



**F C T C**

WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL

S E C R E T A R I A T

# Indicator Compendium for the Global Strategy to Accelerate Tobacco Control

January 2020  
(Updated April 2023)

## INTRODUCTION

The *Global Strategy to Accelerate Tobacco Control: Advancing sustainable development through the implementation of the WHO FCTC 2019–2025* was adopted by the Eighth session of the Conference of the Parties (COP8) to the WHO Framework Convention on Tobacco Control (WHO FCTC) in October 2018. Aiming to strengthen the implementation of the WHO FCTC, the Global Strategy is intended to guide the activities and work of the Parties, the Convention Secretariat and other stakeholders to promote the tobacco control agenda worldwide. It also serves as the basis for the Convention Secretariat’s work planning and budgeting for the 2020–2021, 2022–2023 and 2024–2025 bienniums.

This *Indicator Compendium for the Global Strategy to Accelerate Tobacco Control* was developed in response to the mandate given to the Convention Secretariat by the Conference of the Parties (COP) in 2018 “to collect baseline data for the range of indicators identified in the MTSF”, which was the former name of the Global Strategy”, and “to report, on a biennial basis, on the progress in implementation of the MTSF, as part its regular biennial global reports on the implementation of the Convention”.\*

Subsequently, this Indicator Compendium presents the indicators proposed in the Global Strategy. As such, it aims at enabling the standardization of data collected under each of the 20 indicators and is expected to facilitate the preparation of reports, allow trend analysis to be undertaken, and monitor the impact and uptake of the Global Strategy.

For each indicator, the following information is given in the Indicator Compendium: indicator name; data type representation; rationale; definition; preferred data sources; other possible data sources; method of measurement; disaggregation; expected frequency of data collection; comments; and useful links and sources.

The first edition of the *Indicator Compendium for the Global Strategy to Accelerate Tobacco Control* prepared by the Convention Secretariat was used to collate the baseline information related to the current implementation status of the Global Strategy. Parties are welcome to use this document to understand better the indicators that will be utilized to measure the implementation of the Global Strategy in the years to follow.

The Convention Secretariat

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\* [Decision FCTC/COP8\(16\) – Sections 3\(b\) and 3\(d\)](#)

## **Strategic Goal 1: Accelerating Action**

Facilitate enhanced implementation of the WHO FCTC by setting clear priorities and by targeting effective means of assistance to where they will be likely to have the greatest impact in reducing tobacco use and harm.

**Strategic Objective 1.1. Give priority to enabling action to accelerate WHO FCTC implementation, including effective forms of technical and financial assistance to support Parties in the identified priority action areas.**

### **Specific objectives**

**1.1.1.** Parties develop, implement and regularly update comprehensive, costed national tobacco control strategies (WHO FCTC Article 5), focusing on multisectoral and cross-cutting policies and Articles most important in the national context.

**1.1.2.** Parties implement price and tax measures (Article 6).

**1.1.3.** Parties implement time-bound measures (Articles 8, 11 and 13).

**Strategic Objective 1.2. Strengthen systems for regularly capturing and sharing lessons and evidence on new, innovative and successful means of implementing tobacco control measures.**

### **Specific objectives**

**1.2.1.** Improve mechanisms for sharing of expertise through South–South and Triangular Cooperation.

**1.2.2.** Strengthen the role of knowledge hubs in assisting the Parties.

### **Indicators Strategic Objective 1.1**

- 1.1.1 Number of Parties reporting having received or provided financial and/or technical support.
- 1.1.2 Number of Parties that have submitted a costed national tobacco control plan as part of their regular WHO FCTC reports.
- 1.1.3 Number of Parties implementing price and tax measures.
- 1.1.4 Number of Parties with strengthened national tobacco control measures.
- 1.1.5 Number of Parties that have identified WHO FCTC implementation as a development priority, including in their United Nations Development Assistance Framework (UNDAF).

### **Indicators Strategic Objective 1.2**

- 1.2.1 Number of Parties that have received assistance from the WHO FCTC knowledge hubs.
- 1.2.2 Number of Parties involved in South–South and Triangular Cooperation programmes, either as provider or recipient.

## **Strategic Objective 1.1**

### **INDICATOR 1.1.1 Number of Parties having received or provided financial and/or other technical support**

#### INDICATOR NAME

Financial and technical support

#### WHO FCTC REFERENCE

WHO FCTC Articles: 22.1 (a)(b)(c)(d)(3)(f)

#### DATA TYPE REPRESENTATION

Quantitative

#### RATIONALE

The exchange (provision or receipt) of financial and technical assistance is an important indicator in identifying patterns of development and assistance. This will help shape policy measures assisting with the implementation of the Global Strategy.

#### DEFINITION

This indicator is defined as any financial and/or technical assistance provided on the one hand and, on the other hand technical assistance received in supporting the domestic implementation of the WHO FCTC, as defined in the reporting instrument.

Financial or technical assistance includes assistance through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions for the development and strengthening of multisectoral, comprehensive tobacco control programmes.

#### CORE DATA SOURCE

The Convention Secretariat/Parties reports as presented in the WHO FCTC Implementation Database.<sup>1</sup>

#### COMPLEMENTARY INFORMATION

For additional voluntary qualitative or quantitative information, please refer to the WHO FCTC Implementation Database or the successive biennial Global Progress Reports on implementation of the WHO FCTC.

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<sup>1</sup> <https://extranet.who.int/fctcapps/fctcapps/fctc/implementation-database>

## METHOD OF MEASUREMENT

Two sets of data will be reported for this indicator:

1. The number of Parties having received financial and/or other technical support is equal to the number of Parties responding “yes” to at least one of the following questions in the reporting instrument:

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

- development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control (question D1);
  - provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes (question D2);
  - appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12 (question D3);
  - provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes (question D4);
  - identification of methods for tobacco control, including comprehensive treatment of nicotine addiction (question D5); or
  - promotion of research to increase the affordability of comprehensive treatment of nicotine addiction (question D6)?
2. The number of Parties having provided financial and/or other technical support is equal to the number of Parties responding “yes” to at least one of the following questions in the reporting instrument:

## DISAGGREGATION

None

## EXPECTED FREQUENCY OF DATA COLLECTION

This information is collected from Parties every two years in the WHO FCTC biennial reporting cycle.

## COMMENTS

Since all information for the calculation of this indicator is available in a country at any time, the calculation can be repeated on a regular basis, thus contributing to the Party's compliance with the requirements of Article 20.3(a) of the Convention.

With further resources and capacity, disaggregation could also be carried out at other levels: provided/received and financial/technical.

## **INDICATOR 1.1.2 Number of Parties that have submitted a costed national tobacco control plan as part of their regular WHO FCTC reports**

### **INDICATOR NAME**

Costed National Tobacco Control Plan

### **WHO FCTC REFERENCE**

WHO FCTC Articles: 5.1, 5.2 (a)

### **DATA TYPE REPRESENTATION**

Quantitative

### **RATIONALE**

Each Party, in accordance with Article 5 of the Convention, shall develop, implement, periodically update and review comprehensive multisector national tobacco control strategies, plans and programmes.

This indicator will provide information on the number of Parties that are actively implementing national tobacco control measures. It can be used to demonstrate progress towards Specific Objective 1.1.1.

### **DEFINITION**

This indicator is defined as having indicated the existence of tobacco control strategies, plans and programmes as part of their regular WHO FCTC reports. Under this indicator it is required that a budget is allocated for the implementation of the strategy, plan or programme. The costs should cover a focal point for tobacco control, and/or a tobacco control unit within the Party and/or a national coordinating mechanism for tobacco control in addition to programmatic activities.

### **CORE DATA SOURCE**

The Convention Secretariat/Parties reports. As the question in the WHO FCTC reporting instrument does not refer to “costed” strategies, plans and programmes, additional information should be collected from the WHO FCTC Parties or other sources to appropriately present this indicator.

### **COMPLEMENTARY INFORMATION**

For additional voluntary qualitative or quantitative information, please refer to:

- WHO No Tobacco (formerly Tobacco Free Initiative – TFI) data
- WHO FCTC Implementation Database qualitative information contained in the voluntary questionnaire

## METHOD OF MEASUREMENT

The WHO FCTC and, as a consequence, the reporting instrument of the WHO FCTC do not reference the development of a **costed** programme. The relevant questions of the WHO FCTC reporting instrument refer to Parties:

1. having reported the development and implementation of comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention (question C111); **AND**
2. having established or reinforced and financed a focal point for tobacco control and/or a tobacco control unit and/or a national coordinating mechanism for tobacco control (question C114).

## DISAGGREGATION

None

## EXPECTED FREQUENCY OF DATA COLLECTION

Similar information that is required under this indicator is collected from the WHO FCTC Parties every two years as part of their official biennial WHO FCTC implementation reports.

## COMMENTS

None

## INDICATOR 1.1.3 Number of Parties implementing price and tax measures

### INDICATOR NAME

Tax and price measures

### WHO FCTC REFERENCE

WHO FCTC Articles: 6.2(a)

### DATA TYPE REPRESENTATION

Quantitative

### RATIONALE

Tax and price policies are widely recognized to be one of the most effective means of influencing the demand for and, thus, the consumption of tobacco products. Consequently, implementation of Article 6 of the WHO FCTC is an essential element of tobacco control policies and, thereby, efforts to improve public health.

Taxes are a very effective tool for policy-makers to influence the price of tobacco products. In most cases, higher taxes on tobacco products lead to higher prices which, in turn, lead to lower tobacco consumption and prevalence. A reduction of mortality and morbidity and, therefore, the improved health of the population are direct consequences of the implementation of Article 6 of the WHO FCTC.

### DEFINITION

This indicator refers to the number of Parties that have adopted and implemented tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption.

This indicator measures the presence of a policy measure and is not reflective of the scope or magnitude of taxation/price levels.

### CORE DATA SOURCE

The WHO FCTC Implementation Database

### COMPLEMENTARY INFORMATION

If such data are not available in the country, other sources of information can be used. On one hand, estimates produced by the World Health Organization (WHO) may be used. WHO's country reports contain comparable estimates for more than 180 countries concerning domestic tax policy and the total taxes as a percentage of retail price of 20 cigarettes of the most-sold brand in the country. Such estimates are available at: <https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>.

Additionally, the WHO FCTC Knowledge Hub on Tobacco Taxation can be contacted for additional information. Moreover, needs assessments carried out jointly by the Convention Secretariat, its partners and the involved Party stakeholders also collect information related to implementation of Article 6 of the Convention.

#### METHOD OF MEASUREMENT

Information collected through Parties WHO FCTC implementation reports identify the presence of taxation and price policies. Measurement of the indicator reflecting tax and price measures is reported in binary format (yes/no) as identified in the WHO FCTC reporting instrument and the WHO FCTC Implementation Database.

The number of Parties includes those that have responded “Yes” to the following question:

- Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? (question C221);

Additionally, if “No”/“Not reported”, the number of Parties includes those that have responded “Yes” to at least one sub-question of the following question:

- How are the excise taxes levied (what types of taxes are levied)? (question B82)

#### DISAGGREGATION

None

#### EXPECTED FREQUENCY OF DATA COLLECTION

This information is collected from WHO FCTC Parties every two years in the WHO FCTC reporting instrument.

#### COMMENTS

Data on taxation measures can be provided by category of tobacco product, for example, smoking, smokeless or other tobacco products.

## **INDICATOR 1.1.4 Number of Parties with strengthened national tobacco control measures**

### **INDICATOR NAME**

Implementation of time-bound measures

### **WHO FCTC REFERENCE**

WHO FCTC Articles: 8, 11, 13

### **DATA TYPE REPRESENTATION**

Quantitative

### **RATIONALE**

Challenges remain with the slow integration of the WHO FCTC into national law. Furthermore, several articles of the WHO FCTC have had uneven implementation globally.

The enhanced implementation of the WHO FCTC is facilitated by setting clear priorities and by targeting high-impact policy measures, as part of a strengthened national tobacco control programme.

It is helpful to monitor the progress of key WHO FCTC policy and time-bound measures implemented by a Party that are intended to enhance the full and effective implementation of the Convention.

### **DEFINITION**

Number of Parties with strengthened national tobacco measures is defined as those Parties that have implemented the time-bound measures (Articles 8, 11 and 13) of the Convention.

The time-bound requirements for Article 8 are listed in the guidelines, adopted at the Second session of the Conference of the Parties (COP2) in Decision FCTC/COP2(7).

The time-bound requirements for Articles 11 are listed in text of the Convention.

The time-bound requirements for Article 13 are listed in the text of the Convention.

### **CORE DATA SOURCE**

The WHO FCTC Implementation Database

### **COMPLEMENTARY INFORMATION**

If such data are not available in the country, estimates produced by WHO may be used. WHO's country reports contain comparable estimates for more than 180 countries concerning tobacco control policy. Such estimates are available at: <https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>.

Additionally, needs assessments carried out jointly by the Convention Secretariat, its partners and the involved Party stakeholders also collect information related to implementation of the time-bound articles of the Convention.

#### METHOD OF MEASUREMENT

The count of the number Parties that have reported an improvement (from the previously available report) one or more of the following time-bound measures:

##### Article 8:

If the Party's response to question C222 is solely "voluntary agreement", no improvement will be measured.

For this article, "improvement" either refers to a response changing from "no" to "yes" or from "none" to "partial" or "complete" or from "partial" to "complete" (from the previously available report).

The questions related to time-bound measures are included in:

- Question C221: "Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: banning, completely or partially, tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places?"
- Question C226a: "If you answered "Yes" to question C221, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places."
- Additionally, the response to question C222 ("If you answered "Yes" to question C221, "what is the type/nature of the measure providing for the ban?") should not be solely "voluntary agreement".

##### Article 11:

For Article 11, "improvement" refers to a response changing from "no" to "yes" (from the previously available report) for any of the following subquestions: "Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:"

- Question C252: "requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?"
- Question C253: "requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?"
- Question C254: "ensuring that the health warnings are approved by the competent national authority?"
- Question C255: "ensuring that the health warnings are rotated?"

- Question C256: “ensuring that the health warnings are clear, visible and legible?”
- Question C258: “ensuring that the health warnings occupy no less than 30% of the principal display areas?”

#### Article 13:

For Article 13, “improvement” refers to a response changing from “no” to “yes” (from the previously available report) for any of the following subquestions: “Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:”

- Question C271: “instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?”
- Question C272(i): “Does your ban cover cross-border advertising, promotion and sponsorship originating from your territory?”

#### DISAGGREGATION

One indicator per article will be measured: one for Article 8, one for Article 11 and one for Article 13.

#### EXPECTED FREQUENCY OF DATA COLLECTION

This information is collected from WHO FCTC Parties every two years as part of the biennial WHO FCTC reporting cycle.

#### COMMENTS

Parties with only one report will not be included for this indicator, as “improvement” can only be measured with two sets of data.

## **INDICATOR 1.1.5 Number of Parties that have identified WHO FCTC implementation as a development priority, including in their United Nations Development Assistance Framework (UNDAF)**

### **INDICATOR NAME**

WHO FCTC as a Development Priority

### **DATA TYPE REPRESENTATION**

Quantitative

### **WHO FCTC REFERENCE**

WHO FCTC Article: Article 20.3(b)

### **DATA TYPE REPRESENTATION**

Number of Parties

### **RATIONALE**

One of the goals of the WHO FCTC is to have all Parties implementing tobacco control measures as a development priority. WHO FCTC is one of just three international conventions referenced in the United Nations Sustainable Development Goals (SDGs). Target 3.a of the SDGs calls for strengthening implementation of the WHO FCTC. The Global Strategy seeks to meaningfully contribute to reaching the overall health goal of SDG 3 and target 3.4 on NCDs.

SDG 17 recognizes that the goals can only be realized with a strong commitment to global partnerships and cooperation.

The WHO FCTC is also referenced in the 2015 *Addis Ababa Action Agenda* of the Third International Conference on Financing for Development, which states: "Price and tax measures on tobacco are recognized as an effective and important means to reduce tobacco use and health care costs and represent a revenue stream for financing development."

Tobacco control measures have consistently been identified as "best buys" for improving global health because they deliver large benefits for relatively small investments.

The Global Strategy needs data to demonstrate how many WHO FCTC Parties are making tobacco control a development priority.

### **DEFINITION**

This indicator refers to Parties that have implemented the WHO FCTC as a development priority by indicating activities as part of their domestic engagement with the *United Nations Development Assistance Framework*.

## CORE DATA SOURCE

UNDAF database

## COMPLEMENTARY DATA SOURCE

Needs assessments carried out jointly by the Convention Secretariat, its partners and the involved Party stakeholders, also collect information related to inclusion of WHO FCTC in the countries' health and development strategies, plans and programmes through engaging with the United Nations country teams.

## METHOD OF MEASUREMENT

Number of Parties that have identified WHO FCTC implementation as a development priority in their UNDAF reporting.

## DISAGGREGATION

Data are collected as a global number of WHO FCTC Parties.

## EXPECTED FREQUENCY OF DATA COLLECTION

This information is collected from Parties under the UNDAF. Frequency is therefore based on the UNDAF reporting cycle or availability of information from other sources.

## COMMENTS

None

## **Strategic Objective 1.2**

### **INDICATOR 1.2.1 Number of Parties that have received assistance from the WHO FCTC Knowledge Hubs**

#### **INDICATOR NAME**

Assistance from WHO FCTC Knowledge Hubs

#### **WHO FCTC REFERENCE**

WHO FCTC Articles: Not applicable

#### **DATA TYPE REPRESENTATION**

Quantitative

#### **RATIONALE**

The Convention Secretariat has established knowledge hubs<sup>2</sup> that are tasked to analyse, synthesize and disseminate knowledge and information on matters under their expertise in relation to the Convention, in accordance with Article 22 (Cooperation in the scientific, technical, and legal fields and provision of related expertise). The WHO FCTC Knowledge Hubs are global in the scope of their work, and their work goes beyond the boundaries of the hosting countries, subregions and regions.

#### **DEFINITION**

This is defined as the number of Parties that have received any form of assistance from at least one of the seven WHO FCTC Knowledge Hubs on matters under their expertise in relation to the Convention.

#### **PREFERRED DATA SOURCES**

- Annual or biennial technical reports on the operation of the respective WHO FCTC Knowledge Hubs submitted to the Convention Secretariat
- The Convention Secretariat's newsletters containing information on the work of the WHO FCTC Knowledge Hubs
- Convention Secretariat's records of Party requests for assistance from WHO FCTC Knowledge Hubs

#### **METHOD OF MEASUREMENT**

- The Convention Secretariat requires each WHO FCTC Knowledge Hub to provide information, on a yearly basis, on the number of Parties to which they have provided assistance.
- Each WHO FCTC Knowledge Hub records requests for and provision of assistance to the Parties and shares that information with the Convention Secretariat as and when requested.

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<sup>2</sup> As of March 2023, see <https://extranet.who.int/fctcapps/fctcapps/fctc/kh>

When the data are collected, cross reference will be made across all WHO FCTC Knowledge Hubs to avoid counting the same Party multiple times.

#### DISAGGREGATION

Not applicable

#### EXPECTED FREQUENCY OF DATA COLLECTION

The data are collected on an ongoing basis by the Convention Secretariat and WHO FCTC Knowledge Hubs and aggregated every two years in the years of preparation of the successive Global Progress Reports.

#### COMMENTS

For future reference, the Convention Secretariat could decide to add further levels of information, responding to the following issues:

- What is the total number or percentage of requests that have been met?
- What is the breakdown of request per WHO FCTC Knowledge Hub or specific area.



#### CORE DATA SOURCE

WHO FCTC Convention Secretariat insight

#### COMPLEMENTARY DATA SOURCE

WHO FCTC Knowledge Hubs; information provided by the Parties as part of their biennial WHO FCTC implementation reports or during needs-assessment exercises.

#### METHOD OF MEASUREMENT

Number of Parties that have reported engagement in South–South and Triangular Cooperation.

#### DISAGGREGATION

None

#### EXPECTED FREQUENCY OF DATA COLLECTION

In parallel with WHO FCTC biennial reporting cycle.

#### COMMENTS

None

## **Strategic Goal 2: Building international alliances and partnerships across sectors and civil society to contribute to WHO FCTC implementation**

Globally and at the country level, raise the profile and visibility of the WHO FCTC as a response to the threat of tobacco to economic and social development and to the environment.

Forge partnerships with a wide range of sectors with a view to confronting tobacco-related harms and the tobacco industry and fostering policy coherence across sectors, internationally and nationally.

**Strategic Objective 2.1.** Mobilize international, intergovernmental and developmental partners to integrate the WHO FCTC into their work, and/or their SDG responses, by developing partnerships and joint strategies with United Nations and global agencies and initiatives that have a clear mandate for reducing wider tobacco-related harms, or who have an ability: a) to raise the profile and visibility of the WHO FCTC; and b) to influence and stimulate tobacco control action at the regional and national levels.

### **Specific Objectives**

2.1.1 Establish stronger alignment between, and cooperation with, the World Health Organization (WHO), agencies within the United Nations System and other relevant international agencies and initiatives.

2.1.2 Ensure that the WHO FCTC is fully mainstreamed in the implementation of the 2030 Sustainable Development Agenda and deliberations in any relevant forum organized under the United Nations umbrella that are relevant to the WHO FCTC.

2.1.3 Develop mutually reinforcing approaches to implementing the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020* through cooperation with members of the United Nations Inter-agency Task Force on Noncommunicable Diseases, the Global Coordination Mechanism for NCDs and other relevant initiatives.

2.1.4 Foster partnerships with government or intergovernmental organizations and institutions.

2.1.5 Develop a communications plan on the Strategy to also raise the profile and visibility of the Convention.

**Strategic Objective 2.2.** Catalyse and leverage the contributions of external stakeholders, particularly civil society, to achieve the aims of the Convention.

### **Specific Objectives**

2.2.1 Enhance civil society participation including through the adoption of best practices of other United Nations organizations, taking into consideration WHO FCTC Article 5.3.

2.2.2 Establish and operate a Coordination Platform in accordance with recommendations provided by the Working Group on Sustainable Measures (FCTC/COP/7/18).

2.2.3 Promote research that is relevant to WHO FCTC implementation, in particular priorities set out in the Strategy, in accordance with Article 20.

### **Indicators Strategic Objective 2.1**

- 2.1.1. Number of development agencies, intergovernmental organizations, international organizations or initiatives that include WHO FCTC implementation in their strategies or plans.
- 2.1.2. Number of Parties where WHO country offices included WHO FCTC implementation in the country cooperation strategies.
- 2.1.3. Number of Parties that include WHO FCTC implementation in their voluntary reports on their domestic implementation of the SDGs, in relation to target 3.a.

### **Indicators Strategic Objective 2.2**

- 2.2.1. Number of Parties that include civil society participation in the development and implementation of national tobacco control approaches.
- 2.2.2. Number of nongovernmental organizations that are accredited as Observers to the Conference of the Parties participating in COP sessions.
- 2.2.3. Financial and technical support from civil society organizations to advance FCTC implementation.

## **Strategic Objective 2.1**

**INDICATOR 2.1.1 Number of development agencies, intergovernmental organizations, international organizations or initiatives that include WHO FCTC implementation in their strategies or plans**

### INDICATOR NAME

Multisectoral integration of the WHO FCTC

### WHO FCTC REFERENCE

WHO FCTC Articles: Article 23, Article 25

### DATA TYPE REPRESENTATION

Quantitative

### RATIONALE

The WHO FCTC calls for a multisectoral approach to implementation, which entails cooperation with a variety of United Nations agencies and other international organizations.

Articles 23 and 25 of the WHO FCTC highlight the importance of such cooperation with competent international and regional intergovernmental organizations, including financial and development institutions.

Article 24.3(e) of the Convention mandates the Convention Secretariat to ensure, under the guidance of the COP that the necessary coordination with external stakeholders takes place.

This indicator allows the Convention Secretariat to track the prevalence of cooperation with international partners.

### DEFINITION

This indicator is defined as the number of agencies or organizations within the United Nations system and other relevant international agencies and initiatives that integrate WHO FCTC implementation in their strategies, plans and programmes.

### PREFERRED DATA SOURCES

Convention Secretariat – Governance and International Cooperation and Development Assistance teams

### COMPLEMENTARY INFORMATION

- United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control<sup>4</sup>

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<sup>4</sup> <https://fctc.who.int/international-cooperation/united-nations-interagency-task-force-on-ncds>

- United Nations Development Programme<sup>5</sup>

#### METHOD OF MEASUREMENT

Number of agencies, organizations and initiatives that include WHO FCTC implementation in their strategies, plans or programmes.

#### DISAGGREGATION

Not applicable

#### EXPECTED FREQUENCY OF DATA COLLECTION

Every two years in line with the biennial WHO FCTC reporting cycle.

#### COMMENTS

This information is collected in the context of the international cooperation framework.<sup>6</sup>

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<sup>5</sup> <https://www.undp.org/content/undp/en/home.html>

<sup>6</sup> <https://fctc.who.int/publications/m/item/fctc-cop-7-16-international-cooperation-for-implementation-of-the-who-fctc-including-implementation-of-the-2030-agenda-for-sustainable-development-the-global>

## **INDICATOR 2.1.2 Number of Parties where WHO country offices included WHO FCTC implementation in the country cooperation strategies**

### **INDICATOR NAME**

Country cooperation strategies include WHO FCTC implementation

### **WHO FCTC REFERENCE**

WHO FCTC Articles: Not applicable

### **DATA TYPE REPRESENTATION**

Quantitative

### **RATIONALE**

WHO works with all Member States to support their national health development processes, whether or not WHO has a physical presence. WHO country offices support countries as they coordinate with efforts of governments and other partners, including bilateral and multilateral partners, funds and foundations, civil society organizations, and the private sector. WHO cooperates with governments and other partners in supporting countries' national health strategies and plans, as well as collective commitments by the WHO governing bodies.<sup>7</sup>

This indicator allows the Convention Secretariat to understand how many of the WHO country offices have successfully aligned their support with the host country endeavours to implement the WHO FCTC, thus formalizing WHO's support for the implementation of the WHO FCTC and making a collective commitment to strengthen implementation of the WHO FCTC.

### **DEFINITION**

This indicator is defined as the number of Parties where WHO country offices successfully integrated WHO FCTC implementation in the WHO Country Cooperation Strategies, agreed upon with respective governments.

### **CORE DATA SOURCE**

WHO Country Cooperation Strategies and Briefs database<sup>8</sup>

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<sup>7</sup> <https://www.who.int/countries/country-strategy-and-support>

<sup>8</sup> <https://www.who.int/publications/i?publishingoffices=e07095d9-08d5-46eb-89e9-4ac2b18a3570&healthtopics-hidden=true&publishingoffices-hidden=true>

## COMPLEMENTARY INFORMATION

The WHO Global Health Observatory<sup>9</sup>

## METHOD OF MEASUREMENT

Number of Parties that have mentioned one or more of the following key words in the latest Country Cooperation Strategies, within the WHO Country Cooperation Strategies and Briefs database.

Search by keywords: 1. FCTC; 2. Tobacco; 3. Smoking; 4. Cigarette; 5. SDG 3.a

## DISAGGREGATION

Not applicable

## EXPECTED FREQUENCY OF DATA COLLECTION

Every two years in concurrence with the WHO FCTC reporting cycle.

## COMMENTS

None

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<sup>9</sup> <https://www.who.int/data/gho/data/countries>

**INDICATOR 2.1.3 Number of Parties that include WHO FCTC implementation in their voluntary reports on their domestic implementation of the SDGs, in relation to target 3.a**

**INDICATOR NAME**

Voluntary national reviews on SDGs making reference to Target 3.a.

**WHO FCTC REFERENCE**

WHO FCTC Articles: Not applicable

**DATA TYPE REPRESENTATION**

Quantitative

**RATIONALE**

Strategic Objective 2.1 calls for the mobilization of international, intergovernmental and developmental partners to integrate the WHO FCTC into their work, and/or their SDG responses, by developing partnerships and joint strategies with the United Nations and global agencies and initiatives.

Tobacco control is included as one of the 169 targets in the SDGs:<sup>10</sup> “Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate” (Target 3.a).

SDG responses are reported by the countries in their voluntary national reviews (VNRs), allowing them to present the actions they have taken toward the SDGs, their progress toward other goals and their lessons learned.

This indicator will show how many Parties have included WHO FCTC implementation in their VNRs and are, therefore, raising the profile and visibility of the WHO FCTC and demonstrating that tobacco control is one of their priorities among the SDGs.

**DEFINITION**

Parties that reported in their VNR on how they implement the WHO FCTC (in relation to Target 3.a).

**CORE DATA SOURCE**

United Nations Sustainable Development Knowledge Platform<sup>11</sup>

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<sup>10</sup> <https://www.fctc.org/resource-hub/tobacco-control-and-the-sdgs-an-advocacy-toolkit/>

<sup>11</sup> <https://sustainabledevelopment.un.org/vnrs/>

#### COMPLEMENTARY INFORMATION

Not applicable

#### METHOD OF MEASUREMENT

Number of Parties that voluntarily reported and included WHO FCTC implementation in their VNRs as displayed in the United Nations Sustainable Development Knowledge Platform

#### DISAGGREGATION

None

#### EXPECTED FREQUENCY OF DATA COLLECTION

Every two years in line with the WHO FCTC reporting cycle, taking into account the most recent VNRs.

#### COMMENTS

None

## **Strategic Objective 2.2**

### **INDICATOR 2.2.1 Number of Parties that include civil society participation in the development and implementation of national tobacco control approaches**

#### **INDICATOR NAME**

Inclusion of civil society in national tobacco control strategies, plans and programmes

#### **WHO FCTC REFERENCE**

WHO FCTC Articles: Not applicable

#### **DATA TYPE REPRESENTATION**

Quantitative and qualitative (in addition to quantitative information, qualitative data are also needed to describe the range of support provided). This indicator is closely linked to indicator 2.2.3.

#### **RATIONALE**

The WHO FCTC emphasizes the special contribution of nongovernmental organizations (NGOs) and other civil society members to national and international tobacco control efforts. Some countries rely heavily on civil society involvement to advance the implementation of the Convention, particularly where tobacco control may not be seen as a public health priority. In all countries, effective tobacco control requires collective, multipronged approaches that fall beyond the capacity, efficiencies and expertise of government agencies.

This indicator will demonstrate the prominent role of civil society in the development and implementation of national tobacco control approaches.

#### **DEFINITION**

The term civil society includes a wide range of nongovernmental, non-profit and volunteer-driven organizations, plus social movements, which organizes people to pursue shared interests, values and objectives in public life.

#### **CORE DATA SOURCES**

WHO FCTC Implementation Database

Data provided by the Global Alliance for Tobacco Control (formerly Framework Convention Alliance, or FCA) and other NGOs observers to the COP, including the engagement of NGOs at national level in the development and implementation of national tobacco control approaches

#### **COMPLEMENTARY INFORMATION**

Not applicable

## METHOD OF MEASUREMENT

The number of Parties whereby civil society has reported being included or participated in the development and implementation of national tobacco control strategies, plans and programmes.

Additionally, the number of Parties that have reported awareness and participation of the NGOs not affiliated with the tobacco industry (question C265).

## DISAGGREGATION

Not applicable

## EXPECTED FREQUENCY OF DATA COLLECTION

Every two years, in line with the WHO FCTC reporting cycle.

## COMMENTS

Data collected from the Implementation Database: Treaty provision C2652 (question C265 of the core questionnaire: “NGOs involved in programmes and strategies”) is reported under Article 12 of the Convention cannot guarantee that civil society was involved in nationwide tobacco control approaches.

## **INDICATOR 2.2.2 Number of nongovernmental organizations that are accredited as observers to the Conference of the Parties participating in COP sessions**

### **INDICATOR NAME**

Number of NGOs that are accredited as observers by the COP  
Number of accredited NGOs participating in the COP sessions

### **WHO FCTC REFERENCE**

WHO FCTC Articles: 4.7

### **DATA TYPE REPRESENTATION**

Quantitative

### **RATIONALE**

The WHO FCTC recognizes the need to catalyse and leverage the contributions of external stakeholders, particularly civil society, to achieve the aims of the Convention (Objective 2.2).

International and regional NGOs whose aims and activities are in conformity with the spirit, purpose and principles of the WHO FCTC may apply to the Secretariat for observer status which may be granted by the COP, based on the report of the Secretariat, and taking into account the 17th and 18th preambular paragraphs, as well as Article 5.3 of the Convention (Rules of Procedure of the WHO FCTC, rule 31.2).<sup>12</sup>

Collecting baseline and ongoing data on the number of NGOs as observers to the COP will provide information that could eventually inform the implementation of the Global Strategy by indicating to what extent civil society mobilizes itself for participation in the successive WHO FCTC governing body meetings. Specifically, enhancing the participation of civil society in the implementation of the WHO FCTC could contribute to improving the technical capacity dedicated to tobacco control strategies, plans and programmes.

### **DEFINITION**

The number of NGOs that have been accredited by the COP and, out of these, the number of accredited NGOs actually participating in a respective COP session.

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<sup>12</sup> <https://fctc.who.int/who-fctc/governance/observers>

## CORE DATA SOURCE

Convention Secretariat.<sup>13</sup> The number of accredited NGOs actually registered or participating in a respective COP session can be found in the list of participants issued by the Convention Secretariat.<sup>14</sup>

## COMPLEMENTARY INFORMATION

Not applicable

## METHOD OF MEASUREMENT

Number of NGOs that are accredited as observers by the COP  
Number of accredited NGOs participating in the COP sessions

## DISAGGREGATION

Not applicable

## EXPECTED FREQUENCY OF DATA COLLECTION

In line with the WHO FCTC COP cycle

## COMMENTS

The number of NGOs accredited as observers to COP may change from one COP session to another. The actual number of accredited NGOs can be found at the WHO FCTC website.<sup>13</sup>, which is a page that is updated on a regular basis. The number of NGOs displayed on this page should then need to be cross-checked with the number of NGO observers that have sent delegates to the respective COP session.

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<sup>13</sup> <https://fctc.who.int/who-fctc/governance/observers/nongovernmental-organizations>

<sup>14</sup>An example of such list of participants can be found at: <https://fctc.who.int/publications/m/item/fctc-cop-8-div-1-list-of-participants> The list is published by the Convention Secretariat as part of the official COP documentation.

## **INDICATOR 2.2.3 Financial and technical support from civil society organizations to advance FCTC implementation**

### **INDICATOR NAME**

Financial and technical support received from civil society

### **WHO FCTC REFERENCE**

WHO FCTC Articles: 4.7

### **DATA TYPE REPRESENTATION**

Qualitative

### **RATIONALE**

Globally and at the country level, the successful implementation of the WHO FCTC requires partnerships with a wide range of sectors to confront tobacco-related harms and the tobacco industry. It also needs policy coherence across sectors, internationally and nationally. The most effective and sustainable way to advance this alignment is by engaging a diverse range of civil society participation in providing technical and financial support.

This indicator is essential to understand and monitor the role and contribution of civil society organizations to promote WHO FCTC objectives.

### **DEFINITION**

The term civil society includes a wide range of nongovernmental, non-profit and volunteer-driven organizations, plus social movements, which organizes people to pursue shared interests, values and objectives in public life.

In the context of this indicator, “civil society organizations” refer to NGO observers to the COP.

### **CORE DATA SOURCE**

Reports submitted by WHO FCTC NGO observers to the COP.

### **COMPLEMENTARY INFORMATION**

COP document: Review of the accreditation of observers to the COP. This document is prepared for each COP session.

### **METHOD OF MEASUREMENT**

Qualitative summary and highlights from the information reported by NGOs observers to the COP, with focus on WHO FCTC implementation advances and activities.

#### DISAGGREGATION

Not applicable

#### EXPECTED FREQUENCY OF DATA COLLECTION

Two years in line with the WHO FCTC reporting cycle: the NGOs that are accredited as observers to COP need to submit, as part of their reaccreditation process, reports on their contribution to the implementation of the WHO FCTC at the national, regional and global levels.

#### COMMENTS

None

## **Strategic Goal 3: Protecting the integrity and building on the achievements under the WHO FCTC**

Overcoming barriers to the full, effective and sustainable implementation of the WHO FCTC and wider tobacco control efforts.

**Strategic Objective 3.1: Improve the governance and administrative mechanisms of the WHO FCTC to ensure that all WHO FCTC related activities undertaken are prioritized, effective and sustainable, and insulated from any influence by the tobacco industry.**

### **Specific objectives**

**3.1.1** Align the agendas, workplans and budgets of the COP with the Strategy.

**3.1.2** By 2020, create a peer-led WHO FCTC Implementation Review Mechanism to facilitate addressing gaps and challenges of individual Parties, share lessons learnt and contribute to the implementation of this Strategy.

**3.1.3** Protect COP and other WHO FCTC activities from the commercial and other vested interests of the tobacco industry.

**Strategic Objective 3.2: Support and encourage Parties in their efforts to remove barriers to country-level tobacco control efforts.**

### **Specific objectives**

**3.2.1** Build political support for tobacco control efforts.

**3.2.2** Promote multisectoral collaborative efforts, including increased collaboration with civil society organizations.

**3.2.3** Mobilize sustainable resources for tobacco control.

**3.2.4** Implement measures to protect public health policy from interference by the tobacco industry (Article 5.3) and continuously monitor tobacco industry activities at national and international levels.

**3.2.5** Monitor policy and programme progress of the key WHO FCTC provisions including estimation of lives saved, costs averted and other improved health and economic outcomes.

### **Indicators Strategic Objective 3.1**

- 3.1.1 An Implementation Review Mechanism has been established.
- 3.1.2 Workplans and budget of the WHO FCTC Convention Secretariat align with the Strategy.
- 3.1.3 An indicator that measures the gap in global funding for WHO FCTC implementation to be developed.

### **Indicators Strategic Objective 3.2**

- 3.2.1 Number of Parties that reported implementation of any measures relating to Article 5.3.
- 3.2.2 Number of Parties having an operational national multisectoral coordinating mechanism for tobacco control.
- 3.2.3 Number of Parties that reported tobacco industry interference as the main barrier to WHO FCTC implementation.
- 3.2.4 Number of Parties that fully fund their costed national tobacco control plans or strategies.

## **Strategic Objective 3.1**

### **INDICATOR 3.1.1 An Implementation Review Mechanism has been established**

#### INDICATOR NAME

Established Implementation Review Mechanism

#### DATA TYPE REPRESENTATION

Qualitative

#### RATIONALE

Specific objective 3.1.2 of the Global Strategy says: “By 2020, create a peer-led WHO FCTC Implementation Review Mechanism to facilitate addressing gaps and challenges of individual Parties, share lessons learnt and contribute to the implementation of this Strategy.”

Decision FCTC/COP8(16) requested the Convention Secretariat to conduct, through the voluntary participation of up to 12 Parties, a pilot project exercise for an Implementation Review Mechanism (IRM) and the development of its terms of reference, as appropriate. This pilot was reported to the Ninth session of the COP with a costed strategy, and related terms of reference, for its further consideration.

This Decision was the result of extensive collaboration between Parties and civil society in advance of the Eighth session of the COP.

Decision FCTC/COP8(16) therefore foresees a Party-driven pilot project for an IRM. As part of the WHO FCTC IRM pilot project exercise, it is expected that a review be carried out of volunteer Parties’ biennial implementation reports, and other relevant sources of information as decided by the reviewers, with a focus on identifying and sharing best practices, helping Parties understand where they might improve their tobacco control policy formulation, implementation or enforcement, and providing a focus for follow-up assistance. The pilot exercise was conducted in 2019.<sup>15</sup>

#### DEFINITION

The establishment of a future IRM could be decided by the COP. The IRM pilot project exercise will result in a report summarizing the outcomes of the work carried out during the pilot project exercise and contain recommendations to the COP for future consideration.

#### CORE DATA SOURCE

Convention Secretariat

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<sup>15</sup> [https://untobaccocontrol.org/downloads/cop9/main-documents/FCTC\\_COP9\\_11\\_EN.pdf](https://untobaccocontrol.org/downloads/cop9/main-documents/FCTC_COP9_11_EN.pdf)

#### COMPLEMENTARY INFORMATION

Not applicable

#### METHOD OF MEASUREMENT

Has an IRM been established? Yes / No

#### DISAGGREGATION

Not applicable

#### EXPECTED FREQUENCY OF DATA COLLECTION

Not applicable

#### COMMENTS

Indicator is not applicable at the time of drafting of this Indicator Compendium.

As per Decision FCTC/COP8(16), the IRM pilot project is currently being carried out. This indicator is intended to confirm the existence of an IRM as part of the Global Strategy as means to assist Parties with the implementation of the Strategy within their domestic context. The ongoing presence of an IRM and Parties' requests for an IRM will help inform the COP about the impact of the Strategy and its uptake as a tool to assist Parties with their domestic implantation of the WHO FCTC.

## **INDICATOR 3.1.2 Workplans and budget of the WHO FCTC Convention Secretariat align with the Global Strategy**

### **INDICATOR NAME**

Workplans and budget of the Convention Secretariat aligned with the Global Strategy

### **DATA TYPE REPRESENTATION**

Quantitative

### **RATIONALE**

Strategic planning sets priorities, focuses how resources are allocated, and strengthens operations by ensuring that employees and stakeholders are working toward common goals. If applied effectively, a strategic plan could steer decisions, actions and spending to shape and guide the desired results.

The process of developing a workplan and budget for the COP must ensure that the COP-adopted workplan is aligned with the priorities set out in the Global Strategy to ensure that all activities funded by the COP contribute to the most effective implementation of the Convention and the Global Strategy.

This indicator will provide information on the success of the COP in reflecting the objectives of the Global Strategy in its workplan and budget and aligning the priorities under the WHO FCTC with available financial resources.

### **DEFINITION**

This indicator describes the percentage of activities in the successive workplans that are directly linked to specific objectives of the Global Strategy and the proportion of the budget that is attached to those activities.

### **PREFERRED DATA SOURCES**

Workplan and budget of Convention Secretariat adopted by the COP.

### **COMPLEMENTARY INFORMATION**

Not applicable

### **METHOD OF MEASUREMENT**

This indicator is measured by counting the action items of the workplan and budget that are aligned to the Global Strategy and representing them as a proportion of the overall number of items and proportion of the adopted budget.

### **DISAGGREGATION**

Two indicators will be presented:

- Percentage of the overall number of items
- Percentage of the overall adopted budget

#### EXPECTED FREQUENCY OF DATA COLLECTION

Every two years in conjunction with the adoption of the WHO FCTC budget and workplan by the COP.

#### COMMENTS

Narrative in the budget and workplan for alignment of current workplan and budget presented to the COP.

### **INDICATOR 3.1.3 An indicator that measures the gap in global funding for WHO FCTC implementation to be developed**

#### **INDICATOR NAME**

Global funding gap for WHO FCTC implementation

#### **WHO FCTC REFERENCE**

WHO FCTC Articles: 5, 26

#### **DATA TYPE REPRESENTATION**

Quantitative

#### **UNIT**

US dollars or local currency unit

#### **RATIONALE**

All countries need to do more to reverse the tobacco epidemic. Successive Global Progress Reports have highlighted that insufficient funding is one of the major obstacles to implementing WHO FCTC measures. However, we lack country-level information on the cost of implementation versus the cost of the tobacco epidemic because more than half of the Parties do not have minimal monitoring information.<sup>16</sup>

In accordance with Article 26 of the Convention, “each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes”. Globally, however, existing levels of funding are insufficient to achieve full implementation of the WHO FCTC. Parties that have developed, implemented, and periodically updated and reviewed comprehensive national tobacco control strategies, plans and programmes – in accordance with the Convention as part of their fulfilment of their obligations under Article 5 of the Convention – should also have a budget attached to it.

To aid Parties in making progress towards full implementation, substantial additional financial resources will need to be mobilized for tobacco control. This indicator, through the quantification of the gap between existing level of funding for tobacco control and that needed to achieve full implementation of the WHO FCTC, will allow for: 1) the identification of the type and quantity of resources that are needed globally; 2) advocacy for increased investment in tobacco control, and; 3) data to guide the development of solutions to close the funding gap.

This indicator can be used to demonstrate progress towards Strategic Objective 3.1, therefore improving the governance and administrative mechanisms of the WHO FCTC to ensure that all WHO FCTC related activities are prioritized, effective and sustainable, and insulated from any influence by the tobacco

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<sup>16</sup> WHO report on the global tobacco epidemic. 2008. “The State of Global Tobacco Control: Implementation of effective measures is just beginning”

industry. Data on this indicator will allow Parties and the COP to advocate for increased investments in tobacco control at national and global levels, respectively, in order to strengthen implementation of the Convention.

## DEFINITION

This indicator is defined as the difference between the current level of funding dedicated to tobacco control (that is, tobacco control programmes, policies and interventions) and the level of funding needed to implement and enforce tobacco control at levels reflective of those recommended and/or required by the Convention and its Guidelines for Implementation. This indicator is calculated at the global level by aggregating all national funding gaps.

## CORE DATA SOURCE

This indicator is estimated using a tool that builds onto – and expands – a tobacco control costing framework originally developed by WHO.

## COMPLEMENTARY INFORMATION

The tool that estimates the global tobacco control funding gap quantifies the funding gap at national levels and aggregates those figures to build a global figure. The tool contains default data to assist Parties to quantify their national funding gap, and Parties may update data inputs to refine estimates. Sources used to calculate default estimates, including for State non-Parties, as needed for the global figure, include:

- information reported by Parties on national tobacco control budgets and levels of implementation of various tobacco control measures published in the biannual *WHO Report on the Global Tobacco Epidemic*;
- the Organization for Economic Co-operation and Development (OECD) Overseas Development Assistance (ODA) database;
- the International Monetary Fund (IMF) World Economic Outlook database;
- the World Bank World Development Indicators database;
- the International Labour Organization (ILO) ILOStat Database;
- the WHO NCD Costing Tool;
- the United Nations World Population Prospects;
- published and grey literature; and
- expert consultations.

In addition to the global calculation, Parties can use the tool to calculate their national tobacco funding gaps, and use the results of such calculation to further their own tobacco control efforts.

## METHOD OF MEASUREMENT

The measurement of the global funding gap for tobacco control requires two components: 1) the current level of global funding for tobacco control; and 2) the amount of funding required to fully implement and enforce comprehensive tobacco control measures.

To estimate the first component, data on funding for tobacco control activities by the Parties and State non-Parties should be available.<sup>17</sup> This includes not only the budget for administering a national tobacco control agency but also tobacco control activities that may fall under the purview of other administrative units, for example the cost of collecting tobacco taxes that may fall within the budget of the tax collection agency.<sup>18</sup> In the case that data on current levels of funding of a given Party or State non-Party are not available, the tool estimates current funding for tobacco control based on the levels of per capita tobacco control funding from other countries and the level of implementation of tobacco control policies reported by the country.

The second component, the amount of funding required, is estimated using the tool. The tool takes a financial (as opposed to an economic or opportunity cost) approach, meaning that the interest is in identifying the actual budgetary resources needed to develop and implement proven tobacco control strategies. Where available, the tool uses country-specific data to build credible costing estimates. Where country-specific data are not available, the tool contains default estimates based on data from other countries with similar income status. The tool estimates the cost of:

- programme management and strategy development;
- surveillance (national survey to monitor tobacco use);
- tobacco taxation (WHO FCTC Article 6);
- smoke-free public places (WHO FCTC Article 8);
- package warnings (WHO FCTC Article 11);
- media campaigns (WHO FCTC Article 12);
- advertising bans (WHO FCTC Article 13);
- cessation programmes (WHO FCTC Article 14), including brief advice to quit, a national quit line, and nicotine replacement therapy (NRT); and
- Alternative livelihoods for tobacco farmers (WHO FCTC Article 17).<sup>19</sup>

There are numerous approaches, strategies or models for implementing many of these tobacco control measures. Therefore, the estimates produced by the tool should be viewed as a starting point from which Parties can make adjustments to adequately reflect their own contextual environment.

The national funding gap is calculated as:

$$\text{national tobacco control funding gap} = \text{funding required for full implementation of tobacco control programme} - \text{current total funding for tobacco control}$$

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<sup>17</sup> As part of current funding for tobacco control, any international funding through bilateral, multilateral or non-profit organizations that are dedicated to tobacco control should be included for the calculation at the Parties' level.

<sup>18</sup> Activities may include but are not limited to programme management and strategy development; surveillance (such as of illicit trade, surveys on tobacco use); enforcement and collection of taxes on tobacco products; training; enforcement of bans on smoking in indoor public places; inspection of facilities that manufacture tobacco or raw processing facilities; running anti-tobacco campaigns; inspections at points of sale; monitoring of advertisements; customs enforcement; cessation programmes (such as funding for supply of pharmacological quit aids, tobacco quit lines, mCessation programmes, or health-facility-level administration of interventions to assist tobacco users to quit), programmes to promote alternative livelihoods for tobacco farmers; monitoring and evaluation, etc.

<sup>19</sup> There are many different actions that governments can take to support alternative livelihoods for tobacco farmers (see Guidelines for Implementation of Article 17 of the WHO FCTC). The tool includes just two of these options, the cost of training tobacco farmers and a per-hectare incentive payment for switching to alternative crops. Many other types of support are not included, such as crop insurance, agrarian reform, etc.

The global funding gap is calculated as the sum of all countries' required funding for full implementation of tobacco control minus the sum of all countries' current funding for tobacco control.

#### DISAGGREGATION

The funding gap for tobacco control can be reported at the national level and the global level by aggregating results for all countries (Parties to the WHO FCTC and State non-Parties).

#### EXPECTED FREQUENCY OF DATA COLLECTION

Every two years in conjunction with the WHO FCTC reporting cycle and the COP, or otherwise upon request by the Convention Secretariat.

#### COMMENTS

Initial work in this area was commissioned by the Global Alliance for Tobacco Control (formerly Framework Convention Alliance, or FCA) and was published in 2019 as *Financing Gap to Implement Demand Reducing Tobacco Control Strategies in WHO FCTC Countries*.

## **Strategic Objective 3.2**

### **INDICATOR 3.2.1 Number of Parties that reported implementation of any measures relating to Article 5.3**

#### **INDICATOR NAME**

Implementation of Article 5.3

#### **WHO FCTC REFERENCE**

WHO FCTC Articles: 5.3

#### **DATA TYPE REPRESENTATION**

Quantitative

#### **RATIONALE**

Strategic objective 3.2 supports and encourages Parties in their efforts to remove barriers to implementation of country-level tobacco control measures. Many countries have identified that a major barrier of implementation is interference by the tobacco industry to undermine or subvert national tobacco control efforts.

Article 5.3 states that Parties shall act to protect public health policies from commercial and other vested interests of the tobacco industry.

This indicator will provide information about how many Parties are using Article 5.3 to remove barriers to country-level tobacco efforts.

#### **DEFINITION**

Parties that have reported implementation of any measures pertaining to WHO FCTC Article 5.3<sup>20</sup>

#### **CORE DATA SOURCE**

WHO FCTC Implementation Database

#### **COMPLEMENTARY INFORMATION**

Not applicable

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<sup>20</sup> <https://fctc.who.int/publications/m/item/guidelines-for-implementation-of-article-5.3>

#### METHOD OF MEASUREMENT

Number of Parties that have responded “yes” to the following question within the WHO FCTC reporting instrument: “Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on ... protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?” (question C121)

#### DISAGGREGATION

None

#### EXPECTED FREQUENCY OF DATA COLLECTION

Every two years, in line with the WHO FCTC reporting cycle.

#### COMMENTS

None

## **INDICATOR 3.2.2 Number of Parties having an operational national multisectoral coordinating mechanism for tobacco control**

### **INDICATOR NAME**

Multisectoral coordinating mechanism for tobacco control

### **WHO FCTC REFERENCE**

WHO FCTC Articles: 5.2 (c)

### **DATA TYPE REPRESENTATION**

Quantitative

### **RATIONALE**

Multisectoral action is central to the implementation of the WHO FCTC and the Sustainable Development Goals agenda - of which the implementation of the WHO FCTC is part - given the range of determinants impacting people's health, such as social, environmental and commercial determinants. Since many of these determinants lie outside the health sector, Parties can only work towards the implementation of the FCTC as guided by the Global Strategy by engaging sectors beyond health and adopting whole-of-government and whole-of-society approaches.

Multisectoral action is also the pathway through which WHO FCTC, under the Global Coordination Mechanism for noncommunicable diseases (NCDs), will work with Parties and other partners to scale up efforts to implement the high-impact and cost-effective measures needed to tackle tobacco control, with specific reference to NCDs and SDGs.

### **DEFINITION**

This indicator measures the number of Parties that have gone beyond the implementation of domestic health-based tobacco control programmes to a coordinated national approach that encompasses a whole-of-government approach in addressing tobacco control.

### **CORE DATA SOURCE**

WHO FCTC Implementation Database

### **COMPLEMENTARY INFORMATION**

Not applicable

#### METHOD OF MEASUREMENT

Number of Parties that have responded “yes” to the following question within the WHO FCTC reporting instrument: “Have you established or reinforced and financed a national coordinating mechanism for tobacco control?” (question C114)

#### DISAGGREGATION

Not applicable

#### EXPECTED FREQUENCY OF DATA COLLECTION

Every two years, in line with the WHO FCTC reporting cycle.

#### COMMENTS

The assumption made is that all reported national coordinating mechanisms are multisectoral and operational.

### **INDICATOR 3.2.3 Number of Parties that reported tobacco industry interference as the main barrier to WHO FCTC implementation**

#### **INDICATOR NAME**

Tobacco industry as a barrier to WHO FCTC implementation

#### **WHO FCTC REFERENCE**

WHO FCTC Articles: 21.1(b)

#### **DATA TYPE REPRESENTATION**

Quantitative

#### **RATIONALE**

As reported by the Parties and as described in the successive Global Progress Reports, tobacco industry interference is a main barrier to WHO FCTC implementation. Parties are supported in many different ways to fully implement the provisions of Article 5.3 and the Guidelines for Implementation of Article 5.3 of the Convention.

Despite these efforts, tobacco industry interference remains a barrier in the implementation of the Convention. The reported occurrence of these barriers will help inform policy and programme options, including COP workplans and budgets, and certainly will require strengthening of the WHO FCTC Knowledge Hub for Article 5.3 in promoting strategies, plans and programmes to assist Parties in addressing and combating tobacco interference in their respective jurisdictions.

#### **DEFINITION**

The number of Parties that have reported in their official WHO FCTC implementation reports tobacco industry interference being one of the barriers in the implementation of the WHO FCTC.

#### **CORE DATA SOURCE WHO FCTC**

Implementation database and Parties reports<sup>21</sup>

Reported data can be cross-referenced with those reported by the WHO FCTC Knowledge Hubs, including but not limited to the Knowledge Hub for Article 5.3.

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<sup>21</sup> <https://untobaccocontrol.org/impldb/>

## COMPLEMENTARY INFORMATION

Not applicable

## METHOD OF MEASUREMENT

Number of Parties reporting “tobacco industry interference” or similar as a barrier to the following question within the WHO FCTC reporting instrument: “What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?” (question E4)

In question E4, the core questionnaire of the WHO FCTC requires Parties to report on key barriers. A manual search for key words will be necessary within the responses to this open-ended question, including at least the following terms: “interference”, “5.3”, “tobacco industry”, “industry”.

## DISAGGREGATION

Not applicable

## EXPECTED FREQUENCY OF DATA COLLECTION

Every two years, in line with the WHO FCTC reporting cycle.

## COMMENTS

Any mention of tobacco industry interference elsewhere in the reports submitted by the Parties counts towards this indicator.

## **INDICATOR 3.2.4 Number of Parties that fully fund their costed national tobacco control plans or strategies**

### **INDICATOR NAME**

Fully funded national control plans or strategies

### **WHO FCTC REFERENCE**

WHO FCTC Articles : Article 5 ; Article 26

Global Strategy Cross Reference: Indicator under Strategic Objective 1.1

### **DATA TYPE REPRESENTATION**

Quantitative

### **RATIONALE**

The development of costed national tobacco plans or strategies is recognized as a significant contributing factor in the successful implementation of the WHO FTCC and its supporting Global Strategy. Parties should provide information on their implementation of costed plans in relation to another Global Strategy objective. However, the existence of the costed plan does not infer that funds are available for implementation.

### **DEFINITION**

This indicator measures the number of Parties that have reported funded national tobacco control plans or strategies.

### **CORE DATA SOURCE**

Tobacco control profiles as compiled by WHO.<sup>22</sup>

### **COMPLEMENTARY INFORMATION**

The WHO FCTC reporting instrument and implementation database does not provide information on funding for tobacco control programmes; however, an assumption may be drawn from the establishment of a focal point and the implementation of comprehensive multinational tobacco programmes as identified in section C1 of the WHO FCTC reporting instrument and implementation database.

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<sup>22</sup> <https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>

#### METHOD OF MEASUREMENT

Number of Parties that have reported as having a funded budget amount for their national tobacco control programme.

#### DISAGGREGATION

None

#### EXPECTED FREQUENCY OF DATA COLLECTION

In line with the availability of data referenced in the “Core Data Source” and “Complementary Information”, as noted above.

#### COMMENTS

It is recognized that the data provided in the WHO FCTC Implementation Database and implementation reports do not indicate that national strategies, plans and programmes are fully funded.