkit provides existing focal points with information on how to carry out their functions and provides up-to-date information that can help strengthen and reinforce them in their roles. Additionally, the toolkit aims to inform newly appointed focal points on matters related to the operation of the Convention and provides them with knowledge and information to enable them to fulfil their roles. The material contained in this toolkit may be particularly helpful for low- and middle-income countries (LMICs). In low-resource and low-capacity settings, where public officials fulfil more than one or even several roles and are responsible for more than one technical area, this toolkit will be handy to guide the WHO FCTC focal points to better understand the particularities of working on the implementation of international treaties. This guide should be especially important to Parties that may have difficulty in complying with their WHO FCTC obligations.

Parties should use this toolkit on designation or operation of national focal points for the implementation of the WHO FCTC in conjunction with other relevant and available tools/toolkits.\(^2\) The toolkits are available to Parties for assistance and guidance in implementing various Articles of the WHO FCTC – such as Article 5.2 (a) on establishing a national coordinating mechanism on tobacco control.\(^3\) (See Resource Box 3 on toolkits).

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\(^1\) The definition and role of the focal point is presented in detail in section 4 of this toolkit.


\(^3\) See: [https://www.who.int/fctc/implementation/cooperation/5-2-toolkit/en/](https://www.who.int/fctc/implementation/cooperation/5-2-toolkit/en/), 15 April 2020.
WHO Framework Convention on Tobacco Control (WHO FCTC)

2.1 The Convention

The WHO FCTC is an international treaty which is aimed at addressing the global tobacco epidemic and is legally binding for its Parties. The treaty was negotiated under the auspices of the World Health Organization. The WHO FCTC has led to major advancements in global, national and local tobacco control efforts; its impact has been assessed and proven over more than 10 years of operation.4

This evidence-based treaty reaffirms the right of all people to the highest standard of health. It was adopted unanimously by the World Health Assembly on 21 May 2003 and it entered into force on 27 February 2005 (90 days after it had been acceded to, ratified, accepted or approved by 40 States). It is one of the world's most rapidly embraced international treaties, having been ratified to date by 181 countries.5

Countries that have ratified the Convention are referred to as Parties to the Convention. These Parties comprise the Conference of the Parties (COP), which is the governing body of the WHO FCTC.

5 As of 31 May 2019. For up-to-date information on the status of its ratification, see: http://www.who.int/fctc/signatories_parties/, accessed 16 April 2020.
Most countries have made major advancements in tobacco control since the Convention entered into force which, in the case of the WHO FCTC Parties, is the result of fulfilling their obligations under the Convention. The successive global progress reports on implementation of the Convention (generated by the Convention Secretariat and submitted for consideration by the COP) and the implementation database that is maintained by the Convention Secretariat and displays information from the Parties demonstrate the achievements so far but also highlight the remaining challenges.6

The overarching objective of the WHO FCTC and its guidelines for implementation, as well as its protocols,7 is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. The Convention provides a framework for action in tobacco control and requires its Parties to implement a series of measures at national, regional and international levels in order to reduce substantially the prevalence of tobacco use and exposure to second-hand smoke.

The Convention aims to address some of the causes of the tobacco epidemic, including complex factors concerning the impact of cross-border traffic – such as trade liberalization and direct foreign investment, tobacco advertising, promotion and sponsorship, and illicit trade in tobacco products. The Convention consists of a preamble, 11 sections and 38 articles. The Preamble of the Convention shows how countries identified the need to develop such an international legal instrument, and cites their determination “to give priority to their right to protect public health” and the “concern of the international community about the devastating worldwide health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke”. The preamble also notes the scientific evidence for the harm caused by tobacco, the threat posed by advertising and promotion, the undermining power of illicit trade, the need for cooperative action to tackle these problems, the role of civil society and the human rights that the Convention aims to support.

The Convention covers all aspects of tobacco control, including measures to reduce the demand for and the supply of tobacco products. Some of these measures are time-bound and therefore require special attention in terms of the timing of their implementation.

7 For the time being, one protocol has been elaborated by the Parties to the Convention, namely the Protocol to Eliminate Illicit Trade in Tobacco Products.
Time-bound measures under the Convention include:

Guidelines for implementation of Article 8 of the Convention provide universal protection from exposure to tobacco smoke within 5 years after entry into force by the Party.

Article 11 of the Convention requires Parties to adopt effective measures on packaging and labelling of tobacco products within a period of 3 years after entry into force of the Convention.

Article 13 of the Convention calls on Parties to undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship within a period of 5 years after entry into force of the Convention.

Moreover, Parties are also requested to carry out some other activities on a regular basis. For instance, Parties are called upon to develop, implement and periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with Article 5 of the Convention. Similarly, in accordance with Article 21 of the Convention, Parties shall submit periodic reports on the implementation of the Convention to the COP.

It is essential for each focal point to know and fully understand the Convention and its various requirements – including those that are time-bound – and to take note of the time-lines relative to the date of entry into force of the Convention for that Party. It is important to take this into account in order to align national strategies, plans and programmes and their timelines with the country’s obligations under the Convention. A good understanding and knowledge of the Convention will enable the focal point to guide tobacco control activities in the country and provide technical advice to those stakeholders that need to be involved in the implementation of the Convention. This will also assist the focal point to contribute to building support for implementation of the Convention from the government departments, public and civil society organizations and other stakeholders, as well as to identify resources (technical and financial) for effective implementation of a comprehensive set of tobacco control measures, as required under the Convention.

It is also important for the focal point to be aware of the content of the Rules of Procedure of the Conference of the Parties. These Rules provide the foundation for the operation of the COP and for the preparation of country delegates for their participation in COP sessions.⁸ The Rules of Procedure give guidance to delegations both before and during the COP sessions. An Information kit for delegates to the COP to the WHO FCTC is available to provide additional information to delegates to governing body meetings.⁹

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2.2 Treaty instruments

2.2.1 Guidelines for implementation of the WHO FCTC

The COP has adopted practical guidelines to support Parties in their effective implementation of several articles, in accordance with Article 7 of the WHO FCTC and beyond (See Resource Box 1). The guidelines give additional information and guidance to Parties on how to address and implement specific requirements of the Convention. The guidance can help governments to define their own tobacco control policies and programmes.

Article 7: Non-price measures to reduce the demand for tobacco

Parties recognize that comprehensive non-price measures are an effective and important means of reducing tobacco consumption. Each Party shall adopt and implement effective legislative, executive, administrative or other measures necessary to implement its obligations pursuant to Articles 8 to 13 and shall cooperate, as appropriate, with each other directly or through competent international bodies with a view to their implementation. The Conference of the Parties shall propose appropriate guidelines for the implementation of the provisions of these Articles.

Guidelines are developed through broad, inclusive and consultative intergovernmental processes mandated by the COP. Guideline drafts are prepared by working groups established for that purpose before being discussed and reviewed by the full COP which eventually adopts them by consensus.

Eight guidelines have so far been adopted by the COP, covering the provisions of nine articles of the Convention, namely: Article 5.3 (Interference by the tobacco industry), Article 6 (Price and tax measures to reduce the demand for tobacco), Article 8 (Protection from exposure to tobacco smoke), Article 9 (Regulation of the contents of tobacco products), Article 10 (Regulation of tobacco product disclosures), Article 11 (Packaging and labelling of tobacco products), Article 12 (Education, communication, training and public awareness), Article 13 (Tobacco advertising, promotion and sponsorship) and Article 14 (Demand-reduction measures concerning tobacco dependence and cessation). These guidelines cover a wide range of provisions of the WHO FCTC. In the case of Article 17 (Provision of support for economically viable alternative activities) and Article 18 (Protection of the environment and the health of persons), the COP adopted in 2014 “policy options and recommendations” which also aim to guide the implementation of these two articles.

The guidelines can be used by the focal points during the drafting of national legislation, regulations and policies (in accordance with Article 5.2(b)) or when developing comprehensive multisectoral national tobacco control strategies, plans and programmes (as required in Article 5.1). The texts of the guidelines are available on the WHO FCTC website10 (See Resource Box 1).

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2.2.2 The Protocol to Eliminate Illicit Trade in Tobacco Products

The Protocol to Eliminate Illicit Trade in Tobacco Products is the first protocol developed by the Parties to the WHO FCTC. The Protocol is based on Article 15 (Illicit trade in tobacco products) of the Convention. The Protocol is a treaty in its own right. Illicit trade is a serious global health threat because it increases accessibility and affordability of tobacco products, thus fuelling the tobacco epidemic and undermining tobacco control policies. Illicit trade also causes substantial losses in government revenues and could contribute to the funding of international criminal activities. The Protocol was negotiated by the Parties over several years and was eventually adopted by the COP in November 2012. The Protocol entered into force in September 2018 and is open for ratification, acceptance, approval or accession by Parties to the WHO FCTC.

The objective of the Protocol is to eliminate all forms of illicit trade in tobacco products through a package of measures that are to be taken by countries acting in cooperation with each other. The Protocol requires a multisectoral approach by governments, with cooperation between health, finance, customs, law enforcement, trade and other relevant sectors.

Once the Protocol is ratified or acceded to by a WHO FCTC Party, a dedicated focal point for the Protocol may also be designated by that Party. In some instances, especially in the low-capacity and low-resource settings, the focal points for the WHO FCTC and the Protocol may be the same person.

The Secretariat of the WHO FCTC is also the Secretariat of the Protocol (Article 34).

11 More information on the Protocol can be found at: https://www.who.int/fctc/protocol/, accessed 15 April 2020.
2.3 The Secretariat of the WHO FCTC and the Protocol

The Secretariat of the WHO FCTC and the Protocol (Convention Secretariat)\(^\text{12}\) is an entity hosted by WHO and is based in the WHO Headquarters in Geneva.

The work of the Convention Secretariat is governed by Article 24 of the Convention, Article 34 of the Protocol, the Rules of Procedure and the decisions of the COP.

In relation to the WHO FCTC, the main functions of the Convention Secretariat include: convening governing and subsidiary body meetings; transmitting reports received; supporting Parties, on request, to compile and communicate information; preparing reports on its activities (under the guidance of the COP) and submitting such reports to the COP; coordinating with international and regional intergovernmental organizations and other bodies; entering into administrative or contractual arrangements for the effective discharge of its functions; and performing other secretarial functions specified by the Convention and by any of its Protocols, as determined by the COP.

The Convention Secretariat carries out various activities on the basis of the decisions of the COP. The Convention Secretariat develops its own workplan and budget which are adopted by the COP at each of its sessions and the Convention Secretariat reports to the COP on its implementation thereof.

2.4 Ratification of the WHO FCTC

As indicated by Article 34 of the Convention, the treaty “shall be open for signature by all Members of the World Health Organization and by any States that are not Members of the World Health Organization but are members of the United Nations and by regional economic integration organizations”. This means that a government must itself make the decision to ratify the Convention. The social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke need to be clearly articulated to all decision-makers, including key government officials and other stakeholders in the country in order to promote ratification of the WHO FCTC. This may be a time-consuming and challenging process, and strong tobacco industry interference should be expected.

Government officials working in tobacco control in countries that are not Parties to the WHO FCTC can have a role in promoting ratification of the WHO FCTC in their countries. When doing so, they need to gather strong support from nongovernmental organizations (NGOs), politicians, policy-makers, civil society and non-health sectors in order to convince the decision-makers of the importance of WHO FCTC ratification and the benefits of becoming a Party to this international treaty. As the Convention is an evidence-based treaty that covers all tobacco control interventions, it would also be advisable that non-Parties, while working to promote their ratification and accession to the WHO FCTC, start implementing the measures covered by the Convention.

Once the decision to endorse the WHO FCTC is taken at national level, instruments of ratification, acceptance, approval, formal confirmation or accession should be deposited with the Depositary, which is the Secretary-General of the United Nations in this case, and should be deposited at the United Nations Headquarters in New York, United States of America.

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3 The broader context of implementation of the WHO FCTC

3.1 National tobacco control strategies, plans and programmes, and alignment with the WHO FCTC

In Article 5.1 the Convention calls upon each Party to “develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes”. Further, in Article 5.2(b), the Convention requires that the Parties “adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke”.

The national tobacco control strategies, plans and programmes (policies) are official government documents that formally commit to implementing tobacco control measures. These documents define specific national goals and objectives, set priorities, identify strategies needed to meet the objectives, identify stakeholders responsible for implementing the policy, and provide a timeline and budget for the implementation of the activities foreseen. They are guides for action, providing a framework for coordination of key stakeholders and their activities in view of full implementation of the WHO FCTC.
The WHO FCTC focal point should both drive and guide the policy development process and should ensure that the policy is in line with the requirements of the WHO FCTC. The policies should be multisectoral and should reflect a whole-of-government approach with buy-in from all government sectors. This whole-of-government approach, which is promoted in Article 5.1 of the Convention, will also serve as a tool to attract resources and engagement from non-health government departments and partners, which is critical to successful implementation of the Convention.

The WHO FCTC focal point should emphasize that the control of tobacco, which is a risk factor for a broad range of noncommunicable diseases (NCDs), should be integrated with the prevention and control of NCDs and is a cornerstone to those efforts. Reducing the use of tobacco – and indirectly, as a result, reducing the impact of NCDs – will both contribute to the reduction of poverty and promote development in the country.13

In addition, a national coordinating mechanism for tobacco control (in relation to Article 5.2(a) of the Convention) should have a role in the development, promotion, implementation and monitoring of both national policies and national legislation. Furthermore, the WHO FCTC focal point and the government entity that hosts it (most likely the ministries responsible for health) should have a role in operating the national coordinating mechanism for tobacco control. It is therefore important that the WHO FCTC focal point understands the role and operation of such mechanisms.14

3.2 National tobacco control legislation

Once a Party has ratified the WHO FCTC, the constitutional and legislative context in the country will need to be reviewed in order to enact appropriate laws and regulations to implement the Convention. In fact, most Parties to the Convention have adopted and/or updated their national legislation after having ratified the Convention. As we gain more experience in implementing the Convention globally, national tobacco control legislations tend to become more comprehensive as Parties attempt to make them fully compliant with the WHO FCTC.

13 See also the joint publication of UNDP and the Secretariat of the WHO FCTC: Development planning and tobacco control integrating the WHO Framework Convention on Tobacco Control into UN and national development planning instruments at: https://www.who.int/fctc/publications/Development_Planning_and_Tobacco_Control_20140312.pdf?ua=1, accessed 15 April 2020.

National tobacco laws and regulations should include all measures of the WHO FCTC.\textsuperscript{15} However, achieving a fully comprehensive national tobacco control law all at once might be difficult. Depending on the national circumstances, some Parties prefer to use a stepwise approach to develop their national legislation in an attempt to achieve the maximum that is possible at a given point in time.\textsuperscript{16}

Because the measures foreseen in Article 5 of the Convention are closely interlinked, national tobacco control laws usually prescribe the development of a comprehensive national tobacco control strategy, plan and programme, and the operation of a mechanism for tobacco control. Additionally, more and more national legislations today include measures to prevent tobacco industry interference with the development of public health policy. Legislation can also provide for a sustainable funding mechanism (in accordance with Article 26 of the Convention) by requiring, for example, that a portion of revenue generated by cigarette taxes can be earmarked for tobacco control programmes.

In some national legal structures, the requirements of an international treaty need to be in place by the time the country ratifies the treaty. In other instances, because the WHO FCTC is a binding legal instrument, once the Convention is ratified the government has the ability to legislate in areas that were historically beyond its power, or were difficult to achieve, so that it can implement its obligations under the WHO FCTC.

\textsuperscript{15} WHO also promotes a broad range of tobacco control interventions, namely: public education; bans on advertising, promotion and sponsorship; price and tax control measures; prevention of second-hand smoke; labelling and packaging; tobacco product regulations; regulation on sales of tobacco products; restriction on sales to minors; and demand reduction measures (tobacco dependence and cessation treatment): https://www.who.int/tobacco/control/legislation/key_elements/, accessed 15 April 2020.

\textsuperscript{16} Publications are available with examples of comprehensive legislation in line with the WHO FCTC. See, for example, the following links which contain examples, namely: from the WHO African Region: https://www.afro.who.int/sites/default/files/2017-06/enforcement-of-and-compliance-with-tobacco-control-legislation—a-guide-for-the-african-region.pdf, accessed 15 April 2020; and from the WHO Region of the Americas: https://www.paho.org/hq/dmdocuments/2013/ENG-Tobacco-Manual-For-Web-14-May-2013_.pdf, accessed 15 April 2020.
3.3 WHO FCTC implementation as a target in the 2030 Agenda for Sustainable Development

Tobacco control needs to be understood within the broader context of development and health. Recognizing that, through its effect on health and development, tobacco use continues to be a barrier to sustainable development, world leaders in 2015 included WHO FCTC implementation as target 3.a – “Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate” – of the Sustainable Development Goals (SDGs). It is well accepted that the accelerated implementation of the WHO FCTC would deliver benefits across a broad range of SDG goals and targets. These benefits include reducing premature deaths from NCDs, strengthening health systems and governance, reducing poverty and inequities, and raising domestic resources to finance development. WHO FCTC implementation would even bring benefit in the area of communicable diseases where tobacco use is a comorbidity (e.g. tuberculosis and HIV/AIDS).

**Tobacco control is a critical component** of the NCD agenda that intersects with other health and non-health commitments and can assist in advancing multiple SDGs, from poverty and inequity reduction to decent working conditions and economic growth.

One of the roles of the WHO FCTC focal point is to facilitate coordination between various government sectors and other stakeholders that have a role in the implementation of the Convention, as discussed above in relation to Article 5.1 of the Convention. This includes working with those UN agencies present in the country that can contribute to the WHO FCTC implementation insofar as it is aligned with the workplan and commitments made by those UN agencies in the UN Interagency Task Force on Non-Communicable Diseases (UNIATF).

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For reporting on progress made towards reaching the SDG targets, the focal point may have a role in bringing any progress related to target 3(a) to the attention of agencies that are responsible for the preparation of the country’s voluntary national reviews (VNRs)\(^\text{18}\) and for drafting the relevant sections of the VNR.

### 3.4 The Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025

In October 2018, the eighth session of the COP adopted a global strategy to strengthen implementation of the WHO FCTC at national, regional and global levels.

The Global Strategy to Accelerate Tobacco Control\(^\text{19}\) aims to empower Parties to work with both health and non-health sectors and with other stakeholders that are engaged in the fight against tobacco at all levels. This multisectoral approach entails taking coordinated and focused whole-of-government actions to ensure coherence in tobacco control policies. The approach removes the barriers that hinder full and effective implementation of the commitments made under the WHO FCTC.

The WHO FCTC focal point should ensure that national tobacco control strategies, plans and programmes are aligned with the Global Strategy. The focal point should work closely with the Convention Secretariat which can provide guidance and support for an accelerated implementation of Article 5 of the Convention.

Additionally, the focal point should ensure that the indicators proposed in the Global Strategy are integrated into national data collection systems, and should work closely with national statistical offices and other stakeholders to gather up-to-date information on the implementation of the Convention.

### 3.5 WHO FCTC needs assessments

The needs assessment exercise is a process in which the WHO FCTC focal point could have an important and proactive role. It is an exercise which may bring many benefits to the country. The needs assessment mission – which is conducted in cooperation with the Convention Secretariat and its partners, as appropriate – is an excellent occasion to promote collaboration between various government sectors. The Convention Secretariat has already assisted over 50 countries to carry out needs assessments; it has, therefore, a great amount of experience in this form of assistance to Parties.

\(^{18}\) It is important that achievements under target 3(a) are appropriately communicated to the UN Secretary-General. This will raise the visibility of the WHO FCTC and will promote a better understanding of its contribution to a broad range of SDGs. See: [https://sustainabledevelopment.un.org/vnrs/](https://sustainabledevelopment.un.org/vnrs/), accessed 16 April 2020.

\(^{19}\) See: [https://www.who.int/fctc/cop/g-s-2025/](https://www.who.int/fctc/cop/g-s-2025/), accessed 16 April 2020.
A WHO FCTC needs assessment\textsuperscript{20} is an evaluation conducted jointly by the government of a Party with the Convention Secretariat and its partners. The needs assessment aims primarily to assess progress made in implementing the Convention by the Party concerned, and also helps in identifying any gaps between the requirements of the Convention and the measures taken by the Party. During the needs assessment exercise, all legislative, executive, administrative or other measures taken by the Party are reviewed and analysed with a view to identifying any gaps and resource needs that must be addressed.

If appropriate, the WHO FCTC focal point should initiate and propose to the relevant entities that a needs assessment exercise should be carried out to raise support for the country’s implementation of the Convention. Once the idea of a needs assessment exercise is supported by the country, the WHO FCTC focal point can act as the official country contact for the exercise. The needs assessment exercise, together with its preparation and post-needs assessment projects, may take several months to complete. This, therefore, requires the investment of time and capacity over a longer period. The exercise will result in a report that can be used by the country to prioritize actions to close gaps in implementation in the near future. It also entails a post-needs assessment project to address immediate needs.\textsuperscript{21}

If a Party cannot commit to a longer process, it may decide to carry out a more rapid situation analysis. A situation analysis will entail a desktop review of available data and information and of collaboration with relevant national stakeholders. The WHO FCTC focal point, in collaboration with the national coordinating mechanism, should identify outputs, delegate responsibilities, agree on timelines and allocate adequate resources, in advance, of the situation analysis.

The recommendations of the needs assessment exercise or the rapid situation analysis (together with the priorities identified in the Global Strategy to Accelerate Tobacco Control) can form the basis for development of a roadmap for WHO FCTC-compliant policy formulation and implementation.

\textbf{Given the importance of protecting the policy formulation process from undue interference by the tobacco industry, Parties should have strategies to monitor and counter such interference, in accordance with Article 5.3 of the Convention and its implementation guidelines.}


\textsuperscript{21} More information on the needs assessment exercise can be found at: \url{https://www.who.int/fctc/implementation/needs/}, accessed 16 April 2020.
The WHO FCTC focal point of a Party to the Convention

The WHO FCTC focal point is the main contact person responsible for facilitating WHO FCTC implementation and for communicating information about that implementation both within and outside the country.22

WHO FCTC focal points are designated by the Parties to the Convention (in accordance with Article 5 of the Convention) according to their own internal procedures (i.e. independently from the Convention Secretariat). Focal points can play a pivotal role in promoting the comprehensive implementation of the WHO FCTC. These technical contacts/focal points23 are the primary channels for communication between the Convention Secretariat and the WHO FCTC Parties.

In many Parties, the WHO FCTC focal points are appointed within the ministry that is responsible for health. As the WHO FCTC is perceived in most cases to be a health treaty, the health ministry usually provides the overall coordination for the implementation of the Convention. The level of appointment, designation and role of the WHO FCTC focal point(s) are specific to each country and are decided by the respective Party. Appointments may also depend on resources; hence the roles of the focal points are not uniform across Parties.24

Decision FCTC/COP5(19), which covers efficiency measures to facilitate the work of the Convention in relation to official communication and documentation, invites Parties to inform the Convention Secretariat of their official focal point(s) for the performance of their functions. Once a change in the focal point is adopted at national level, the respective Party should notify the Convention Secretariat (by means of the official email address fctcsecretariat@who.int), indicating the address and contact details of the newly designated focal point.

Table 1 summarizes the roles of the WHO FCTC focal point.

22 More information on the needs assessment exercise can be found at: https://www.who.int/fctc/implementation/needs/, accessed 16 April 2020.
23 This Information Kit deals with the establishment and operation only of technical focal points. Some WHO FCTC Parties also designate focal points for treaty matters, dealing with official statutory communication related to the operation of a country as a Party to an international treaty/convention. In some cases, the two functions are fulfilled by the same person.
24 Examples of some contexts are: a) dedicated WHO FCTC focal point(s) or a tobacco control unit placed within the health ministry that attends to technical and treaty/statutory matters; b) a dedicated WHO FCTC focal point at senior management level for treaty matters and at director level as the technical focal point, with support staff situated in the department of health and reporting to the director general of health or directly to the minister, when necessary; c) a WHO FCTC focal point (e.g. at director level) with dual responsibility as focal point for tobacco control and for noncommunicable diseases or addictions, with responsibility for both WHO FCTC and technical matters.
Figure 1: Key roles of the WHO FCTC focal point

- **Promote and advocate** for the implementation of the WHO FCTC in the country
- **Prevent** tobacco industry interference in implementation of the WHO FCTC
- **Contribute** to global efforts on tobacco control
- **Contribute** to the Conference of the Parties (COP) and to other WHO FCTC subsidiary body meetings
- **Report** on the implementation of the WHO FCTC in accordance with Article 21 of the Convention
- **Collaborate** with the Convention Secretariat, WHO (all levels), UNDP and other international and UN entities
- **Monitor and evaluate** implementation of the national WHO FCTC strategy
- **Build** capacity for tobacco control
Table 1. Summary of the key roles of the WHO FCTC focal point

<table>
<thead>
<tr>
<th>Role</th>
<th>Related activities</th>
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</table>
| **Promote and advocate for the implementation of the WHO FCTC in the country** | - Facilitate the development of appropriate national strategies, plans and programmes, as well as legislation and regulations, through the parliamentary process, in line with the WHO FCTC, the guidelines adopted by the COP, the Global Strategy and any other decisions adopted by the COP.  
- Promote/facilitate a national WHO FCTC needs assessment/situation analysis, with or without the involvement of the Convention Secretariat.  
- Remind the relevant authority in the country about the payment of assessed contributions and facilitate as appropriate.  
- Promote, assist in the establishment of, and coordinate, as appropriate, the country's national coordinating mechanism for tobacco control in accordance with Article 5.2(a) of the Convention. Serve as the secretary of the national coordinating mechanism and any technical working groups it may establish. Convene the meetings of the mechanism, provide substantive technical support and coordinate any other activities of the mechanism, as appropriate.  
- Facilitate the implementation of the national tobacco control strategy, plan or programme, not least by coordinating national efforts through the national coordinating mechanism.  
- Keep regular contact, through the national coordinating mechanism or otherwise, with representatives (focal points) of other sectors, government departments, public organizations and NGOs to promote, implement, enforce and monitor/evaluate the implementation of the WHO FCTC, including through national tobacco control strategies, plans and programmes, as well as legislation and regulations.  
- Advocate for the provision of dedicated resources through budgetary processes, in accordance with Article 26 of the Convention. Raise funds, as appropriate, with international donors to generate more resources (technical and financial) for national implementation of the Convention.  
- Strengthen the support base for the WHO FCTC by working to identify additional stakeholders and involving them in WHO FCTC implementation in the country.  
- Request assistance from the Convention Secretariat, if and when necessary, including from the WHO FCTC Secretariat’s Knowledge Hubs.  
- Advocate for the ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products (if the country is not yet a Party to the Protocol) or contribute to its implementation in the areas assigned to the WHO FCTC focal point by the government. Prepare documents to assist ratification or implementation of the Protocol, as appropriate. |

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25 More information on the needs assessment exercise can be found at: [https://www.who.int/fctc/implementation/needs/](https://www.who.int/fctc/implementation/needs/), accessed 16 April 2020.

Table 1. Summary of the key roles of the WHO FCTC focal point, continued

<table>
<thead>
<tr>
<th>Role</th>
<th>Related activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contribute to the Conference of the Parties (COP) and to other WHO FCTC subsidiary body meetings</strong></td>
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</tbody>
</table>
- Help, as needed, with the registration of the country’s delegation for the COP sessions.  
- Assist the relevant ministries (e.g. health, foreign affairs, finance, agriculture) to prepare their representatives for the COP.  
- Contribute to the development of country positions on items that are planned for discussion at the various COP sessions.  
- Participate, as part of the country’s delegation, in the sessions of the COP, other governing body meetings, WHO FCTC implementation workshops and other meetings, as appropriate if this task is assigned to the WHO FCTC focal point by the Party concerned. |
| **Report on the implementation of the WHO FCTC in accordance with Article 21 of the Convention** |  
- Complete, contribute to or facilitate the completion of the reporting instrument of the WHO FCTC every two years, as requested by the Convention Secretariat, thus ensuring the fulfilment of the country’s reporting obligation under the WHO FCTC, if this task is assigned to the WHO FCTC focal point by the Party concerned.  
- Coordinate collection of information necessary for the completion of the report from the various government sectors and other stakeholders.  
- Complete the online questionnaire and submit the country report every two years to the COP through the Convention Secretariat, with the approval of the relevant authority in the country.  
- Disseminate nationally the WHO FCTC implementation report on appropriate platforms.  
- Use the report to advocate for advancement in tobacco control efforts in the country.  
- Use data and information from tobacco companies only to the extent that is strictly necessary. When completing the report, draw attention to such sources and explain why it was necessary to use such data. Ensure that the collecting of information from the tobacco industry is done in the spirit of Article 5.3 of the Convention and its guidelines. |
| **Prevent tobacco industry interference in implementation of the WHO FCTC** |  
- Raise awareness of Article 5.3 of the Convention among all actors involved in tobacco control – specifically legislators, policy-makers and government officials.  
- Advocate for the adoption of the measures recommended in the guidelines for implementation of Article 5.3 of the Convention, including a code of conduct for public officials and for members of the national coordinating mechanism for tobacco control.  
- Promote the monitoring of tobacco industry interference in accordance with the guidelines for implementation of Article 5.3 of the Convention. This may include the launch of a tobacco industry monitoring project or operation of a tobacco industry observatory. |

27 Note that the exercise coordinated by WHO on data collection for the biennial global tobacco control reports, which are issued by WHO, does not replace or repeal the country’s obligation to report on the implementation of the WHO FCTC which is an international treaty to which the country is a Party.

Monitor and evaluate implementation of the national WHO FCTC strategy

- Advocate for the establishment of an appropriate surveillance mechanism on tobacco control (if not already in existence) to collect information regularly on items listed in Article 20 of the Convention, as well as on tobacco control policies that are in place. The surveillance system should cover smokeless tobacco products, water pipe tobacco, and novel and emerging tobacco and nicotine products—such as Electronic Nicotine Delivery Systems (ENDS) and Electronic Non-Nicotine Delivery Systems (ENNDs) and heated tobacco products (HTPs).

- Ensure that prevalence and other data on tobacco use are regularly collected, including by the use of international data collection systems such as the Global Tobacco Surveillance System (GTSS) and WHO multifactor surveys, including the WHO stepwise approach to surveillance (STEPS). (See Resource Box 2).

- Advocate for ensuring that there are appropriate resources for surveillance programmes.

- Remain vigilant and ensure that all types of research foreseen in Article 20 are carried out on a regular basis in the country. Request assistance, as needed, from the WHO FCTC Secretariat’s Knowledge Hub on Surveillance.

- Promote the inclusion of tobacco-related indicators, including those deriving from the reporting instrument of the WHO FCTC and the Global Strategy to Accelerate Tobacco Control, in any relevant national household surveys and other data collection efforts. Note that high-quality and up-to-date data are the foundation for effective information exchange and transfer of know-how in accordance with Article 22 of the Convention.

- Promote the inclusion of reference to target 3.a of the SDGs in every voluntary national review (VNR) of the country.

- Maintain contact with the responsible enforcement authorities regarding national tobacco control legislation/regulations and provide technical advice to assist the authorities in carrying out their work.

- Collect and disseminate information on the enforcement actions of the relevant entities.

Build capacity for tobacco control

- Conduct orientation sessions and facilitate dissemination of WHO FCTC resources for training and sensitization programmes for relevant actors, including members of the national coordinating mechanism, legislators, policy-makers, media representatives and other stakeholders.

- Inform stakeholders about the country’s obligations under Article 5.3 of the Convention, as well as about other issues that need coordination or integration with WHO FCTC implementation. Promote good governance and exclusion of the tobacco industry from the development and implementation of policies that put in place the requirements of the WHO FCTC.

- Promote the designation and appointment of focal points for tobacco control in all relevant ministries.

- Establish and keep in contact with the UN country team and engage with its members on areas related to implementation of the Convention.

Table 1. Summary of the key roles of the WHO FCTC focal point, continued
Table 1. Summary of the key roles of the WHO FCTC focal point, continued

<table>
<thead>
<tr>
<th>Role</th>
<th>Related activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to global efforts on tobacco control</td>
<td>Keep the Convention Secretariat regularly informed on progress in implementing the WHO FCTC within the national jurisdiction and submit stories to the Convention Secretariat for wider distribution.</td>
</tr>
<tr>
<td></td>
<td>Engage, communicate, exchange information and collaborate, if appropriate, with focal points of other WHO FCTC Parties, either on your own initiative or as requested by other Parties and the Convention Secretariat.</td>
</tr>
<tr>
<td></td>
<td>Maintain contact with the country’s WHO FCTC focal point for statutory matters (COP and other statutory bodies) if this is another official, and engage with this focal point as appropriate in developing national positions for WHO FCTC governing body meetings and for meetings of governing bodies of other international (including UN) agencies in which the country is represented, in order to ensure that health priorities and WHO FCTC implementation efforts prevail in those non-health discussions.</td>
</tr>
<tr>
<td></td>
<td>Identify key counterparts and establish new contacts for collaboration with relevant entities within and outside the country.</td>
</tr>
<tr>
<td>Collaborate with the Convention Secretariat, WHO (all levels), UNDP and other international and UN entities</td>
<td>Keep in regular contact with the Convention Secretariat and, as appropriate, with its knowledge hubs.</td>
</tr>
<tr>
<td></td>
<td>If the WHO FCTC focal point changes, inform the Convention Secretariat of the change, thus ensuring that the Convention Secretariat’s mailing list and record of focal points is up-to-date.</td>
</tr>
<tr>
<td></td>
<td>Request, as appropriate, technical assistance to support the implementation of WHO FCTC in the country.</td>
</tr>
<tr>
<td></td>
<td>Promote and request assistance for integration of the Convention into UN-funded programmes and agencies that work in the country through the UN Resident Coordinator or WHO country office.</td>
</tr>
<tr>
<td></td>
<td>Promote inclusion of WHO FCTC implementation in the United Nations Development Assistance Framework (or One UN programmes), as appropriate.</td>
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</tbody>
</table>
Parties to the WHO FCTC are obliged, under Article 21.1 of the Convention, to submit to the COP, through the Convention Secretariat, periodic reports on their implementation of the Convention. The objective of this reporting is to enable Parties to learn from each other’s experience. The reports from Parties also serve as the basis for review by the COP of international progress in implementing the Convention. The information collected from the Parties in accordance with Article 21 is also indispensable for country assistance programmes developed and implemented by the Convention Secretariat as part of successive workplans adopted by the COP.

WHO FCTC implementation reports must be submitted irrespective of any other international data collection, whether coordinated by WHO or by other international forums. Parties to the WHO FCTC are not exempted from submitting their implementation reports regardless of the number of other studies in which they take part. Participation in other studies does not replace or repeal the obligation of WHO FCTC Parties to submit their mandated reports to the COP. In these reports, each country must be able to provide up-to-date information on various aspects of implementation, using data derived from national surveillance programmes and from other reporting and data-collection sources in the areas listed in Article 20 of the Convention.
The WHO FCTC reporting instrument is an online questionnaire that should be completed on a dedicated online platform for WHO FCTC reporting. Each Party’s registered technical focal point receives a link to access the reporting platform. It is therefore critical that the Convention Secretariat has up-to-date information on the name and email address of the focal point responsible for completion of the Party’s WHO FCTC implementation report.

Step-by-step instructions for completing the reporting instrument are available on the WHO FCTC website. A video version of the step-by-step instructions is also at the disposal of the focal points.

The Convention Secretariat reminds Parties through official notes verbales about their reporting obligations. These notes verbales also contain the deadlines that need to be observed. During the reporting cycle, regular reminders are automatically sent out through the reporting platform to registered focal points until the report is submitted.

The WHO FCTC focal point should note the role of the national coordinating mechanism for tobacco control in preparation of the country report. The national coordinating mechanism and its members, in collaboration with and under the coordination of the WHO FCTC focal point, can participate in the reporting process and may have certain duties relating to WHO FCTC reporting.

Members of the national coordinating mechanism could, for instance: 1) help the WHO FCTC focal point to communicate with stakeholders, including data providers, about the Party’s reporting obligations; 2) review the questions relevant to them and provide responses to those questions in the questionnaire; 3) gather data from their ministries or their affiliates and partners, and from the departments and agencies under their jurisdiction; 4) validate data to be inserted in the reports; 5) limit, verify and express extreme caution at the use of data originating from tobacco companies (e.g. ensuring that such data result from reports of the tobacco companies that are mandated by law and using non-tobacco industry data if an alternative source is available); and 6) support the WHO FCTC focal point in finalizing the country report.

Once the WHO FCTC country report is finalized and submitted through the online reporting platform, the focal point can also facilitate the signing of a cover letter by the authority responsible for the submission of the report on behalf of the government of the respective Party (usually a higher-level official). Such a letter should inform the Convention Secretariat about the submission of the official report. With the introduction of the online reporting platform, this has ceased to be an obligation; however, doing it certainly improves the sense of ownership of the country and its government in relation to this obligation as a WHO FCTC Party.
The country reports not only respond to an obligation under the Convention but are beneficial for in-country promotion of the implementation of the Convention. The reports can be used as resources and reference documents in advocacy programmes, orientation and capacity-building sessions (to show progress, trends and developments in implementation) and to ensure comparison with the previous implementation status.

The WHO FCTC focal point should identify and exploit opportunities to disseminate the country report. For instance, World No Tobacco Day events, media briefings, advocacy initiatives and sensitization sessions with legislators and in other sectors provide excellent opportunities to use the reports as reference documents. The WHO FCTC reports can also inform judicial actions that could be used as means to advance national tobacco control efforts.

The focal point should also ensure that successive implementation reports are available via the Internet and are used by a broad and diverse audience.

A study on Parties’ experiences in complying with their reporting obligations in accordance with Article 21 of the Convention was commissioned by the Convention Secretariat in 2018. A report on the study presents best practices in WHO FCTC reporting and is available online.29

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29 Note that the exercise coordinated by WHO on data collection for the biennial global tobacco control reports, which are issued by WHO, does not replace or repeal the country’s obligation to report on the implementation of the WHO FCTC, which is an international treaty to which the country is a Party.
6.1 The positioning of the WHO FCTC focal point within the country’s government structure

The decision on the placement of the WHO FCTC focal point is the prerogative of the country concerned. Such placement should allow for collaboration and integration of tobacco control efforts with all government sectors in order to reflect the need for a whole-of-government approach in implementing the WHO FCTC.

In many cases, the WHO FCTC focal point is hosted by the health ministry. Within the health ministry, the focal point should engage with several departments that have direct relevance to tobacco control — e.g. Environmental health (monitoring compliance and enforcement); Noncommunicable disease control (tobacco as a risk factor); Legal services (tobacco legislation and regulations); Health promotion and behavioural change communication (public health education, counselling, cessation, quitlines); Primary health care (brief interventions, history-taking, support groups, cessation programmes, nicotine replacement therapy); and HIV/AIDS and tuberculosis (integration of tobacco cessation, counselling and patient education in such programmes).
6.2 The National Coordinating Mechanism for Tobacco Control

The position of the WHO FCTC focal point should be integrally linked with the operation of the national coordinating mechanism. If the health ministry provides secretariat support to the national coordinating mechanism, the focal point could be instrumental in providing critical technical support to the coordinating mechanism with the ultimate aim of facilitating the effective implementation, monitoring and evaluation of the WHO FCTC and, if appropriate, of the related national tobacco control strategy in the country.

National Coordinating Mechanism for Tobacco Control

- In accordance with Article 5.2(a), each Party should establish or reinforce and finance a national coordinating mechanism for tobacco control.
- A national coordinating mechanism for tobacco control means a specific, sustainable structure that coordinates tobacco control efforts in a country (e.g. an intersectoral or interministerial board or multisectoral committee for tobacco control).
- Such a mechanism should include key national and, if the case may be, subnational stakeholders who could have a role in tobacco control.
- The national coordinating mechanism is expected to provide a platform for information exchange, reflecting the whole-of-government approach and system-wide coordination for the implementation of the WHO FCTC. To make the national coordinating mechanism sustainable, the establishment and operation of the mechanism should be enshrined in national legislation on tobacco control.
- The national coordinating mechanism can also be used as a consensus-seeking platform. It could assist with the development of national legislation, policy and strategy, as well as their implementation and the monitoring and evaluation of progress.
- Ideally, a high-level official from the health ministry (e.g. the minister) or from another executive branch should lead the mechanism and convene, open and chair its meetings.

For more information about such coordinating mechanisms, including best practices for establishing and operating national coordinating mechanisms, see the following links (accessed 20 April 2020):
https://www.who.int/fctc/implementation/publication/FCTC-5-2-coordination-toolkit.pdf?ua=1
6.3 Coordination with government departments

The non-health government departments (e.g. Finance, Customs, Trade and Industry, Education, Tourism, Agriculture) play an important role in the implementation of the Convention. Although this understanding should be repeatedly promoted at the level of government by high-level officials (e.g. the minister responsible for the portfolio that hosts the focal point and/or operates the national coordinating mechanism for tobacco control), the WHO FCTC focal point should be instrumental in coordinating on technical matters with these departments through the colleagues that represent those departments in the national mechanism, unless noted otherwise. These various government departments should be part of the national coordinating mechanism and their representatives should participate in its meetings. These ministries should be urged to identify designated human and financial resources to participate in the country’s tobacco control work, including tobacco-related data collection and the production of reports on implementation of the Convention.

6.4 Nongovernmental organizations, academia and other partners

Nongovernmental organizations (NGOs), academic institutions and other partners have the potential to advance tobacco control in each country. In the case of civil society, such a role is highlighted in Article 4.7 of the Convention. Potential roles include advocacy for ratification and implementation of the Convention and the Protocol, raising public awareness and promoting education, monitoring tobacco industry interference, information-sharing, and technical and cessation support, to name only a few.

6.5 The United Nations country team

The UN country team consists of representatives of the UN agencies present in the country and is led by the UN Resident Coordinator. The WHO FCTC focal point should have a clear understanding of the core competencies of each of the UN agencies in relation to implementation of the different elements of the Convention. As an example, the leadership of the United Nations Development Programme (UNDP) in promoting good governance resonates well with the implementation of Article 5 (General obligations) of the Convention. This involves activities such as national strategy development, planning and implementation, multisectoral collaboration and protection against interference by the tobacco industry. The work of UN agencies could contribute to the implementation of various Articles of the Convention. For instance, activities of the Food and Agriculture Organization of the United Nations (FAO) and International Labour Organization (ILO) can relate to Article 17 (Provision of support for economically viable alternative activities). As the WHO country offices are represented in the UN country teams, it is important that the WHO FCTC focal point works with the WHO country office – this is usually happening in any case – to ensure that implementation of the WHO FCTC is reflected in the work of the UN system.
In general, the potential roles of these agencies include: the provision of technical expertise in multisector governance and mechanisms for policy implementation; financial support; promotion of projects and programmes on alternative livelihoods for tobacco growers; dissemination of information on the negative effects of tobacco; and assistance to UN country teams to support a whole-of-government approach to tobacco control. The UN country teams contribute to the development and implementation of assistance frameworks. For instance, the United Nations Development Assistance Framework (UNDAF) provides excellent opportunities for integrating WHO FCTC implementation with development plans and projects.

6.6 Coordinating the country’s WHO FCTC response with the sustainable development goals

The integrated nature of the SDGs requires strong collaboration and coordination both within and across national and local governments. It involves multiple ministries, departments and government institutions. This level of cross-sectoral cooperation requires the use of specific frameworks to coordinate cross-ministerial activity. The preferred institutional arrangements for coordinating sustainable development in each country depend on the national context and are designed accordingly.

The WHO FCTC focal point should collaborate with the respective national institution or other body that is officially designated to oversee implementation and monitoring of the SDGs, and in particular in relation to target 3.a on the implementation of the WHO FCTC. As part of the overall efforts to implement the SDGs and the WHO FCTC, the focal point should also promote the inclusion of reference to implementation of target 3.a in the country’s VNR on the SDGs.

6.7 Relationship between the focal point and the technical teams and representatives of the World Health Organization (headquarters, regional and country offices)

WHO has 149 field offices in different countries, territories or areas. Countries without a WHO office are covered by nearby field offices or by the appropriate regional office. The WHO Representative in a country has a critical role in liaising with and contributing to the assistance provided to the Party by the Convention Secretariat. Furthermore, at all levels of WHO – though mostly at the headquarters and in the regions – technical capacity exists to support WHO Member States in their tobacco control efforts. Any support provided by WHO to WHO FCTC Parties will eventually contribute to accelerating full implementation of the WHO FCTC. Moreover, over the years – even in the period before the entry into force of the WHO FCTC – WHO developed its network of tobacco control focal points in its Member States. Such focal points, in many instances, now correspond to the WHO FCTC technical focal points. Subsequently, interaction and collaboration between the WHO FCTC focal points and the respective WHO teams have in many cases already been established. Such interactions can bring a variety of benefits, such as those described below.
From interactions at all levels of WHO, benefits can include:

- specialized technical assistance from WHO to the country, including assistance in developing tobacco control policies and capacity-building efforts (e.g. training programmes, workshops, World No Tobacco Day initiatives);
- facilitation of payment from Parties for assessed (mandatory) contributions to the WHO FCTC;
- support and advocacy for becoming a Party to the WHO FCTC for WHO Member States that are not yet Parties to the WHO FCTC;
- participation in and follow-up with the country missions for WHO FCTC needs assessments;
- support to WHO FCTC Parties to assist them to participate in and better contribute to meetings of the WHO FCTC governing bodies;
- assistance to Parties for their preparation of WHO FCTC implementation reports.

From interactions with WHO country offices, benefits can include:

- integration of the Convention into the country work of UN-funded programmes and agencies, as described above;
- communication with, and support for interaction with, government authorities;
- provision of logistical support, if requested, to assist the preparation of WHO FCTC implementation reports (especially in low-resource settings where the WHO FCTC focal point does not have the permanent Internet connection that is needed to work on the WHO FCTC reporting platform);
- inclusion of WHO FCTC implementation in the WHO Country Cooperation Strategies\(^\text{30}\) as and when requested by the Party.

The focal point’s engagement with WHO is important in order to obtain the necessary assistance and support to implement the WHO FCTC effectively within the respective country.

### 6.8 Liaison and coordination with other Parties to the Convention

Collaboration and cooperation with other Parties is critical for successful implementation, monitoring and evaluation of the Convention in accordance with Articles 20-22. In these articles, Parties are called upon to cooperate, communicate, report and exchange information; to undertake national research; to coordinate research at regional and international levels; to establish appropriate programmes for national, regional and global surveillance; and to cooperate in the scientific, technical and legal fields. The WHO FCTC focal point should collaborate with other Parties and maintain contact to support each other. Focal points should also share best practices from their jurisdictions in order to enhance the implementation of tobacco control in other countries. In this regard, South-South and triangular cooperation can serve as an overall platform for engaging with and supporting other Parties in implementing the Convention through the exchange of relevant scientific, technical and legal expertise.

6.9 Liaison and coordination with the WHO FCTC Secretariat’s Knowledge Hubs

The Secretariat of the WHO FCTC has established knowledge hubs to improve its capacity to assist Parties in implementing the Convention. These hubs analyse and synthesize knowledge and information on relevant issues relating to the Convention and disseminate it to the Parties in accordance with Article 22 (Cooperation in the scientific, technical, and legal fields and provision of related expertise). The knowledge hubs cover a number of areas, such as tobacco industry interference; legal matters and litigation; research and surveillance; international cooperation; smoke-free environments; packaging and labelling; tobacco cessation; tobacco taxation; smokeless tobacco; water pipe tobacco use and promoting economically sustainable alternatives to tobacco growing. The hubs are global in scope; consequently, their work goes beyond the boundaries of the hosting countries, subregions and regions. The WHO FCTC focal points that wish to receive assistance from the knowledge hubs in their respective areas of work should contact the Convention Secretariat or the hubs directly by using the contact details provided on the website of the respective hub. The Convention Secretariat regularly informs Parties about the activities of the knowledge hubs in a newsletter which is produced 2-4 times a year and is sent directly to the focal points.

Eight Knowledge Hubs

- WHO FCTC Secretariat’s Knowledge Hub on Legal Challenges – Australia
- Knowledge Hub for Articles 17 and 18 – Brazil
- Knowledge Hub on Surveillance – Finland
- Knowledge Hub on Smokeless Tobacco – India
- Knowledge Hub on Water Pipes – Lebanon
- Knowledge Hub on Taxation – South Africa
- Knowledge Hub for Article 5.3 – Thailand
- Knowledge Hub on International Cooperation – Uruguay

*New knowledge hubs may be established in the future by decisions of the COP. See more details at: [https://untobaccocontrol.org/kh](https://untobaccocontrol.org/kh), accessed 21 April 2020.
6.10 Tobacco industry monitoring projects and tobacco industry monitoring centres (observatories)

Parties to the Convention report that interference in policy-making by the tobacco industry is the single most frequent challenge they face in implementing the Convention. The WHO FCTC focal points should be aware of the efforts by tobacco companies to promote their economic interests. In accordance with the guidelines for implementation of Article 5.3 of the Convention, adopted by the COP in 2008, there is a need to monitor constantly the efforts and tactics of the tobacco industry to challenge the development of tobacco control policies aligned with the WHO FCTC.

These observatories inform policy-makers and governments about tobacco industry operations and the attempts by the tobacco companies to interfere with the implementation of the Convention, thus contributing to the implementation of Article 5.3 by the Parties.

The WHO FCTC focal points should be aware that there are various mechanisms for engaging in tobacco industry monitoring projects\(^\text{31}\) and should understand the scope and operation of tobacco industry monitoring centres (observatories).\(^\text{32}\) The Convention Secretariat promoted (on a pilot basis) the establishment of tobacco industry monitoring centres (observatories) in some interested Parties; subsequently, three observatories were established and are currently in operation in Brazil,\(^\text{33}\) South Africa \(^\text{34}\) and Sri Lanka.\(^\text{35}\)

The WHO FCTC Secretariat’s Knowledge Hub for Article 5.3 is best placed to coordinate with and assist the work of the observatories. The existing observatories can also assist the work of the WHO FCTC focal points by providing information about tobacco companies that are active in the country. The WHO FCTC focal points can also receive guidance (e.g. from the WHO FCTC Knowledge Hub for Article 5.3) on how to conduct industry monitoring if the country is interested in such a project.

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\(^{34}\) See: [https://www.atim.co.za/](https://www.atim.co.za/), accessed 20 April 2020.

In many LMICs, resources and capacity for tobacco control are limited and competing priorities may hinder WHO FCTC implementation.

In some LMICs the WHO FCTC focal point may have additional responsibilities beyond tobacco control. Sometimes such responsibilities include a variety of projects, programmes and portfolios (e.g. tobacco control focal points may also be responsible for the entire NCD agenda).

The different areas of WHO FCTC implementation may occur in phases because of limits on resources. For instance, cessation programmes may not provide nicotine replacement therapy, and counselling and brief advice may not be routinely offered in the public health sector.

In LMICs, NGOs could play a more active role in supporting and complementing primary health care in the public health sector by providing essential services with regard to public and community education and cessation programmes.
WHO FCTC focal points should be aware of the resources that are available to support their work. The roles of the Convention Secretariat, its knowledge hubs and the WHO technical units at various levels of the Organization in providing technical support to the Parties have already been highlighted. The Resource Boxes below give more information.

Resource Box 1

List of guidelines adopted by the COP (Each of the 8 guidelines adopted by the COP can be downloaded from the links below)

- **Guidelines for implementation of Article 5.3 of the WHO FCTC**
  Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry: https://www.who.int/fctc/treaty_instruments/adopted/article_5_3/en/

- **Guidelines for implementation of Article 6 of the WHO FCTC**
  Price and tax measures to reduce the demand for tobacco: https://www.who.int/fctc/treaty_instruments/Guidelines_Article_6_English.pdf?ua=1

- **Guidelines for implementation of Article 8 of the WHO FCTC**
  Protection from exposure to tobacco smoke: https://www.who.int/fctc/treaty_instruments/adopted/article_8/en/

- **Partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC**
  Regulation of the contents of tobacco products and regulation of tobacco product disclosures: https://www.who.int/fctc/treaty_instruments/adopted/article_9and10/en/

- **Guidelines for implementation of Article 11 of the WHO FCTC**
  Packaging and labelling of tobacco products: https://www.who.int/fctc/treaty_instruments/adopted/article_11/en/

- **Guidelines for implementation of Article 12 of the WHO FCTC**
  Education, communication, training and public awareness: https://www.who.int/fctc/treaty_instruments/adopted/article_12/en/

- **Guidelines for implementation of Article 13 of the WHO FCTC**
  Tobacco advertising, promotion and sponsorship: https://www.who.int/fctc/treaty_instruments/adopted/article_13/en/

- **Guidelines for implementation of Article 14 of the WHO FCTC**
  Demand reduction measures concerning tobacco dependence and cessation: https://www.who.int/fctc/treaty_instruments/adopted/article_14/en/

(All links accessed 20 April 2020)
Resource Box 2

Global tobacco surveillance system (GTSS) and other WHO surveys

The Global Tobacco Surveillance System (GTSS) includes the collection of tobacco-specific data for both young persons (13–15 years) and adults (15 years and older) from four surveys, as listed below:

- **Global Adult Tobacco Survey (GATS)** A household survey that monitors tobacco use among adults
- **Global Youth Tobacco Survey (GYTS)** Focuses on young persons aged 13–15 years and collects information in schools
- **Global School Personnel Survey (GSPS)** Surveys teachers and administrators from the same schools that participate in the GYTS (discontinued)
- **Global Health Professions Students Survey (GHPSS)** Focuses on third-year students pursuing degrees in dentistry, medicine, nursing and pharmacology (discontinued).

In addition, WHO conducts a variety of multi-risk factor surveys that contain sections on tobacco use and exposure. These include:

- **Global School Health Survey (GSHS)**
Resource Box 3

Resources and toolkits

- WHO Framework Convention on Tobacco Control: https://www.who.int/fctc/cop/about/en/
- COP decisions: https://www.who.int/fctc/cop/decisions/en/

Technical resources: toolkits

- Viable alternatives to tobacco growing: an economic model for implementing Articles 17 and 18: https://www.who.int/fctc/implementation/resources/economic-model-17-18_viable-alternatives-tobacco.pdf?ua=1
- WHO FCTC Article 19 Civil Liability Toolkit: http://untobaccocontrol.org/impldb/tobacco-control-toolkit/#/
- Toolkit for Parties to implement Article 5.2(a) of the WHO FCTC: https://www.who.int/fctc/implementation/cooperation/5-2-toolkit/en/
- WHO FCTC Health Warnings Database: https://www.who.int/tobacco/healthwarningsdatabase/en/

For other resources, please visit the WHO FCTC Implementation database at https://untobaccocontrol.org/impldb/. Additional resources can be found under “treaty provisions”.

Knowledge hubs and monitoring centres

- WHO FCTC Secretariat’s Knowledge Hubs and the tobacco industry monitoring centres: https://www.who.int/fctc/implementation/knowledge-management/en/
- Individual knowledge hub pages: https://untobaccocontrol.org/kh/
The Secretariat of the
WHO Framework Convention
on Tobacco Control

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