

NATIONAL COORDINATING MECHANISMS FOR TOBACCO CONTROL

Toolkit for Parties to implement Article 5.2(a) of
the World Health Organization Framework
Convention on Tobacco Control



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FOREWORD AND ACKNOWLEDGEMENTS

In September 2015, 193 Member States adopted the 2030 Agenda for Sustainable Development (Agenda 2030). This historic event coincided with the ten-year anniversary of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) entering into force. Sustainable Development Goal (SDG) 3 on good health and well-being includes a target on strengthening implementation of the WHO FCTC (target 3.a), recognizing that the WHO FCTC can accelerate progress across Agenda 2030's social, economic and environmental dimensions, contributing to most of the 17 SDGs. Seizing the benefits of tobacco control, for example by sparing national economies billions of dollars in health costs and productivity losses, and ensuring it works in concert – not competition – with other urgent national issues, hinges upon effective multisectoral coordination. UNDP's HIV, Health and Development Strategy 2016-2021, as well as its Strategic Plan 2018-2021, recognize health as both a driver and outcome of sustainable development. They note UNDP's efforts to ensure effective and inclusive governance for health.

Article 5.2a of the WHO FCTC obliges Parties to establish or reinforce, and sustainably finance, national coordination mechanisms (NCMs) for tobacco control. In attempting this, Parties face both common and distinct challenges and opportunities, depending on context and the stage of their tobacco control response. This toolkit considers this range of experiences to provide WHO FCTC Parties with step-by-step guidance in meeting Article 5.2a obligations. The toolkit includes several successful country examples to demonstrate that with political and technical will, underpinned by well-planned and deliberate work, countries can get tobacco governance right. It is our hope that Parties use this toolkit to implement tobacco control governance responsibilities immediately, to save lives, raise domestic resources, avert billions of dollars in national economic costs, and achieve the SDGs.

This toolkit was developed jointly by UNDP and the Secretariat of the WHO FCTC, thanks to generous financial support from the European Union. Daniel Grafton and Roy Small of UNDP were principal authors. The toolkit was informed by country experiences and with key conceptual input from the World Health Organization, Framework Convention Alliance and the American Cancer Society. Feedback from Parties featured in its development and continues to be welcome as the toolkit will be regularly updated and strengthened for intended users.

Produced with the generous financial support from the European Union.



BACKGROUND

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC), an internationally agreed and legally binding treaty with 181 Parties as at March 2018, takes a comprehensive approach to reducing both the demand for and supply of tobacco. The treaty is as relevant today as it was in 2003 when the World Health Assembly adopted it.

Tobacco use accounted for nearly 7.2 million deaths globally in 2015.¹ It is associated with more than 40 different negative health outcomes, ranging from heart disease to diabetes to 13 types of cancer.² Tobacco use also hinders efforts to eliminate some communicable diseases, for example it keeps mortality reduction targets for tuberculosis out of reach.³ While policy changes in recent decades have led to moderate declines in tobacco use prevalence in developed countries, the tobacco industry has set its sights on developing markets. The number of smokers in Africa alone is set to rise from 77 million in 2013 to 600 million or more by 2100.⁴ Tobacco-related deaths will number around 1 billion in the 21st century if current patterns of use continue.⁵

The human costs of tobacco use are matched by striking financial losses. Every year, tobacco use costs the global economy more than USD 1 trillion in health care costs and lost productivity.⁶ Moreover, out-of-pocket medical expenses often drive households into poverty, or force individuals to forgo care entirely.⁷ Poor health often robs wage earners of the ability to provide for their families. Unpaid care work often rises for women and young girls, with the latter often pulled out of school to care for sick or disabled relatives.⁸ Tobacco farming – itself harmful to health – has been shown to use unlawful or exploitative labour, including child labour, and contributes to environmental degradation.⁹ The list of tobacco-related harms is long and virtually no development objective is spared.¹⁰ UNDP's HIV, Health and Development Strategy 2016-2021,¹¹ and its Strategic Plan 2018-2021,¹² recognize health as both a driver and outcome of sustainable development.

The WHO FCTC recognizes that some of the biggest gains in tackling tobacco can be made through direct involvement of sectors other than health, for example finance to tax tobacco products, agriculture to support alternative economic activities to tobacco growing, justice and law enforcement to approve and enforce tobacco control legislation, and tourism and hospitality authorities to help implement smoke-free places. But the efficacy of these interventions is matched only by their complexity. Getting different

¹ [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31679-8.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31679-8.pdf)

² *Ibid.*

³ http://www.tobaccoatlas.org/wp-content/uploads/2015/03/TA5_2015_WEB.pdf

⁴ Blecher and Ross.

⁵ http://www.tobaccoatlas.org/wp-content/uploads/2015/03/TA5_2015_WEB.pdf

⁶ <http://www.who.int/tobacco/publications/economics/nci-monograph-series-21/en/>

⁷ Xu, K, Evans, DB, Carrin, G, et al, 2007. Protecting households from catastrophic health spending. *Health Aff* 2007;26(4):972-983.

⁸ UNDP, 2013. Addressing the Social Determinants of Noncommunicable Diseases, Discussion Paper, New York.

<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/discussion-paper--addressing-the-social-determinants-of-noncommu.html>

⁹ Hu T, and Lee AH, 2015. Tobacco Control and Tobacco Farming in African Countries. *J Public Health Policy* 2015;36(1):41–51.

¹⁰ UNDP and Secretariat of the Framework Convention, 2017. The WHO Framework Convention on Tobacco Control. An accelerator for sustainable development. Discussion paper, New York.

¹¹ <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/hiv--health-and-development-strategy-2016-2021.html>

¹² <http://new.undp.org/>

sectors of government to share a national vision for tobacco control is neither straightforward nor easy. The WHO FCTC explicitly recognizes the challenge; Article 5.2a obliges Parties to strengthen governance for tobacco control.

“Towards this end, each Party shall, in accordance with its capabilities: establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control.”

A tobacco control focal point refers to a central contact person(s) or institution(s) within government responsible for facilitating WHO FCTC implementation and communicating information about implementation within and outside the country. Even before the WHO FCTC came into force, those working in tobacco control recognized that the establishment of a national focal point was an “essential starting point for developing a nation’s capacity [for tobacco control]”.

A national coordination mechanism (NCM) refers to the multisectoral institution established by the government to coordinate tobacco control within the country and with international entities such as the Convention Secretariat, and to oversee general governance-related issues for tobacco control. Such a mechanism should include key national and subnational actors and stakeholders who play meaningful direct or indirect roles in tobacco control.¹³

Tobacco control governance is a general obligation of the treaty for good reason. It supports information sharing, co-benefit analysis and planning, identification and management of conflicts of interest, and other foundational elements for WHO FCTC implementation. Yet implementation of Article 5.2a across Parties and regions remains patchy and uneven. The Global Progress Report 2016 finds that 77 percent (102) of reporting Parties have created an NCM for tobacco control.¹⁴ Further, the mere existence of an NCM on paper does not guarantee a high degree of functionality. Driving under-implementation of Article 5.2a are challenges such as limited understanding across government sectors that the WHO FCTC is an obligation for entire governments (not just ministries of health), low levels of awareness on how strengthened tobacco control would advance – rather than impede – other sectors’ core accountabilities, persistent industry interference in policymaking (covered under Article 5.3), and lack of financial and human resources.

Parties are more committed than ever to make progress in tobacco control governance; they have specified poor intersectoral coordination as top constraint and barrier they need to overcome.¹⁵ Prioritization of Article 5 has also been visible across numerous recent UNDP-Convention Secretariat collaborations, for example joint work to support South-South and Triangular Cooperation for tobacco control. At meetings of Parties from Uruguay to Manila, and as codified in COP 7(17), the message has been clear – weaknesses in intersectoral coordination are widespread, and additional assistance in implementation of Article 5.2a is requested.

A brief history of requests for Article 5.2a support

In 2012, Decision FCTC COP5(14) established a Working Group on Sustainable Measures to strengthen WHO FCTC implementation, and mandated this group to identify new tools to support Parties to

¹³ Text in this box is from the UNDP/Framework Convention Secretariat paper:

<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/tobacco-control-governance-in-sub-saharan-africa.html>

¹⁴ http://www.who.int/fctc/reporting/2016_global_progress_report.pdf?ua=1

¹⁵ *Ibid.*

implement Article 5.2. Two years later, Decision FCTC COP6(17) extended the mandate of the working group to develop options for the establishment of functional NCMs, requesting the Convention Secretariat to invite WHO, the World Bank and UNDP to support this development. In 2016, Decision FCTC COP 7(13) urged Parties and the Convention Secretariat, and also invited WHO and UNDP, to take action in line with the suggested actions and recommendations set out in the report of the Working Group on Sustainable Measures to strengthen implementation of the WHO FCTC. That report, FCTC COP 7(18), suggested that the Convention Secretariat, UNDP and WHO *“build on existing experiences and materials, develop and make available toolkits for the implementation of Article 5, in particular 5.2, on the best options for the establishment and functioning of coordination mechanism that should contain a model Terms of Reference, which includes guidance on, inter alia, the mandate, financing and methods of work.”*

TOOLKIT OVERVIEW

In line with COP requests, WHO, the Convention Secretariat and UNDP have already developed guidance materials to support Parties in meeting their Article 5.2a obligations, covering a wide spectrum of tobacco control governance considerations. Existing experiences and materials, referenced in FCTC COP 7(18), include two complementary 2016 reports on tobacco control governance in sub-Saharan Africa (SSA), one from WHO AFRO and the other from UNDP and the Convention Secretariat. Both reports focus on Africa, which is experiencing fast-rising burdens from tobacco and is in dire need of coordination assistance, however the majority of their guidance is generalizable to other contexts.

Existing guidance and materials on Article 5.2a implementation (SSA focus)



National Coordination Mechanism for Tobacco Control: A Model for the Africa Region

provides guidance for Parties to establish and strengthen NCMs for whole-of-government and whole-of-society tobacco control efforts. It outlines four principles to guide the process of national-level tobacco control: tobacco governance structure development, high-level political commitment, a whole-of-government approach, and protection of tobacco control policies from tobacco industry interference. The report also overviews four key elements of forming an efficient coordination mechanism: obligations, coordination structure, terms of reference and timelines. Key players (e.g. ministries of foreign affairs, civil society) and their principal roles are summarized. Example structures of NCMs and technical working groups are provided, as is a model NCM establishment timeline. Key deliverables, outputs and monitoring and evaluation of the NCM are discussed.



Tobacco Control Governance in sub-Saharan Africa: Implementing Article 5.2(a) of the WHO FCTC

is based on an in-depth review of WHO FCTC Party reports and internal government documents from select countries, as well as a wide set of key informant interviews with focal points, members of NCMs and civil society leaders. The report makes two main contributions to support WHO FCTC Parties to fulfil their Article 5.2a obligations. The first is a deep exploration of the lessons, experiences and good practices that have accrued amongst 44 Parties in sub-Saharan Africa since the treaty came into force in 2005. These are presented around six key areas for governments to consider with respect to focal points and in the design of their NCMs: (1) leadership; (2) composition, including size and membership; (3) lines of authority and statutory power; (4) funding; (5) international linkages; and (6) fitting within the broader NCD agenda. The report's second main contribution is a set of pragmatic recommendations for policymakers to institutionalize well-functioning and reliably financed tobacco control focal points and NCMs.

This toolkit builds upon existing guidance and materials to provide Parties a more complete set of tools, templates and examples to support the establishment, reinforcement, and sustainability of tobacco control governance mechanisms. The primary audience of this comprehensive toolkit is governments, particularly ministry of health and tobacco control focal points. It is intended to guide interaction with all relevant sectors and institutions in a given national context. The aim is to help Parties overcome both

political and technical barriers to Article 5.2a implementation. While the toolkit focuses on the national level NCM, some of its content is useful for sub-national structures.¹⁶

The toolkit is organized around four key steps – two political and two technical – of effective NCM establishment, strengthening and sustained functioning. A total of 10 tools are provided, and designed to be adapted to the specific contexts of each Party. The toolkit concludes with an annotated checklist of key tobacco control governance principles and considerations for Parties. Best practice country case studies from Parties have been included and it is envisaged that more will be added based on feedback from users across Parties, to provide tobacco control focal points with even stronger guidance, and to facilitate South South and Triangular learning on a continuous basis.

¹⁶ Complementary national and sub-national coordination can be highly effective. National level coordination mechanisms often focus on shaping the political and operating environment (e.g. developing policies, allocating resources, data management and reporting) whereas sub-national mechanisms focus on implementation and enforcement. Resource mobilization may also be a priority at local levels.

Table 1) Steps, actions and tools for establishing, strengthening and sustaining an effective and representative NCM for tobacco control

STEPS	ACTIONS	TOOLS
Political		
Step 1. Secure POLITICAL BUY-IN for a coordinated tobacco control response.	Assess the general situation of tobacco control in the country. Craft arguments why ministries other than health, as well as civil society, should be involved in tobacco control and sensitize key stakeholders.	1. Guidelines for conducting a rapid/general tobacco control situation analysis
		2. Stakeholder-specific arguments for tobacco control
		3. Entities to consider for inclusion on the NCM, and their potential roles and responsibilities
Step 2. Develop and secure a FORMAL AGREEMENT on a national multisectoral response.	Adopt a law, presidential decree, executive order, or other agreement as appropriate to secure political mandate for coordinated work on tobacco control.	4. Options for establishing or strengthening the NCM, including sample legislation, a sample decree and a sample letter to the executive branch
		5. Model Terms of Reference for the NCM, NCM representatives, NCM Secretariat, tobacco control focal point, and NCM chair / president
Technical		
Step 3. Establish and LAUNCH a mechanism to bring a range of stakeholders to the table.	Convene an initial meeting to address technical aspects of multi-sectoral coordination.	6. Draft invitation letter to convene an initial NCM meeting
		7. Sample agenda for the initial and second meeting of the NCM
Step 4. FINALIZE all aspects the NCM and ENSURE accountability from representatives and the NCM.	Finalize and agree upon NCM charter, ToRs, and rules of procedure. Establish a workplan for the NCM. Require accountability from representatives by establishing an accountability framework, and take measures to protect the NCM from tobacco industry interference.	8. Sample rules of procedure
		9. Sample initial workplan for the NCM, including transparency, accountability and reporting
		10. Model code of conduct for NCM members
BEST PRACTICES FOR ESTABLISHING AND STRENGTHENING NCMs		

TOOLS

TOOL 1. GUIDELINES FOR CONDUCTING A TOBACCO CONTROL SITUATION ANALYSIS

Understanding of the tobacco epidemic and response within a country enables policymakers to craft arguments on the need for action and to design the most effective response. This tool provides guidance on what information to gather before approaching stakeholders and designing the NCM.

A general assessment of the tobacco control situation within a country helps Parties to compile information and evidence related to three main areas: (1) the social, economic and environmental impact of tobacco use; (2) the status of the tobacco control response, including critical gaps; and (3) political opportunities and challenges for strengthened tobacco control. Information and evidence across these areas can help those spearheading tobacco control efforts (most often the tobacco control focal point/MoH) to identify key stakeholders and craft arguments for their involvement in and support of tobacco control. Common arguments for different stakeholders are presented in Tool 2; gathering country-specific information and evidence through the rapid assessment enables planners to ensure these messages are appropriately tailored.

Beyond strengthening advocacy, the situation analysis can inform the Terms of Reference (ToR) for the NCM, help determine appropriate membership, and support workplan drafting. For example, if the situation analysis finds that strengthened tobacco control has low public support and there is strong tobacco industry interference in policymaking, NCM membership should even more carefully weigh the pros and cons of broad inclusion. In this same case, the NCM workplan might prioritize the raising of awareness of the harms of tobacco and the development of strong advocacy messages to convince or subdue the influence of actors opposing tobacco control.

The assessment's purpose, scope and process should be agreed beforehand, including needed data/data sources and which stakeholders should be contacted for information. Key areas to cover are discussed in detail below. In some cases, key information may already exist, especially if the country is a reporting Party to the FCTC and/or a formal WHO FCTC needs assessment has been conducted (see Box 1). The aim of this tool is to provide a comprehensive range of issues that should be examined prior to the NCM establishment or strengthening efforts, but should not delay the process. This tool calls for a rapid review, ideally over one or two weeks, to consolidate existing information and fill key gaps, rather than to undertake a lengthy and full analysis. While not all information will be collected during the rapid assessment phase, the Ministry of Health or appointed focal point on tobacco control can use these guidelines and key areas below to strengthen and sustain evidence-based engagement.

Key area 1 – information and evidence on the social, economic and environmental impact of tobacco use

- 1) Tobacco consumption patterns: what percentage of the population smokes, what percentage consumes tobacco products, and what percentage is exposed to second-hand smoke. If possible, data should be disaggregated including by age, gender and socio-economic status. WHO's Global Adult Tobacco Survey, Global Youth Tobacco Survey, and STEPwise Approach to Surveillance (STEPS) are data sources which should be consulted. Institute for Health Metrics and Evaluation (IHME) Global Burden of Disease analysis is also useful. Over time Parties should consistently monitor key data points from the same surveys/methodologies to capture tobacco use trends (e.g. a rise of smokeless tobacco use amongst girls).

→ To understand the extent of the tobacco epidemic and its trajectory as well as to identify disproportionately affected populations.

- 2) Tobacco-attributable disease burden and its socio-economic costs: this involves researching or, if needed, calculating (with national epidemiologists) the health burden of tobacco, accounting for the dozens of diseases linked with its use. Economists can then calculate the costs of inaction, both direct (i.e. health care costs) and indirect (i.e. lost productive capacities), as well as the return on investment of implementing priority FCTC interventions. UNDP, the Convention Secretariat, and Research Triangle Institute International are supporting several Parties to make the investment case for WHO FCTC implementation.¹⁷ Such in-depth analyses may be beyond the scope of a rapid general assessment, however any evidence in these areas would bolster the case for whole-of-government engagement, particularly of the economic ministries.

→ To determine the health and economic costs of tobacco use, demonstrate positive returns on investment in WHO FCTC implementation, and secure the support of key economic ministries.

- 3) The extent of tobacco cultivation (in terms of hectares, deforestation, workforce and revenues): production and manufacturing of tobacco products; and the amount of trade in tobacco products in and out of the country.

→ To determine the environmental impacts of tobacco cultivation and assess the need for alternative livelihood strategies for tobacco farmers and individual sellers. To identify preferential treatment of the tobacco industry in trade policies, and, if this exists, strategies for adjustment.

- 4) Broader socio-demographic characteristics relevant to tobacco control: for example, a rapidly ageing population may imply increases in government expenditures on health care. Use of this information can increase the urgency of comprehensive tobacco control, considering the health and budgetary implications of lax tobacco control environments.

→ To further frame and emphasize the need for tobacco control in line with country context.

¹⁷ A similar [analysis for China conducted by UNDP and WHO](#) revealed that the total annual economic cost of tobacco use to China in 2014 was USD 57 billion. By increasing the retail price of cigarettes by 50 percent (and sustaining future price increases), China would avert 20 million premature deaths and 8 million cases of impoverishment over 50 years – while generating an additional USD 66 billion in tax revenue annually.

Key area 2 – the status of the tobacco control response, including critical gaps

- 1) Existing legislation, policies, programmes and activities relevant to tobacco control: this should assess whether there are comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with WHO FCTC Article 5.1. It should also assess: existing legislation and policies explicitly on tobacco control; legislation and policies directly relevant to tobacco control, such as public health laws and regulations; and regulatory frameworks indirectly relevant to tobacco control, such as general laws on advertising. The Campaign for Tobacco Free Kids has developed an online resource with tobacco control legislation from 205 countries, and FCTC analysis for 101 countries.¹⁸ Programmes and activities on tobacco control should also be assessed under this step.

→ To identify tobacco control advancements as well as critical gaps (e.g. in planning and/or regulatory frameworks) and policy incoherence (e.g. provisions in law that contradict tobacco control law or targeted priorities of the national strategy for tobacco control, if one exists).

- 2) Implementation, enforcement and coverage of (1), including oversight responsibilities: it is important to build upon the findings of (1) to also evaluate implementation and enforcement at both national and local levels, especially where low resources, limited capacities, or lack of understanding on who is responsible for oversight may hinder implementation and enforcement efforts.

→ To identify gaps in enforcement (e.g. of a ban on indoor smoking) or population coverage (e.g. access to tobacco cessation treatment).

- 3) Tobacco control in national development planning and strategy instruments: it should be assessed whether and how tobacco control, WHO FCTC implementation and related areas such as NCD prevention and control are included in the national sustainable development plan, UN Development Assistance Framework, national health strategy or sector wide approach.

→ To identify whether tobacco control is explicitly stated in these documents, and if so in what context, as well as where it links with priorities within them (e.g. NCDs, decent jobs, economic growth). Anchoring tobacco control in broader national development planning instruments can reinforce the legitimacy and urgency of tobacco control measures, and allow for integration of tobacco control into current programmes.

Key area 3 – political opportunities and challenges for strengthened tobacco control

1. Attitudes and existing contributions of the executive branch, different government ministries and parliamentarians: before meeting with various ‘non-health’ stakeholders, it is helpful to obtain a general sense of who is for, against or ambivalent to tobacco control. Similarly, it is useful to know who across government is engaged and not engaged in tobacco control. Much of this information will be discerned from Key area 2 analysis, and from prior experiences or conversations between the tobacco control focal point/MoH and different actors. Further, it may be that the Prime Minister

¹⁸ <https://www.tobaccocontrolaws.org/legislation/>

mentioned tobacco use, rising cancer deaths or a related area such as universal health coverage in one of his or her speeches. An influential parliamentarian may have recently argued vehemently against tobacco control, concerned over job loss amongst constituents. This type of information is critical to gather and analyze prior to operationalizing next steps for the NCM.

→ *To identify advocates for tobacco control, those neutral, and those against. To also identify opportunities to leverage the resources and capacities of advocates, activate those neutral and craft arguments to counter opposing forces.*

2. The role of the tobacco industry: this includes assessment of the tobacco industry's resources, programmes and activities as well as its linkages – both formal and informal – with government officials and agencies. Assessing the capacity of the government to counter tobacco industry strategies is equally important for this area.

→ *To gauge the industry's influence on policymaking, anticipate sources of opposition, and formulate counter-strategies including by building upon existing government capacities.*

3. The role of professional associations, non-governmental organizations (NGOs), consumer groups, and academia: the scan of tobacco control advocates should include those specifically dedicated to tobacco control as well as those dedicated to linked agendas, for example tuberculosis prevention and management. Special attention should be given to identifying NGOs or consumer groups which may be acting as front groups for tobacco industry interests. The result could include a summary of key advocates' capacities and ongoing programmes, as well as risks of engaging certain actors/groups.

→ *To identify champions, policy and programmatic integration opportunities, whom to target (and not target) for NCM membership, and how to involve other stakeholders outside of the NCM.*

4. Knowledge, opinions, beliefs and attitudes of the general public, local media and businesses: this includes information on the public's knowledge regarding the harms of using tobacco products (e.g. active smoking and second-hand smoke) as well as general attitudes towards tobacco control, including with respect to specific tobacco control measures (e.g. smoke-free places, advertising bans, raised taxes). Where possible, tobacco control focal points should assess whether and how public opinion of tobacco taxes would change should revenue from the tax be directed toward pro-health and pro-poor policies. Attitudes of local media and businesses should also be assessed as part of this step.¹⁹

→ *To assess the political feasibility of strengthened tobacco control, identify effective messaging, and gauge the need to raise awareness.*

¹⁹ It should also be kept in mind that, in some contexts, public support for tobacco control follows, rather than precedes, strong governmental leadership in implementing tobacco control policies.

Box 1) Needs assessments for implementation of the WHO FCTC

Following completion of a rapid general assessment, Parties may request support from the FCTC Secretariat to conduct an official WHO FCTC needs assessment. While an NCM need not be in place for this, an official needs assessment requires that a country have a committed and available tobacco-control team or unit that can both assist with the assessment and ensure follow-up. To provide additional information, the below is reproduced from *Needs Assessment For The Implementation Of The Who Framework Convention On Tobacco Control Background note by the Convention Secretariat*.²⁰

“The needs assessment process, including the development of project and programme proposals for financial assistance when relevant, therefore includes multiple actors, such as Parties interested in such a process, the Convention Secretariat, WHO, the United Nations Resident Coordinator and other UN agencies present in the country as well as other international organizations, including development partners and agencies that have technical capacity, resources and interest in supporting the implementation of the treaty.

The Convention Secretariat has the responsibility, under the guidance of the COP and its Bureau, for overall coordination and particularly for ensuring that the requests by Parties for needs assessments and subsequent assistance are met. The representatives of the Parties carry out the needs assessment exercise together with the international team throughout the whole process and take the lead in coordinating the programme for the mission and following up with key stakeholders.

....

Article 21 calls on Parties periodically to submit to the Conference of Parties implementation reports, including details of any difficulties they face in implementing the provisions of the Convention. Article 26 recognizes the importance that financial resources play in achieving the objectives of the Convention. At its first session, in February 2006, the Conference of Parties (COP) called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition. The COP, in decision FCTC/COP1(13), also requested that detailed needs assessments be carried out at country level, especially in developing countries and countries with economies in transition, to ensure that lower-resource Parties are supported in fully meeting their obligations under the treaty.

If a Party wishes to request the support from the Convention Secretariat to conduct the needs assessment, the competent authority can send an official request letter to the Convention Secretariat. A focal point to coordinate the mission from the Government side should be designated in the request letter to facilitate further communication. Contacts details including emails should also be provided. The request letter could also be sent to the following email: fctcsecretariat@who.int.”

²⁰ http://who.int/fctc/implementation/needs/English_needs_assessment_background.pdf

TOOL 2. STAKEHOLDER-SPECIFIC ARGUMENTS FOR TOBACCO CONTROL

This tool provides arguments to convince different sectors and stakeholders to support and actively engage in tobacco control and actively participate in the NCM. The tool will also help health ministry officials answer questions from representatives of other sectors, and articulate a clear vision for why a whole-of-government approach is critical for tobacco control and related sustainable development objectives.

Efforts to generate whole-of-government responses to tobacco control typically fail where tobacco is presented as a health challenge only. NCM engagement should be presented as more than just a benefit to, and responsibility of, the health sector. Clear, convincing and sector-specific arguments can take several forms, discussed below. Those involved in tobacco control planning should consider which line of argument or combination of arguments is most likely to persuade in a given context.

The first argument is to emphasize whole-of-government efforts and policy coherence as necessary to fulfill WHO FCTC obligations. Entire governments sign the WHO FCTC, and thus it is legally incumbent upon all relevant government sectors to implement the treaty's provisions. This means that different sectors are legally obliged to reconcile any contradictions between their mandates and the WHO FCTC. That the WHO FCTC is a legally binding international treaty, with reporting requirements, should be considered in priority setting discussions across ministries. Ministries could also be reminded that: that strengthened WHO FCTC implementation is a specific target within Agenda 2030; tobacco taxation is encouraged in the Addis Ababa Action Agenda on Financing for Development; and heads of state and government have committed to whole-of-government national NCD responses in *A/Res/66/2 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*.²¹

The second line of argument is audience-specific messaging, demonstrating to different stakeholders how tobacco control would advance *their* core priorities, and how they can support tobacco control including through NCM engagement. Particularly important is addressing perceived incentive conflicts between the health and economic sectors, including through investment case analyses that weigh the significant costs of inaction (to health systems, productive societies and the environment) against the far lower costs of action. While exact NCM composition is a context-specific decision requiring careful consideration (see Tool 3), Table 2 below lists a range of potential sectors and stakeholders for tobacco control as well as key evidence-based messages for why each should meaningfully engage. While Table 2 includes evidence from various countries and global-level analyses, Parties should supplement and tailor arguments with local evidence where possible. Tool 1, the rapid/general tobacco control situation analysis, can help in this regard. Tobacco control focal points may wish to create and disseminate issue briefs summarizing this information before, during or after bilateral meetings. Before approaching representatives from particular sectors, focal points may also wish to consult Table 3 to outline potential roles and contributions of different sectors.

²¹ http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

Finally, a third and critical advocacy strategy is to identify overarching national priorities to which tobacco control can be tied, and around which all sectors and stakeholders can unify. SDG achievement is the broadest unifying theme, but in some contexts the political priorities may be more specific, for example universal health coverage, decent work and economic growth, raising domestic resources, reducing inequities, and promoting human rights. Tobacco control can be framed as supportive, even vital, to each of these and other development imperatives. In 2017, the Convention Secretariat and UNDP produced a [Discussion Paper on the WHO FCTC as an Accelerator of Sustainable Development](#). The paper includes in-depth analysis and data on how strengthened implementation of the WHO FCTC, SDG target 3.a., would drive progress across Agenda 2030's 17 SDGs. The paper also provides recommendations for policy and research.²²

²² This analysis complements a set of sectoral briefs by UNDP and WHO on [What Government Ministries Need to Know about Non-communicable Diseases](#). Other useful resources include: UNDP and WHO's policy briefs on [Health Promotion in the Sustainable Development Goals](#); [The Tobacco Atlas \(Fifth Edition\)](#), produced by the American Cancer Society and World Lung Foundation; the FCA's advocacy toolkit, [How to take 'FCTC implementation' from the Sustainable Development Goals \(SDGs\) and translate it into action in-country](#); and the NCD Alliance's infographic, [NCDs across the SDGs – a call for an integrated approach](#).

Table 2) Key messages and evidence for engagement of various ‘non-health’ sectors and stakeholders²³

Tax and Revenue	
Key message: <i>Raising taxes on tobacco products increases tax revenue while reducing the health and economic burden of tobacco. Hundreds of studies, in different contexts, show that raising tobacco excise taxes is the most effective and cost-effective measure for reducing tobacco use.</i>	
✓	Price and tax measures on tobacco are recognized in <i>Paragraph 32</i> of the Addis Ababa Action Agenda of the Third International Conference on Financing for Development as “an effective and important means to reduce tobacco consumption and associated health-care costs, while representing a revenue stream for financing for development in many countries.”
✓	In Thailand, the Asian Development Bank estimates that 60 percent of the deaths averted from a 50 percent tobacco price increase would be in the poorest third of the population, who would pay just 6 percent of the increased taxes [1].
✓	A 2017 WHO and UNDP joint report finds that the total annual economic cost of tobacco use to China in 2014 was US\$57 billion, a 1000 percent increase from the year 2000. By increasing the retail price of cigarettes by 50 percent (and sustaining future price increases), China would avert 20 million premature deaths and 8 million cases of impoverishment over 50 years – while generating an additional \$66 billion in tax revenue annually [2].
✓	Between 1993 and 2009, South Africa increased total taxes on cigarettes from 32 percent to 52 percent of the retail price, experiencing sizable reductions in tobacco use and also a nine-fold increase in government tax revenues [3].
✓	The Philippines generated \$3.9 billion in incremental excise tax revenues during the first three years of its Sin Tax Reform Law, with 80 percent of these revenues from the law’s tobacco component [4].
✓	The Philippines uses the additional tobacco tax revenue to finance universal health coverage and improve health infrastructure [5].
Environment	
Key message: <i>Tobacco causes severe and often irreversible damage to national resources across its entire ‘environmental life cycle’, i.e. from farming and manufacturing to consumption and disposal. Tobacco control protects the environment and preserves natural resources, for example by stopping or reducing the release of (literally) tons of waste and chemicals into water, air and soil.</i>	
✓	Tobacco farming causes up to 5 percent of global deforestation, with 200,000 hectares of natural woody biomass loss each year and LMICs burdened significantly. A 1999 analysis found tobacco farming causes almost one fifth of China’s deforestation [6].
✓	In 2006, 200 climate change experts warned that, each year, deforestation accounts for 25-30 percent of greenhouse gas emissions globally [58].
✓	Tobacco growing “may be up to 10 times more aggressive” than all other factors in deforestation (e.g. maize farming) combined [7]. In Bangladesh, 30 percent of deforestation is related to tobacco manufacturing [8].
✓	In Zimbabwe and the Philippines, curing has been reported as the leading usage for indigenous wood in rural areas [9,10].

²³ Sources provided under ‘References’ section at end of document

- ✓ According to the 2015 International Coastal Clean-up Report, cigarette butts are the most common single debris item collected, representing 15 percent of the total pieces of debris collected worldwide [11].
- ✓ Arsenic, lead, nicotine and ethyl phenol are leached from discarded butts into aquatic environments and soil, with not yet quantified implications for the quality of drinking water [12-13].
- ✓ Among common pesticides used in tobacco growing is chloropicrin, a lung-damaging agent that was used as a tear gas in World War I and is toxic to fish and other organisms [14].
- ✓ In countries such as Canada, cigarettes are responsible for some of the most destructive forest fires in history [15].
- ✓ Evidence suggests that, dating to the 1950s, tobacco and oil companies have employed the same public relations firms, research institutions and researchers to obscure the negative impacts of their respective industries on health and environment [57].

Agriculture

Key message: *Tobacco growing is resource-intensive and damaging to land and soil in addition to water and air. Tobacco growing harms the health of tobacco farmers while earning them low (or even no) profit; it also represents a major opportunity cost, for example to provide the population with life-sustaining nutrition. Supporting farmers in shifting to higher-value crops, or alternative economic activities, can improve health, increase farmers' incomes, and sustain national resources.*

- ✓ It has been estimated that 10 to 20 million malnourished people worldwide could be fed if food crops were grown instead of tobacco [16].
- ✓ According to a 2011 analysis, approximately 1.3 million children (14 and under) are engaged in tobacco farming worldwide, with 500,000 in India alone [17]. Some 10-14 percent of children from tobacco growing families are out of school because of working in tobacco fields [14].
- ✓ Tobacco farming causes up to 5 percent of global deforestation, with 200,000 hectares of natural woody biomass loss each year and LMICs burdened significantly. A 1999 analysis found tobacco farming causes almost one fifth of China's deforestation [6].
- ✓ The leachate from one cigarette butt placed into one litre of water will kill half of all marine and freshwater fish which come in contact with it [18].
- ✓ In the Nueva Segovia department of Nicaragua, where most tobacco farms are close to important rivers, researchers found pesticide contamination in both the superficial aquifer and deep groundwater [19-20].
- ✓ Studies in Brazil have found excessive agrochemical residues in waterways near tobacco farming communities [21-23].
- ✓ Less than one in five tobacco farmers in Indonesia report tobacco farming to be profitable [24], and former tobacco-farming households in Indonesia enjoyed higher incomes (~30% higher) than current tobacco-farmers [25].
- ✓ In Kenya, over one quarter of tobacco workers showed pesticide poisoning [26-27], and tobacco-related environmental problems identified in the 1990s [26,28] – including soil erosion, changing of local streams from permanent to seasonal, water pollution and deforestation – were still visible in 2009 [29].

Employment (labour market: public, private, incl. unions)

Key message: *Tobacco products cause immense productivity losses to national economies and employers, due to premature mortality, sick leave, smoke breaks and under-performance due to illness while working. Smoke-free workplaces and provision of cessation services together help smokers to reduce consumption, reduce exposures to second-hand smoke, improve health and increase productivity.*

- ✓ The cost of tobacco to the global economy is estimated to be more than \$1 trillion per year, approximating 2 percent of global GDP [30,14,31].
- ✓ Up to half of all tobacco-related deaths occur during the prime productive years (age 35–69)[32,33].
- ✓ Smokers are significantly more likely to be absent from work or to call out sick [see 34-36]. In the UK, smokers are 33 percent more likely to be absent from work and take 2.7 additional sick days per year on average, costing the UK approximately 1.4 billion pounds annually [34].
- ✓ In Egypt, approximately 61 percent of indoor workers are exposed to second-hand smoke on the job. Some 59 percent of all these workers are non-smokers [37].
- ✓ Indoor PM concentrations from smoking have been found to be up to 10-fold higher than PM concentrations from diesel car exhaust [38].
- ✓ Less than one in five tobacco farmers in Indonesia report tobacco farming to be profitable [25].

Communication (incl. private media, public service)

Key message: *Tobacco use not only reduces life expectancy but also saps health sector budgets and the national economy. Many populations are still in the dark regarding the dangers of tobacco. The tobacco industry employs predatory tactics, targeting vulnerable populations and distorting the facts in its marketing. The 'empowered' lifestyle tobacco claims to represent instead leads to early death and disability from addictive products. More communication tools are available now than ever to counter the industry's tactics and help tobacco users quit.*

- ✓ The cost of tobacco to the global economy is estimated to be more than US\$1 trillion per year, approximating 2 percent of global GDP [30,14,31].
- ✓ In Egypt, close to 20 percent of adults who smoke either do not believe or do not know that smoking causes stroke; approximately 15 percent do not believe or know that second-hand smoke causes heart disease [14].
- ✓ In 2015, there were over 7 billion mobile cellular subscriptions in the world, up from less than 1 billion in 2000 [39], suggesting new opportunities for ensuring people have access to information and cessation support.
- ✓ In India, WHO launched a national mCessation service in English and Hindi in January 2016. Nearly 2 million tobacco users have registered for the service, which provides tailored SMS (including instant advice on coping) based on users' habits and background [40].
- ✓ Industry marketing has been labelled 'predatory' as it takes direct aim at the culture and lifestyles of youth and lower socioeconomic groups. In Paraguay, 89 percent of youth (13–15 years old) noticed tobacco advertising on billboards during the last 30 days (according to 2012 data) [14].

Tourism, Food and Catering (incl. wholesale, retail, food and beverage industries)

Key message: *Smoking not only harms health – it also harms business. Smoke-free restaurants and other areas accessible by the public are becoming the norm and it is a myth that implementing smoke-free laws reduces business and income from tourism.*

- ✓ Multinational tobacco corporations largely export capital from tobacco sales out of national and local economies; strong tobacco control, on the other hand, supports people to spend more of their income on local goods and services.
- ✓ In 2008, Mexico City implemented a smoke-free law covering restaurants, bars and nightclubs. The ban did not harm city business; in fact, economic evidence suggests a positive impact on restaurants' income, employees' wages, and levels of employment [41].
- ✓ In 2014, 2,248,065 discarded cigarette butts were picked up from beaches and water edges across 91 countries [11].

Local Governments, Urban Planning (incl. transport)

Key message: *Tobacco smoke pollutes air and water, reducing the safety of housing, workplaces, indoor public spaces and transportation options, while jeopardizing efforts to provide clean water. Local governments have an extremely impactful role to play: Smoke-free cities and increasing taxes are both effective and revenue-generating. Smoke-free laws do not harm local revenue; in fact, the opposite has proven true.*

- ✓ In 2014, 2,248,065 discarded cigarette butts were picked up from beaches and water edges across 91 countries [11].
- ✓ Arsenic, lead, nicotine and ethyl phenol are leached from discarded butts into aquatic environments and soil, with not yet quantified implications for the quality of drinking water [12-13].
- ✓ Globally 570,000 children under five die each year from respiratory infections, such as pneumonia, that are attributable to indoor and outdoor air pollution and second-hand smoke [42].
- ✓ In Egypt, approximately 61 percent of indoor workers are exposed to second-hand smoke on the job. Some 59 percent of all these workers are non-smokers [37].
- ✓ Indoor PM concentrations from smoking have been found to be up to 10-fold higher than PM concentrations from diesel car exhaust [38].
- ✓ The Philippines generated \$3.9 billion in incremental excise tax revenues during the first three years of its Sin Tax Reform Law, with 80 percent of these revenues from the law's tobacco component [4].
- ✓ In 2008, Mexico City implemented a smoke-free law covering restaurants, bars and nightclubs. The ban did not harm city business; in fact, economic evidence suggests a positive impact on restaurants' income, employees' wages, and levels of employment [41].

Education, Sports and Youth Affairs

Key message: *Tobacco interferes with education as nicotine addiction impairs learning, and tobacco use (as well as exposure to second-hand smoke) leads to early death for users later in life. Families often spend income on tobacco rather than on schooling (and nutrition). Children often drop out of school to care for a sick relative or to make up for lost wages. Education is the top priority in protecting children from the predatory marketing strategies of the tobacco industry, which for example include sponsorship of youth events to hook a new generation of vulnerable users. Educating children and families, and protecting them from exposure to tobacco smoke, leads to better learning and health outcomes.*

- ✓ In Bangladesh, an estimated 10.5 million malnourished persons could have an adequate diet if money currently spent on tobacco instead went toward food, with the lives of 350 children saved each day [43].

- ✓ According to a 2011 analysis, approximately 1.3 million children (14 and under) are engaged in tobacco farming worldwide, with 500,000 in India alone [17]. Some 10-14 percent of children from tobacco growing families are out of school because of working in tobacco fields [14]
- ✓ Globally 570,000 children under five die each year from respiratory infections, such as pneumonia, that are attributable to indoor and outdoor air pollution and second-hand smoke [42].
- ✓ In Timor-Leste, 66 percent of youth (age 13-15) are exposed to tobacco smoke at home, while 70 percent are exposed in enclosed public places [44].
- ✓ Adolescent smoking is associated with attention deficits and increased risk of cognitive impairment later in life [45].
- ✓ In Bulgaria, Egypt, Indonesia, Myanmar and Nepal, low-income households often spend more of their disposable income on tobacco than on education [46].
- ✓ In Viet Nam, smokers spent 3.6 times more on tobacco than on education in 2003 [47].
- ✓ Some 10-14 percent of children from tobacco growing families are out of school because of working in tobacco fields [14].

Social and Economic Development

Key message: *Tobacco-related health care costs and lost productive capacities due to poor health sap national budgets and economies. For families, out-of-pocket expenditures for tobacco-related diseases are 'catastrophic'; this combines with loss of a household's primary breadwinner to send families into poverty or trap them there, reinforcing the importance of adequate social protection including universal health coverage (UHC). Children often drop out of school to care for a sick relative or to make up for lost wages. Tobacco control, including provision of access to cessation services as part of UHC efforts, can mitigate the tobacco-poverty dynamic and advance a number of sustainable development goals.*

- ✓ Globally, each year 100 million people are driven into poverty due to out-of-pocket health spending [48].
- ✓ In India alone, tobacco consumption impoverished roughly 15 million people in 2004-2005 [49].
- ✓ In Thailand, low-income families spend 13.6 percent of their annual income on tobacco products, a proportion five times greater than what high-income Thai families spend [50].
- ✓ To purchase ten of the cheapest cigarettes to smoke each day, a smoker in Zambia must expend 18.2 percent of the national median income [51]; in Georgia this number, while smaller, is still a sizable 4.2 percent [52].
- ✓ According to 2013 data, a Sri Lankan could purchase 83 servings of rice and 65 slices of bread for the price of just one average pack of cigarettes [14].
- ✓ In Bangladesh, an estimated 10.5 million malnourished persons could have an adequate diet if money currently spent on tobacco instead went toward food, with the lives of 350 children saved each day [43].

Gender and Family Welfare

Key message: *The tobacco industry explicitly targets women and girls (as well as youth and LGBT) with advertising of its products, for example using advertisements which associate smoking with gender equality and women's empowerment. The industry's deceptive tactics seem to be working. Tobacco use is rising among women and girls, particularly in developing countries. Women and girls already face gender-specific risks*

from tobacco: (1) they are disproportionately exposed to second-hand smoke, which not only causes early death, illness and disability but also leads to complications in pregnancy; (2) their caretaking burdens increase when a family member becomes sick; and (3) they are underrepresented in tobacco-related policies, programmes and research.

- ✓ According to data from 2008-2010, in China 53 percent of women of reproductive age were exposed to second-hand smoke at work and 65 percent at home, raising their risk of pregnancy complications such as stillbirths and infant death. [53]
- ✓ In Viet Nam, second-hand smoke exposure in the home is 72 percent [53]. Globally, second-hand smoke accounted for 886,000 deaths in 2015 [54].
- ✓ While just two countries in the world have more women smokers than men smokers, 24 countries now have more girls who smoke compared to boys [14].
- ✓ Water pipe use among Jordanian girls (students) has doubled between 2008 and 2011, from about 25 percent to nearly 50 percent [14].
- ✓ In the UK, compared to the general population, young lesbian, gay and bisexual people are more likely to smoke, start smoking at a younger age, and smoke more heavily [55].
- ✓ The tobacco industry targets the LGBT community, ethnic minorities and youth with menthol versions of their products [56].

✓ **Executive and Legislative Branches**

Key message: *Tobacco use saps national budgets and economies, due to health care costs and lost productive capacities. The government is legally obligated to implement all WHO FCTC provisions (if a Party to the treaty). Comprehensive implementation of tobacco control measures is effective in reducing the tobacco burden and its developmental impacts, but doing so requires coordination across sectors backed with strong support from the executive and legislative branches. Countries that have been successful in tobacco control have relied upon the law as a powerful and effective tool.*

- ✓ Comprehensive tobacco control boosts government budgets and national economies; it avoids the enormous health care costs and productivity losses from tobacco (a significant percentage of GDP) and tobacco taxation raises government revenue.
- ✓ High level executive branch leadership and support is crucial to the success of the national coordinating mechanism, and of comprehensive and effective tobacco control measures.
- ✓ Parties to the WHO FCTC are legally obligated to implement all of the treaty's provisions. Further, strengthened implementation of the WHO FCTC is a target of the SDGs, and tobacco taxation is referenced in the Addis Ababa Action Agenda on Financing for Development.
- ✓ Signatories to the 2011 UN High-Level Political Declaration on NCDs have committed to reducing the burden of NCDs in their countries and tobacco use is a leading risk factor for NCDs.
- ✓ Financial and technical support is available to assist the government in fully implementing the WHO FCTC.
- ✓ Comprehensive tobacco control which includes both demand and supply side measures – as set out in the WHO FCTC – are the most effective in reducing the burden of tobacco.
- ✓ The legislative branch is crucial to effective implementation and enforcement of many WHO FCTC provisions, including, among others: banning tobacco advertising, promotion and sponsorship; mandating plain packaging and pictorial health warnings; prohibition of sales to minors; and mandating smoke-free public spaces.

✓ **Investment, Trade and Industry**

Key message: *Trade liberalization and foreign direct investment as well as transnational tobacco advertising, marketing and promotion are spreading the tobacco epidemic. Countries are losing a significant percentage of GDP each year due to tobacco-related health care costs and lost productive capacities. Employers are paying a heavy price in terms of increased insurance premiums. Consumers often shift to healthier economy-enhancing options if fiscal and regulatory measures as well as the marketplace incentivise this.*

- ✓ The tobacco industry might be viewed as part of a progressive national economy, but there is another side to the economic equation. At national level, tobacco use results in billions of dollars in health care costs and lost productive capacities.
- ✓ While countries pay the price of tobacco-related health outcomes, e.g. in health care costs, strained social welfare systems and lost GDP, most tobacco companies are multi-national conglomerates that siphon profits abroad, out of the national economy.
- ✓ Reducing tobacco consumption will not harm the economy; rather, it may shift consumer spending to more productive sectors and goods produced by national/local companies.
- ✓ National law, but also regional and global agreements related to trade, are essential components of tobacco control and of stemming illicit trade in tobacco products.

TOOL 3. ENTITIES TO CONSIDER FOR INCLUSION ON THE NCM,

This tool overviews various sectors and stakeholders to consider for inclusion on the NCM, and their potential roles and responsibilities. It also indicates the relative importance of different sectors' and stakeholders' contributions to tobacco control, and which should be prioritized for the NCM. The tool can be used to design the NCM, before attempts to officially establish it (tool 4) or to strengthen an existing NCM by encouraging reflection on current membership and needed changes. It can also help in the drafting of TORs for the NCM and its members (tool 5).

AND THEIR POTENTIAL ROLES AND RESPONSIBILITIES

Successful tobacco control requires meaningful whole-of-government and whole-of-society engagement. NCM size and composition will vary according to country-context, and there is no prescription in Article 5.2a regarding this. Table 3 attempts to fill this gap, aggregating and building upon existing guidance materials from WHO, the Convention Secretariat and UNDP.²⁴ In Table 3, entities color-coded in green should be included in the NCM; those in blue are recommended to be included in the NCM; and those in orange are considered optional. The international health and development partners listed at the end of Table 3 will not be formal NCM members but may provide capacity building support as needed. For each entity in the table, potential roles in tobacco control governance, coordination and implementation are provided, in consideration of core mandates.

Generally, Parties should weigh the pros and cons of selective versus broad membership while erring on the side of inclusivity. Broad inclusion in key decision-making and planning facilitates stakeholders to understand the need for and mechanics of tobacco control, thereby increasing buy-in and ownership. Further, different actors contribute different resources, capacities, and comparative advantages to tobacco control. Stakeholders whose direct or indirect support is crucial to effective tobacco control should be especially considered for the NCM. This may include stakeholders who are ambivalent or opposed to tobacco control generally or to specific tobacco control measures; their inclusion is an opportunity for engagement and advocacy.

The clear exception is that Parties should never allow the tobacco industry a role in tobacco control by including them in NCM membership, or otherwise involving them in planning and decision-making. It is important to evaluate potential NCM members for their links to the tobacco industry, considering that tobacco industry front groups are not always apparent (e.g. industry-funded civil society organizations and certain tobacco farmer associations). Tool 10 provides a model code of conduct for NCM members.

Finally, active representation on the NCM may not be possible for some important actors, for example the executive branch. If formal NCM inclusion or active representation is not possible for an important sector or stakeholder, this partner can nonetheless support tobacco control, for example by providing high-level leadership and ensuring accountability, participating in technical working groups, inputting into

²⁴ <http://apps.who.int/iris/bitstream/10665/202020/1/9789290232933.pdf>;
<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/tobacco-control-governance-in-sub-saharan-africa.html>

key strategy and guidance documents, and working directly with MoH and other relevant sectors to implement and enforce tobacco control measures.

Table 3) Key entities and their potential roles in tobacco control

Ministry / department	Potential roles
Ministry of Health All WHO FCTC articles	<ul style="list-style-type: none"> ✓ Act as Secretariat for the NCM and its technical working groups ✓ Ensure effective multisectoral coordination of tobacco control activities ✓ Provide technical guidance and support for tobacco control measures ✓ Facilitate development of appropriate tobacco control measures in line with WHO FCTC and COP guidelines ✓ Monitor the tobacco epidemic and implementation of tobacco control measures ✓ Ban smoking on all health premises and their surroundings ✓ Make tobacco cessation therapy widely accessible ✓ Raise public awareness around the adverse health effects of tobacco consumption ✓ Conduct training and sensitization programmes for persons and groups involved in tobacco control (e.g. health workers, social and community workers, educators and decision makers)
Ministry of Justice or Law, or Attorney General's Office Article 19: Liability	<ul style="list-style-type: none"> ✓ Provide input and assist in development of tobacco control legislation and regulations ✓ Provide support for enforcement of and/or compliance with tobacco control laws and regulations ✓ Protect obligations to the WHO FCTC in bilateral and multilateral agreements ✓ Identify and promote opportunities to note tobacco control obligations in relevant laws of non-health sectors (e.g. environmental protection or labour laws).
Ministry of Finance and Planning Article 5: General obligations Article 6: Price and tax measures to reduce the demand for tobacco; Article 26: Financial resources	<ul style="list-style-type: none"> ✓ Allocate funding for tobacco control ✓ Support the development and implementation of tobacco tax policy ✓ Consider earmarking tobacco tax revenue for sustainable funding of tobacco control ✓ Chair TWGs on tobacco taxation ✓ Support government initiative to disinvest in tobacco and the tobacco industry ✓ Invest in alternative livelihoods and more economically productive crops for tobacco farmers ✓ Adopt and implement measures to collect tobacco taxes and reduce evasion of taxes or duties ✓ Support overall NTSC development, implementation, review and update. ✓ Integrate tobacco control priorities into broader development plans and processes

<p>Food and Drugs Regulatory Agency, Standards Authority Article 9: Regulation of the contents of tobacco products; Article 10: Regulation of tobacco product disclosures; Article 11: Packaging and labeling of tobacco products</p>	<ul style="list-style-type: none"> ✓ Provide guidance and support on testing, measuring and regulating contents and emissions of tobacco products ✓ Provide guidance and support on adopting measures requiring public disclosure of toxic constituents in tobacco products ✓ Provide guidance and support on pictorial health warnings for tobacco products in line with WHO FCTC Article 11
<p>Ministry of Foreign Affairs Article 2: Relationship between this Convention and other agreements and legal instruments; Article 20: Research, surveillance and exchange of information; Article 21: Reporting and exchange of information; Article 22: Cooperation in the scientific, technical, and legal fields and provision of related expertise</p>	<ul style="list-style-type: none"> ✓ Monitor and provide information on bilateral and multilateral agreements affecting tobacco control ✓ Facilitate ratification of the WHO FCTC and its Protocols ✓ Provide support for compliance with requirements of the WHO FCTC and its Protocols, including regular reporting ✓ Participate in and endorse the national contributions of the WHO FCTC Conference of the Parties meetings
<p>Ministry of Trade All articles where trade has an impact (e.g. Article 9: Regulation of the contents of tobacco products); Article 10: Regulation of tobacco product disclosures; Article 17: Provision of support for economically viable alternative activities</p>	<ul style="list-style-type: none"> ✓ Monitor and provide information on tobacco trade and related activities ✓ Protect obligations to the WHO FCTC in bilateral and multilateral trade and investment agreements ✓ Review tobacco import and export in light of public health considerations and WHO FCTC obligations ✓ Work with key trade partner countries to ensure coherence with tobacco control obligations
<p>Ministry of Labour Article 8: Protection from exposure to tobacco smoke Article 17: Provision of support for economically viable alternative activities;</p>	<ul style="list-style-type: none"> ✓ Promote and support implementation of smoke-free workplaces and provision of cessation services to workers ✓ Protect young people from being used as child labour in tobacco farms, factories and as sale agents ✓ Raise awareness among employers and the public of the productivity losses due to tobacco use

Article 18: Protection of the environment and the health of persons	<ul style="list-style-type: none"> ✓ Support sustainable alternative livelihoods for tobacco growers, in line with decent, economically viable work ✓ Raise awareness of and ensure safeguards against tobacco industry front groups, associations, labour unions etc. which claim to accurately represent the concerns of farmers, producers, sellers, businesses, consumers and/or the general public
<p>National Revenue Authority and Customs</p> <p>Article 6: Price and tax measures to reduce the demand for tobacco;</p> <p>Article 15: Illicit trade in tobacco products</p>	<ul style="list-style-type: none"> ✓ Assist in adopting and implementing effective measures to collect tobacco taxes and reduce evasion of taxes or duties ✓ Support development of tobacco taxation policies that reduce the affordability of tobacco products ✓ Combat illicit trade of tobacco products including through ratification and implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products ✓ Chair technical working groups on illicit trade in tobacco products ✓ Provide guidance and support in developing and implementing a tracking and tracing regime for tobacco products ✓ Monitor and collect data on cross-border trade of tobacco products, including illicit trade
<p>Head of State (e.g. Presidency, Prime Minister)</p> <p>Article 5: General obligations (including national strategy development and planning; multisectoral coordination and collaboration; and protection against tobacco industry interference in policymaking)</p>	<ul style="list-style-type: none"> ✓ Sustain political commitment and keep tobacco control on the national agenda ✓ Use political authority to convene actors across sectors ✓ Arbitrate incentive clashes (real or perceived) between government institutions ✓ Hold all government actors accountable ✓
<p>Legislative body (Parliament, Congress, Senate)</p> <p>Article 5: General obligations</p> <p>Article 19: Liability</p>	<ul style="list-style-type: none"> ✓ Support the adoption and oversight of tobacco control policies and legislation ✓ Ensure all government policies do no harm and protect health from undue commercial and other vested interests ✓ Improve the legislative/policy enabling environment for tobacco control ✓ Advocate for public health including tobacco control
Ministry of Communication and Information / Media Authority	<ul style="list-style-type: none"> ✓ Support communication and advocacy on tobacco control, particularly through public and mass media

Article 12: Education, communication, training, and public awareness	<ul style="list-style-type: none"> ✓ Support monitoring and enforcement of bans on tobacco advertising, promotion and sponsorship (TAPS) in all media ✓ Provide information and ads on harmful effects of tobacco to public health, the environment and the economy ✓ Raise awareness on the tactics used by the tobacco industry ✓ Monitor and hold to account (e.g. through news articles) the government's response to the tobacco epidemic
Ministry of the Interior & Ministry of Local Governments All substantive articles	<ul style="list-style-type: none"> ✓ Monitor compliance and ensure enforcement of tobacco control legislation and regulations, penalizing violations ✓ Establish effective tobacco control implementation mechanisms at national and local levels
Ministry of Education & Ministries responsible for Sports, Children & Youth issues Article 8: Protection from exposure to tobacco smoke; Article 12: Education, communication, training, and public awareness; Article 13: Tobacco advertising, promotion, and sponsorship	<ul style="list-style-type: none"> ✓ Ban tobacco sales, use and sponsorship/advertising in and around schools (at all levels of education) as well as in other places where children and youth gather (e.g. sporting events, concert venues) ✓ Educate students, out-of-school youth and parents on the harms of tobacco products and second-hand smoke, including by integrating lessons into school curricula ✓ Ensure effective implementation and monitoring of legislation and other measures to protect youth from tobacco, working with other sectors as appropriate
Ministry of Agriculture & Agribusiness Article 17: Provision of support for economically viable alternative activities; Article 18: Protection of the environment and the health of persons	<ul style="list-style-type: none"> ✓ Monitor and provide information on tobacco cultivation ✓ Promote and support economically viable alternatives to tobacco growing ✓ Chair TWGs on alternative livelihoods for tobacco growers ✓ Protect children from being used as labour in tobacco farming ✓ Provide information on sustainable agricultural practices for tobacco growers, such as nontoxic (organic) pesticides and fertilizers
Ministry of Social & Family Welfare, Ministry for Gender Issues All substantive articles;	<ul style="list-style-type: none"> ✓ Ensure marginalized populations (incl. women, children, indigenous peoples, urban poor) receive the same tobacco control protection as others ✓ Raise awareness on sex-specific risks (e.g. pregnancy risks associated with tobacco exposure)

Article 4: Guiding principles (the need to take measures to address gender-specific risks when developing tobacco control strategies)	<ul style="list-style-type: none"> ✓ Raise awareness of the tobacco industry's marketing tactics, for example marketing towards vulnerable populations and appropriating movements such as 'independent youth' and 'women's empowerment' to increase sales
Ministry of Urban Planning / Transport Article 8: Protection from exposure to tobacco smoke	<ul style="list-style-type: none"> ✓ Promote smoke-free public places including transportation, workplaces, housing and parks/green spaces; assist in the monitoring and enforcement of smoke-free policies ✓ Raise awareness of the harms of second-hand smoke in private vehicles and residences
Civil society organizations Article 20: Research, surveillance and exchange of information; Article 21: Reporting and exchange of information; Article 22: Cooperation in the scientific, technical, and legal fields and provision of related expertise	<ul style="list-style-type: none"> ✓ Push/advocate government to ratify, implement and enforce the WHO FCTC in full ✓ Raise public awareness on the health and development benefits of tobacco control ✓ Monitor activities of the tobacco industry and politicians; share related information with policymakers, communications outlets and the public ✓ Provide technical assistance and support capacity building as appropriate ✓ Inform and report to the WHO FCTC Secretariat on findings and developments ✓ Promote and support equitable coverage of tobacco control measures including affordable access to cessation support
Academic organizations Article 20: Research, surveillance and exchange of information; Article 21: Reporting and exchange of information; Article 22: Cooperation in the scientific, technical, and legal fields and provision of related expertise	<ul style="list-style-type: none"> ✓ Support independent (no tobacco industry involvement) research on tobacco, health and development ✓ Support evaluations of tobacco control policies, programmes and other activities/interventions ✓ Collaborate with governments, development partners and other actors in tobacco control activities ✓ Generate and disseminate new knowledge on the impact of producing, using and marketing of tobacco products
WHO FCTC Secretariat, WHO, WHO FCTC Tobacco Control Knowledge Hubs All articles	<ul style="list-style-type: none"> ✓ Provide technical support and guidance on full implementation of the WHO FCTC ✓ Monitor, measure and inform on the use and health consequences of tobacco products ✓ Provide political and technical support for countries in their tobacco control efforts ✓ Help generate evidence to make the business case for tobacco control, and to support multisectoral coordination <p>Assist in sensitizing, recruiting and convening actors across sectors for multisectoral coordination</p>

<p>International financial institutions Article 26: Financial resources; Article 6: Price and tax measures to reduce the demand for tobacco</p>	<ul style="list-style-type: none"> ✓ Provide technical expertise to the finance department regarding taxation of tobacco products ✓ Collaborate with development partners and governments ✓ Provide financial information for tobacco growers ✓ Support tobacco taxation implementation ✓ Provide grant assistance and grant management capacity
<p>Development partners including UNDP All articles (each UN agency brings core competencies in different aspects of the treaty) For UNDP: Article 5: General obligations [national strategy & planning; multisectoral collaboration and protection against tobacco industry interference]; Article 17: Provision of support for economically viable alternative activities</p>	<ul style="list-style-type: none"> ✓ Provide technical expertise in multisectoral governance and policy implementation mechanisms ✓ Provide assistance in deciding the need for financial support and suitable mechanisms ✓ Promote projects and programmes on alternative livelihoods to tobacco growers ✓ Disseminate information on the negative effects of tobacco smoking, growing, and second-hand smoke for poverty reduction and sustainable development ✓ Collaborate with key tobacco control actors in joint projects and programmes ✓ Provide grant assistance and grant management capacity ✓ Provide relevant country/sector-specific information ✓ Engage, sensitize and assist UN country teams to support whole-of-government tobacco control

TOOL 4. OPTIONS FOR ESTABLISHING OR STRENGTHENING THE NCM, INCLUDING SAMPLE LEGISLATION, A SAMPLE DECREE AND A SAMPLE LETTER TO THE EXECUTIVE BRANCH

There are several paths for Parties to form an NCM. This tool provides examples of three: passing legislation, issuing a presidential decree or other binding mandate, and encouraging the prime minister/executive branch to directly and more informally convene it.

High-level political support for establishing or strengthening the NCM is critical. Parties should determine the best pathway to garner such support, weighing pros and cons. For example it may be easier and more expedient to establish the NCM by advocating the executive branch to convene it, but legislation, usually more painstaking, can more firmly secure the NCM's political mandate and ensure its sustainability. Prior to designing the NCM and deciding which path to pursue, it is recommended that tobacco control focal points complete the rapid situation analysis (tool 1) as well as carefully consider which entities to include (tool 3). Selection of path need not be mutually exclusive. In some contexts it may make sense to establish an NCM informally in the immediate-term, through the executive branch, while continuing longer-term efforts through legislative processes.

Ideally, tobacco control focal points will have at least an outline of the most essential elements of the NCM to present to legislative and/or executive bodies. These elements include: membership and multi-sectorality; terms of membership and codes of conduct for members; lines of authority; funding; roles and responsibilities of the NCM; and powers of the NCM and the Minister or Chair. Tobacco control focal points may consider and decide some of these elements in collaboration with prospective members.

Sample legislation establishing an NCM and list of provisions – the case of Sri Lanka

Sri Lanka is one of the few countries to have established an NCM through the passing of legislation, which is the gold standard. In 2006 it enacted the National Authority on Tobacco and Alcohol (NATA) Act N° 27 which passed a number of tobacco control measures and established a national coordinating mechanism to reduce the harm of tobacco and alcohol in the country. Sri Lanka attempted passage of such legislation multiple times in 2000 and again in 2002, and succeeded years later in 2006. Though Sri Lanka's ultimate success in establishing the tobacco control NCM through legislation took years to achieve, its experience and legislation is useful for other Parties to consider in their efforts.²⁵ Table 4 presents articles from Sri Lanka's NATA Act N° 27, with notes on the language's relevance to NCM establishment and strengthening.

²⁵ Omitted from Table 4 are articles of NATA Act N° 27 which strengthen the NCM but are not required or are context-specific. These include: Articles 16-19, designating 'Authorized Officers' and their authority necessary for enforcement of regulations under the NATA act (e.g. search and seizure); Article 21, outlining the authority of the NCM to appoint and remunerate officers; and Articles 10, 11, 24, 27, 28, 29, stipulating specifications regarding administrative matters and the powers of the NCM and its members.

Sri Lanka's legislation, while a best practice example, is not exhaustive. Parties may want articles on areas which Sri Lanka's legislation does not cover, for example: how to amend to the NCM charter; required communications between the NCM Secretariat, its members and the public; accountability and reporting requirement (see tool 9); and codes of conduct for NCM members (see tool 10).

Table 4) Sample language for legislation prescribing formation of an NCM, based on Sri Lanka's National Authority on Tobacco and Alcohol Act, No. 27 of 2006²⁶

Article Language from Sri Lanka's 2006 NATA Act	Notes
<p><i>"2. (1) There shall be established an Authority which shall be called the National Authority on Tobacco and Alcohol (hereinafter in this Act referred to as the "Authority").</i></p> <p><i>(2) The Authority shall, by the name assigned to it by subsection (1) be a body corporate and shall have perpetual succession and a common seal and may sue and be sued in such name."</i></p> <p><i>"3. (1) The Authority shall consist of the following members appointed by the Minister—</i></p> <p><i>(a) an officer, not below the rank of a Senior Assistant Secretary, of the Ministry of the Minister in charge of the subject of Health, nominated by that Minister;</i></p> <p><i>(b) ..."</i></p> <p>Note: Additional articles may detail the terms of office for NCM members, including any disqualifications; processes for removal and resignation of members; and remuneration or allowance of members (see Articles 4-7 of full document).</p> <p><i>"8. (1) The Minister may appoint one of the appointed members of the Authority to be the Chairman of the Authority, and such Chairman shall be the Chief Executive Officer of the Authority.</i></p> <p><i>...</i></p> <p><i>(3) If the Chairman is by reason of illness or absence from Sri Lanka, temporarily unable to perform the duties of his office, the Minister may appoint another member of the Authority to act in his place.</i></p> <p><i>..</i></p> <p><i>(4) The Chairman shall not engage in any paid employment outside the duties of his office, without the approval of the Minister.</i></p> <p><i>...."</i></p>	<p>Article establishing the National Authority on Tobacco and Alcohol, Sri Lanka's NCM.</p> <p>Article establishing membership of the NCM. Note the required rank of members; high-level membership renders the NCM more effective.</p> <p>Article establishing the position of NCM Chair and terms of the office. As with other NCM members (above), terms of office for the chair should be detailed. Note Article 8.4 which establishes a full-time Chair for the NCM.</p>

²⁶ http://www.nata.gov.lk/web/images/downloads/nata_act_english.pdf

Note: Additional articles may outline the delegation of powers and functions of the NCM, including who has authority to issue directives over the NCM (typically the Minister of Health or NCM Chair; see Articles 12 and 13 of full document).

“25. The Authority shall be deemed to be a scheduled institution within the meaning of the Commission to Investigate Allegations of Bribery or Corruption Act, No. 19 of 1994 and the provisions of that Act, shall be construed accordingly.

26. All members, officers and servants of the Authority shall be deemed to be public servants within the meaning and for the purposes of the Penal Code (Chapter 19). “

Articles placing norms and regulations on NCM members regarding transparency and conduct by linking to existing law. Ideally, existing codes of conduct will include measures to protect public servants from tobacco industry interference (see tool #13). Tailored code of conduct for NCM members may be attached as an annex and prescribed here.

“22. (1) The Authority shall have its own fund (hereinafter referred to as the “Fund”).

(2) There shall be paid into the Fund— (a) all such sums as may be made available to the Authority out of the Consolidated Fund ; and

(b) all such sums of money received by the Authority by way of gifts, grants or donations whether from within Sri Lanka or abroad.

(3) There shall be paid out of the Fund all such sums as are required to defray any expenditure incurred by the Authority in the exercise, and discharge of its powers and functions under this Act or under any other written law and all such sums as are required to be paid out of the Fund. “

Article outlining sources of funding and ability of NCM to raise and use funds, as applicable.

Functions of the NCM – i.e. the terms of reference for the NCM. Note the comprehensive list of roles and responsibilities of the NCM below including recommending measures to minimize the harm from the consumption of tobacco products; monitoring and evaluating implementation of policies; conducting and promoting research; and acting as coordinating agency for all tobacco-control activities. See tool 7 for an expanded discussion on TORs as well as sample TORs.

“14. The functions of the Authority shall be to—

(a) advise the Government on the implementation of the National Policy on Tobacco and Alcohol;

(b) encourage and assist health promotion through the media sponsorships and community based projects ;

- (c) recommend measures to minimize the harm arising from the consumption of tobacco products and alcohol products ;*
- (d) recommend measures in consultation with the National Dangerous Drugs Control Board, for the elimination or minimization of illicit drug use;*
- (e) recommend legal, taxation, administrative and other measures necessary for the implementation of the National Policy on Tobacco and Alcohol ;*
- (f) monitor and evaluate the implementation of such policy ;*
- (g) evaluate the impact of policy measures and advise the government on such modifications to the Policy as may be necessary ;*
- (h) encourage and assist research on issues relating to tobacco and alcohol ;*
- (i) monitor economic, health and other issues relating to the production, consumption and marketing of tobacco products and alcohol products ;*
- (j) to conduct, promote and co-ordinate research in relation to the use of tobacco and alcohol ;*
- (k) secure participation of all necessary governmental, or non-governmental agencies and private sector organisations in the implementation of the National Policy on Tobacco and Alcohol ;*
- (l) encourage active community participation in the implementation and monitoring of the National Policy on Tobacco and Alcohol ;*
- (m) receive communications from the public on issues relating to tobacco and alcohol and to recommend necessary action in relation thereto the implementing agencies ;*
- (n) act as the coordinating agency for all activities carried out by the government and non-governmental agencies and organisations relating to minimizing the harm arising from the production and consumption of tobacco products and alcohol products ;*
- (o) monitor the progress of all investigations relating to tobacco and alcohol ;*
- (p) to liaise with local, regional and international organisations on issues relating to tobacco and alcohol.”*

“15. The Authority shall have the power—

- (a) to acquire, hold, take or give on lease or hire, mortgage, pledge, sell or otherwise dispose of, any movable or immovable property ;*
- (b) to borrow, with or without security, moneys, on such terms and conditions as may be approved by the Minister in charge of the subject of Finance for the purpose of discharging it’s functions ;*
- (c) to accept gifts, grants or donations, whether in cash or otherwise, and to apply them for discharging its functions ;*
- (d) to appoint such officers and servants as may be necessary for discharging the functions of the Authority ;*
- (e) to appoint sub-committees or to co-ordinate with units at provincial level, for the effective discharge of its functions ;*
- (f) to determine the remuneration payable to the officers and servants so appointed ;*
- (g) to establish a social security scheme, and provide welfare and recreational facilities for its officers and servants ;*
- (h) to enter into and perform all such contracts whether in or outside Sri Lanka as may be necessary for the exercise of the powers and discharge of the functions of the Authority ;*

Article outlining the NCM’s powers required to fulfill its roles and responsibilities

(i) to inquire and investigate into any matter in discharging of the functions of the Authority ;
(j) to recommend adherence to such International Treaties and Conventions dealing with Tobacco and Alcohol as the Government may ratify and accede to ;
(k) generally, to do all such other things as are necessary to facilitate the proper discharge of the functions of the Authority.”

“20. The Minister may on the advice of the Authority issue general or special directions not inconsistent with the provisions of any written law for the time being in force to any Government Department or statutory institution, requiring any such Department or Institution to carry out such acts as are specified in such direction relating to the use of tobacco products and alcohol product.

30. (1) The Minister may make regulations in respect of any matter required by this Act to be prescribed or in respect of which regulations are authorized or required by this Act to be made.

(2) Without prejudice to the generality of the powers conferred by subsection (1), the Minister may make regulations—

(a) identifying the tobacco products that are harmful or injurious to human health ;
(b) specifying the types or categories of tobacco products which do not generate smoke.

(3) Every regulation made by the Minister shall be published in the Gazette and shall come into operation on the date of such publication or on such later date as may be specified in such regulation.

(4) Every regulation made by the Minister shall after thirty days of its publication in the Gazette, be brought before Parliament for approval. Any regulation which is not so approved shall be deemed to be rescinded as from the date of such disapproval but without prejudice to anything previously done thereunder.

(5) Notification of the date on which any regulation made by the Minister is deemed to be rescinded shall be published in the Gazette.”

Articles authorizing the Minister of Health, on advice of the NCM, to issue directives to other Departments or Institutions, as well as issue regulations to be brought to parliament for approval (as consistent and necessary for implementation of the NATA act.)

Sample decree establishing an NCM – the case of Brazil

The tobacco control NCM can also be established through a decree by the head of government, underscoring the importance of demonstrating the value of the NCM to the highest levels of government. The below presents an example from Brazil.

Decree N° 3,136, of August 13, 1999²⁷

Creates the National Commission for the preparation of Brazil's participation in international negotiations with a view to the elaboration of a framework convention on the control of tobacco use and other measures.

THE PRESIDENT OF THE REPUBLIC, in the use of the attribution conferred by art. 84, subsection VI, of the Constitution, and in view of the fact that the World Health Organization, in its Resolution WHA 52.18, provided for the elaboration, by the year 2003, of a Framework Convention on Tobacco Use Control and possible Additional Protocols:

DECREES:

Art. 1 The National Commission is created to prepare the Brazilian participation in the international negotiations with a view to the elaboration of a Framework Convention on tobacco control and possible Supplementary Protocols.

Art. 2 It is incumbent upon the National Commission to advise the President of the Republic on the decisions regarding the formulation of the Brazilian positions for the international negotiations that will prepare the draft of the Framework Convention and its possible Additional Protocols, and in particular:

- I - offer subsidies for Brazilian participation in the negotiations or international events related to the Framework Convention on Tobacco Control in the world and its possible Complementary Protocols;
- II - to prepare studies on the main topics related to the subjects within its competence;
- III - organize periodic meetings of its members with a view to harmonizing the positions of the different Brazilian bodies dealing with the matter;
- IV - establish dialogue with national and international institutions and entities, whose objectives and activities may bring relevant contribution to the issues within their competence.

Art. 3 The National Commission shall be chaired by the Minister of State for Health and composed of representatives of the following organs:

- I - Ministry of Foreign Affairs;
- II - Ministry of Finance;

²⁷ Translated from: <http://www2.camara.leg.br/legin/fed/decret/1999/decreto-3136-13-agosto-1999-359572-publicacaooriginal-1-pe.html>

III - Ministry of Agriculture and Supply;
IV - Ministry of Justice;
V - Ministry of Education;
VI - Ministry of Labor and Employment; and
VII - Ministry of Development, Industry and Foreign Trade.

Single paragraph. The members shall be appointed by the President of the Commission, upon indication of the represented body.

Art. 4 The National Cancer Institute of the Ministry of Health will serve as the Executive Secretariat of the Commission.

Art. 5 The National Commission may invite representatives of other Federal, State and Municipal Administration bodies and nongovernmental entities, as well as specialists in matters related to its area of competence, whose attendance at the meetings deems it necessary to comply with the provisions of this Decree.

Art. 6 This Decree shall enter into force on the date of its publication.

Brasília, August 13, 1999; 178th of Independence and 108th of the Republic.

FERNANDO HENRIQUE CARDOSO

José Carlos Dias

RECTIFICATION

(Published in the Official Gazette of August 16, 1999, Section I) On the 1st page, 2nd column, in the signatures, FERNANDO HENRIQUE CARDOSO José Serra

This text does not replace the original published in the Official Gazette of the Union - Section 1 of August 16, 1999

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Generic sample letter from MoH to the executive branch or MoFA

If politically appropriate in a given context, MoH may wish to send a letter directly regarding the NCM to the executive branch (e.g. Office of the Prime Minister/President or Vice President) and/or MoFA. This can be an important avenue for garnering high-level political support, whether for the NCM process generally or specifically for the informal convening of the NCM at the executive branch's behest. In the letter, it may make sense to present the executive branch with options for establishing the NCM. Depending on protocol, the letter may be best placed coming from the Minister of Health, or from the tobacco control focal point transmitting a letter from the WHO Framework Convention Secretariat.

The letter should clearly articulate why tobacco control is a priority for the country, outlining why it is important for all three strands of sustainable development: economic, social and environmental. Tool 1 provides guidance in conducting a situation analysis which will help articulate these elements. The letter should be oriented around particular concerns or priorities the executive branch may have. For example, if a president has emphasized a platform of equity, sustainable economic growth, or more efficient government, tobacco control's importance to these goals could be highlighted (see tool 2 for arguments for strong tobacco control). The letter should also mention any international treaties and protocols to which the government is a signatory and under which it has obligations relevant to tobacco control.

If a country has an NCM on paper but it is not convening regular meetings or not conducting substantive or effective tobacco control work, letters to the executive branch should stress the need to optimize the NCM. Letters may also mention the availability of technical support from the Convention Secretariat and development partners such as WHO and UNDP (see box 2 below). The letter should also note next steps should high-level endorsement be granted. Draft letters of invitation (tool 6) and a draft agenda (tool 7) may be attached or sent upon confirmation for executive branch review and use. If legislation or draft legislation for the NCM already exists, this may also be sent to the executive branch for review.

Box 2) Myanmar strengthens its NCM

Myanmar's Central Tobacco Control Committee with multisectoral engagement was created by law to lead and oversee tobacco control in the country. However, the Committee had not been active for some time with limited non-health sector engagement. Therefore, there was a need to reinvigorate and strengthen its role to advance and accelerate multisectoral tobacco control efforts. This was one of the key recommendations of the FCTC needs assessment mission conducted in May, 2018, with reference to the FCTC Article 5.2a Toolkit to support the effort.

Two weeks after the FCTC mission, the Ministry of Health and Sports organized a Central Tobacco Control Committee meeting with the central objective of strengthening collaboration with non-health sectors.

The Minister of Health and Sports presided over the meeting, which was attended by high-level government officials including the deputy Minister of Trade and Commerce, Deputy Attorney General, and Director Generals from a number of other ministries. All ministry representatives made remarks and shared views on tobacco control. Joint UN, FCTC mission delegates met with and informed many non-health ministries. UNDP was invited to provide support to the meeting, including on articulating how tobacco control intersects with the Sustainable Development Goals, demonstrating why and how it is in the best interest of each ministry to address tobacco issues within a respective domain.

The Central Tobacco Control Committee meeting resulted in increased engagement by non-health sectors, as well as a new TOR for the Committee, a list of Committee members, commitments to future meeting dates, and other key items such as commitments by each ministry to create action plans.

Date:

Place:

From

To

Excellency,

Tobacco is the single greatest preventable cause of death in the world today, and a major economic burden to societies and governments. In our country, [country name], tobacco kills [X] people every year, most in the prime of their lives. The international community recognizes the importance of tobacco control for sustainable development. Strengthening implementation of the World Health Organization Framework Convention of Tobacco Control (WHO FCTC), to which [country name] is a Party, is an explicit target under the 2030 Agenda for Sustainable Development.

WHO FCTC implementation would accelerate progress on many sustainable development targets and goals, including efforts to reduce premature mortality from non-communicable diseases. It would also reduce strains on the national budget and increase economic productivity due to a healthier workforce. Implementing the WHO FCTC and capturing the benefits of tobacco control requires strong leadership and effective coordination between various sectors and stakeholders.

As Minister of Health and in accordance with WHO FCTC Article 5.2, I have designated a national tobacco control focal point, but would like to seek your support to ensure key stakeholders across sectors work together effectively to save [country name] lives from tobacco use and to capture closely linked opportunities for sustainable development. The WHO FCTC provides a blueprint for national coordination efforts on tobacco control. Critical is your leadership in helping to convene key stakeholders including government ministries, agencies, and departments to advance health and sustainable development in concert and fulfill our obligations under the WHO FCTC.

I therefore kindly request for you to convene a meeting to establish a national coordination mechanism for tobacco control. Ready for your disposal is a list of relevant ministries, agencies and departments – as well as non-governmental stakeholders – which are key to effective tobacco control. Upon your request, I am also prepared to forward you a draft invitation letter to these stakeholders and a draft agenda for the meeting.

Thank you for your consideration.

Sincerely,

TOOL 5. MODEL TERMS OF REFERENCE FOR THE NCM, NCM REPRESENTATIVES, NCM SECRETARIAT, TOBACCO CONTROL FOCAL POINT, AND NCM CHAIR OR PRESIDENT

A terms of reference (ToR) defines the roles and responsibilities of a position or an organization. For effective tobacco control governance, crucial is a clear ToR defining objectives, roles and responsibilities for each of the following: the NCM, NCM representatives, the NCM secretariat, the tobacco control focal point and the NCM president / chair. This tool provides common, non-exhaustive elements to include in these different ToRs, as well as sample language from the experience in Brazil.

Model ToR for the NCM

This sub-section presents general ToRs for national and sub-national coordinating mechanisms on tobacco control. The general NCM ToRs are not exhaustive and should be adapted and tailored to each Party's needs and priorities. Brazil's ToR for its NCM (CONICQ) is presented in Box 2 as an example of a country-specific ToR. As NCM ToRs establish the foundation of collaboration for all members, tobacco control focal points are encouraged to consult with key stakeholders on draft ToRs, allowing them to input and provide feedback.

General ToR for a national Level NCM²⁸

1. Provide political leadership and guidance to relevant sectors for tobacco control and implementation of the WHO FCTC.
2. Enhance and facilitate the integration of tobacco control in the policies and programmes of relevant ministries and government agencies, and coordinate technical assistance for mainstreaming tobacco control in the work of relevant sectors at the national and subnational levels.
3. Provide a dynamic platform for dialogue, stocktaking and agenda-setting, and development of public policies for tobacco control.
4. Facilitate development, resourcing, monitoring and oversight of the multisectoral action plan on tobacco control, and monitor the implementation of the action plan.
5. Report on intergovernmental commitments pertaining to tobacco control.
6. Monitor the implementation of WHO FCTC Article 5.3 on protection of national tobacco control policies from commercial and other vested interests of the tobacco industry.

General ToR for a sub-national NCM²⁹

1. Ensure effective implementation of the multisectoral action plan on tobacco control.

²⁸ Adapted from WHO, 2015. Approaches to Establishing Country-Level Multisectoral Coordination Mechanisms for the Prevention and Control of Noncommunicable Diseases. WHO Regional Office for South-East Asia.

http://www.searo.who.int/entity/noncommunicable_diseases/documents/ncd-multisectoral-coordination.pdf?ua=1

²⁹ Ibid

2. Coordinate with relevant sectors to mainstream tobacco control in their programme implementation at sub-national levels.
3. Identify and access local government resources for implementation of the plan.
4. Report on implementation of the plan to the national coordination mechanism.

Box 3) ToR of Brazil's National Commission for the Implementation of the Framework Convention on Tobacco Control (CONICQ)³⁰

"Art. 8º: CONICQ is responsible for:

- | | |
|-------------|--|
| <i>I</i> | <i>advise Brazilian government on the decisions regarding to elaboration of national policies for ratification of the Framework Convention for Tobacco Control and on the effective fulfillment of the obligations described therein;</i> |
| <i>II</i> | <i>advise Brazilian government on the negotiation and on the adoption of additional protocol appendices, and amendments to the Framework convention as well as other events related to it</i> |
| <i>III</i> | <i>articulate the organization and implementation of a governmental intersectorial agenda for the fulfillment of obligations described in the Framework Convention;</i> |
| <i>IV</i> | <i>promote the development the implementation and the strategies evaluation, plans and program, as well as politics, legislation and other measures to fulfill the obligations described on the Framework Convention;</i> |
| <i>V</i> | <i>identify, promote and facilitate the mobilization of financial resources for its operation, as well as to endorse the fulfillment of the obligations of the Framework Convention;</i> |
| <i>VI</i> | <i>promote researches on topics related to issues of interest of the Framework convention;</i> |
| <i>VII</i> | <i>establish a dialogue with institutions and national and international entities, whose objectives and activities might be of relevant contribution for matters within its competence;</i> |
| <i>VIII</i> | <i>Requires, when appropriate, a cooperation and information of competent government bodies and other organizations or non-governmental bodies, international or national, as well as from experts on issues related to their areas of interest;</i> |
| <i>IX</i> | <i>considering, when appropriate, the adoption of other actions that might be necessary to reach the objectives of the Framework Convention; and</i> |
| <i>X</i> | <i>perform other attributions, when appropriate to comply with the Statute.</i> |

Model ToR for NCM representatives

ToRs for individual members of the NCM set the framework for collaboration. Some NCM assignees/representatives may have limited tobacco control knowledge. ToRs and other guidelines can ensure NCM representatives understand at minimum: their role on the NCM; the social and economic harms of tobacco; the goals of tobacco control; how their particular sector contributes to or could contribute to tobacco control; their country's tobacco control legislation and regulations; the code of

³⁰http://www2.inca.gov.br/wps/wcm/connect/699ade004cdef1bc8e9efeb91f33dc93/Procedure+Rules+of+the+National+Commission_Brazil.pdf?MOD=AJPERES&CACHEID=699ade004cdef1bc8e9efeb91f33dc93

conduct regarding interaction with the tobacco industry; WHO FCTC obligations; and their role in communicating tobacco control commitments to their ministry. In most cases, it will be necessary for the ministry that chairs the NCM to develop and facilitate implementation of curriculum to ensure that each member is properly informed. This sub-section presents a general, non-exhaustive ToR for NCM representatives, as well as the ToR for representatives from Brazil's CONICQ (Box 3). Tobacco control focal points should consult key stakeholders on draft TORs, allowing them to provide feedback.

General ToR for NCM representatives

1. Represent the perspectives of NCM-member ministry/institutions on tobacco control policy and implementation.
2. Coordinate actions within their represented ministry/institution towards shared goals.
3. Present updates and report on the actions taken or not taken, and challenges faced.
4. Seek and offer solutions to advance work on the agreed goals.
5. Ensure ongoing communication with the NCM secretariat and other sectors.
6. Contribute to reporting of the NCM.

Box 4) ToR for representatives on Brazil's NCM (CONICQ)³¹

Art. 11 - It is incumbent upon members of the Commission:

- | | |
|-------------|--|
| <i>I</i> | <i>attend the meetings and other activities of the Commission, as well as discuss and deliberate over any matters contained in the agenda;</i> |
| <i>II</i> | <i>submit requests and issues for the agenda of the Commission meetings;</i> |
| <i>III</i> | <i>decide on the approval and amendments of this Procedure Statute, and ensure its fulfillment;</i> |
| <i>IV</i> | <i>decide on the deferral of the hearings to interested parties not members of the Commission;</i> |
| <i>V</i> | <i>fulfill the objectives of the Commission, keeping the Executive Secretary and other members informed about the actions developed and the strategies that might maximize their results;</i> |
| <i>VI</i> | <i>support the Executive Secretary in preparing periodical reports about the internationalization of the Framework Convention for Tobacco Control in Brazil to be presented to the</i> |
| <i>VII</i> | <i>prepare technical analysis on issues related to the competence of their bodies upon request of the Executive Secretary, articulating, when necessary with other bodies of their Ministries;</i> |
| <i>VIII</i> | <i>integrate working groups proposed by the Commission;</i> |
| <i>IX</i> | <i>propose actions and relevant strategies to the respective bodies and schedules of activities to fulfill the obligations described on the Framework Convention for the Tobacco Control;</i> |
| <i>X</i> | <i>collaborate on the articulation of plans and intersectorial actions for systematization of the Framework Convention for Tobacco Control;</i> |
| <i>XI</i> | <i>convoke extraordinary meetings of the Commission;</i> |

³¹<http://www2.inca.gov.br/wps/wcm/connect/699ade004cdef1bc8e9efeb91f33dc93/Procedure+Rules+of+the+National+Commission+Brazil.pdf?MOD=AJPERES&CACHEID=699ade004cdef1bc8e9efeb91f33dc93>

- | | |
|------|--|
| XII | <i>observe legal provisions of the Decree n1.171 of June 24, 1994 and the Decree n 4.334 of August 12, 2002, considering the provisions in the Art 5.3 of the Framework Convention and its guidelines;</i> |
| XIII | <i>forward to the Executive Secretariat, the Conflict of Interest Statement according to model recommended by the World Health Organization, which shall be kept in confidential file; and</i> |
| XIV | <i>keep confidential the contents of the documents that were not considered as public documents by the Commission.</i> |

Model ToR for the NCM Secretariat

ToR for the NCM Secretariat may include, among other items³²

1. Sensitize key stakeholder ministries on concerns related to tobacco.
2. Organize meetings of the NCM.
3. Develop the agenda for NCM meetings in consultation with the Chair and other sectors.
4. Facilitate the development of the multisectoral, costed action plan for tobacco control.
5. Request reports on progress of work from stakeholder ministries and sub-national coordination bodies.
6. Follow up on decisions taken by the coordination body.
7. Arrange technical assistance to line ministries such as for health and environmental impact assessments of policies and capacity assessments of sectors.
8. Identify knowledge gaps and advance research priorities to inform policy decisions.
9. Support stakeholder ministries in accessing resources for implementing their commitments.
10. Facilitate bilateral/multilateral meetings to advance work on thematic issues and agreed upon goals.
11. Prepare consolidated reports on the implementation of the multisectoral action plan for tobacco control.
12. Facilitate monitoring and evaluation of the work of the mechanism against agreed national and global tobacco control targets.
13. Organize information sharing events such as national conferences and seminars, and participate in activities organized by other sectors.
14. Develop publications and information products explaining national tobacco control objectives and activities, and liaise with media to effectively disseminate the messages.
15. Sensitize key governmental groups such as parliamentary standing committees, as appropriate.
16. Provide national reports and materials for the WHO FCTC Conference of the Parties meetings.

Box 5) ToR for the Secretariat of Brazil's NCM (CONICQ)³³

Art. 10. It is incumbent upon the Executive Secretary of CONICQ:

- | | |
|---|--|
| I | <i>plan, organize, convoke and coordinate the ordinary and extraordinary meetings of the Commission;</i> |
|---|--|

³² *Ibid*

³³ http://www2.inca.gov.br/wps/wcm/connect/699ade004cdef1bc8e9efeb91f33dc93/Procedure+Rules+of+the+National+Commission_Brazil.pdf?MOD=AJPERES&CACHEID=699ade004cdef1bc8e9efeb91f33dc93

- II *provide technical and administrative support necessary to perform the activities of the Commission and the Working Groups Ad Hoc;*
- III *prepare the minutes of meetings of the Commission and submit them to members for approval;*
- IV *refer to the members of the Commission regarding to the approval of hearings for people who are not a member of the Commission, according to description of the single paragraph of article 2^o of Decree of August 1st, 2003*
- V *receive, investigate and submit the claims under Commission's deliberations for legislation procedures*
- VI *forward the Commission's deliberations to the governmental bodies responsible for their implementation and provide due publicity;*
- VII *promote intersectorial collaboration to implement public policies that require coordinate action; Secretaria Executiva da Comissão Nacional para Implementação da Convenção - Quadro para o Controle do Tabaco - CONICQ Instituto Nacional de Câncer / Ministério da Saúde*
- VIII *inform member of the Commission about national and international activities of interest to the Framework Convention for Tobacco Control;*
- IX *consolidate the intersectorial agenda with the responsibilities of each sector;*
- X *coordinate the elaboration of the work plan to be submitted to the President of the Commission for management, with full members of other bodies that are part of the Commission;*
- XI *prepare annual reports about the activities of the convention, as well as about the implementation of the Framework - Convention's obligations for Tobacco Control in the country*
- XII *promote, if necessary, open seminars for representatives of civil society organizations that work or have already worked in tobacco control, in consonance with articles 4.7 and 5.3 of the Framework Convention,*
- XIII *promote and facilitate the information exchange between organizations and responsible bodies as a means to strengthen the national implementation of the Framework - Convention.*
- XIV *monitor the national implementation of the obligations detailed in the Framework Convention.*

Model ToR for the tobacco control focal point and NCM chair / president

The tobacco control focal point refers to the central contact person(s) or institution(s) within government responsible for facilitating WHO FCTC implementation and communicating information about implementation within and outside the country. The position of focal point should be fully resourced, and may be best positioned within the NCM Secretariat as director or assistant director of the Secretariat. This arrangement can better preserve and diffuse the focal point's knowledge on national and international tobacco control issues. However, assigning the focal point a leadership role such as chairing the NCM may not always be desirable. The focal point will not always be a high-ranking official and may lack the institutional stature to convene an inter-agency body. Ideally, a high-level official from the health ministry or executive branch will convene, open and chair the NCM which allows the focal point to provide support on substantive issues.

ToR for the tobacco control focal point³⁴

1. Liaise between national and international spheres of government generally.
2. Coordinate between domestic tobacco control efforts and the WHO FCTC Secretariat, specifically.
3. Coordinate national efforts to implement tobacco control and the WHO FCTC.
4. Lead or assist in establishing the NCM, the national strategy for tobacco control, annual workplans, and other strategic policy documents.
5. Serve as liaison between the NCM secretariat and NCM representatives, national stakeholders, and international community.
6. Assist Ministry of Foreign Affairs / Ministry of Health or other entity in representing the government at the annual Conference of Parties to the FCTC.
7. Provide substantive support to the NCM and its Secretariat in policy and technical matters related to tobacco control.

ToR for the NCM chair / president

1. Preside over the plenary meetings of the NCM.
2. Negotiate with representatives on the NCM for allocation of resources to implement the NCM's action plan / FCTC.
3. Assist the secretariat in convening all NCM members for regular (*monthly, bi-monthly, etc.*) meetings of the NCM and other meetings as required (*e.g. for presenting work-plans, launching the national strategy on tobacco control, etc.*).
4. Send formal requests and decisions on behalf of the NCM to concerned Ministries, or to Minister of Health to be directed to concerned Ministries.

³⁴ Adapted from WHO, 2015. Approaches to Establishing Country-Level Multisectoral Coordination Mechanisms for the Prevention and Control of Noncommunicable Diseases. WHO Regional Office for South-East Asia.

TOOL 6. DRAFT INVITATION LETTER TO CONVENE AN INITIAL NCM MEETING

A key step in the NCM process is to approach desired NCM representatives to attend the first NCM meeting. This tool is a draft letter for the health minister, prime minister/president or other high-level figure to send to key stakeholders. Adding audience-specific reasons for their contribution (tool 2), as well as expected roles (tool 3), can increase participation.

Date:

Place:

From:

To:

Respected Madam/Sir,

Tobacco use is the single greatest preventable cause of death in the world today. In our country, [country name], tobacco kills [X] people every year, most in the prime of their lives. The devastating health consequences of tobacco consumption are widely known. Less understood are the significant social, economic and environmental harms tobacco imposes on societies. The 2030 Agenda for Sustainable Development includes a target on strengthening tobacco control and another on reducing premature death from cancers, heart disease and other non-communicable diseases.

A whole-of-government approach is needed to address the tobacco epidemic, and [by legislation or decree or however – list specific legislation or decree number if it exists], our country has decided to establish a national multisectoral coordination mechanism for tobacco control. Your Ministry (or Department, etc.), [name ministry, department, etc.], would benefit from strengthened tobacco control and can meaningfully contribute to the national response. *[Include here [reasons](#) for that department to be a part of the meeting, as well as expected [roles](#)].*

In light of the above, I invite you to attend the first convening of the national tobacco control coordination mechanism. The [agenda](#) for the first meeting is attached to this letter. I look forward to your favourable response and participation.

[Attach proposed agenda items as needed, a sample agenda is provided under tool 7]

Sincerely,

TOOL 7. SAMPLE AGENDA FOR THE INITIAL AND SECOND MEETING OF THE NCM

This tool includes main goals of the first and second NCM meetings, respectively, together with sample agendas and a checklist of supporting material / information to be shared with participants. The tobacco control focal point must be especially prepared for initial NCM meetings to demonstrate the value and seriousness of the NCM.

What should be covered in the initial NCM meetings varies. If the NCM has been designed in advance and ministerial focal points / stakeholder representatives are already appointed, the NCM can start working on substantive issues and strategic planning. This includes creating a costed, annual workplan for the NCM (see tool 9).

However, this tool and the below agendas are geared more toward an earlier stage, where not all represented entities have made final appointments to the NCM, and not all NCM elements have been finalized. Should this be the case, the initial two meetings should produce a) the formal appointment of NCM representatives, and b) a final NCM charter, including TORs, code of conduct, accountability framework, and rules of procedure. The responsible Ministry (typically health), or NCM Secretariat if this has been established already, should draft and distribute these elements in advance of the meetings for representatives to review and input.

Regardless of whether the NCM has been fully established, the initial meetings should build commitment among sector representatives. The initial NCM meetings set the stage for the success of the NCM and it is important to plan the key messages, materials and the discussion topics carefully. Included should be why it is important to implement the WHO FCTC, the purpose, methods and objectives of NCM, and initial activities where the NCM can engage.

Ideally, a high-ranking official such as a Minister or Deputy Minister – typically from the health ministry – would open and or/chair the NCM meetings. The tobacco control focal point or a less senior official at the level of director may serve as co-chair.

Sample agenda for meeting #1

Main goals

- ✓ Participants gain an understanding of tobacco control obligations under the WHO FCTC and the need for multisectoral coordination;
- ✓ Participants gain knowledge on the tobacco control situation within the country and on tobacco control priorities in the country;
- ✓ Participants receive background documents to present to their ministries and agencies to make final appointments to the NCM.

1. Introductions – record which sectors are represented and by whom. All participants should complete a declaration of interests form (see tool 10), indicating that they have no present ties to the tobacco industry, or past ties that could cause conflicts of interest.
2. Discussion of the WHO FCTC – discuss why its implementation is important. Participants will likely have little knowledge on tobacco control and will need background information on general and technical matters. If a rapid assessment of tobacco control has been conducted (tool 1) for the country, findings can be presented at the first NCM meeting and any briefs/reports circulated in advance. Key aspects of tobacco control to cover during the first NCM meeting include the national tobacco burden, challenges and opportunities in tobacco control, and tobacco control priorities.
3. Overview of Article 5.2a/the national coordination mechanism – explain what is expected from the NCM, and discuss its objectives, methods of work, roles, responsibilities, and financing. Ideally an outline of ToRs for NCM membership will be ready, circulated prior to the meeting and available for discussions. Participants should have a rough outline of the functions of the NCM and ToRs for representatives which they can present to their institutions/organizations.
4. Appointment of NCM members and ministerial focal points – Participants may have already been appointed by the institutions they represent. This may not be the case, however, and initial participants may not be well-suited for representing their institutions on the NCM. Desired qualifications should be discussed at the initial meeting, including that:
 - a. NCM members be senior level officials who support tobacco control and – ideally – have some requisite knowledge of tobacco control or are engaged in tobacco control activities.³⁵
 - b. NCM members, regardless of title or formal position, can facilitate action on tobacco control within their institutions in line with NCM decisions.
 - c. The same NCM members can consistently attend most if not all NCM meetings (member turnover can cause serious disruption, and new representatives will need to be briefed on proceedings up to that point).

Participants at the initial meeting should be supported to understand the commitment required, which should also be outlined in the ToRs for members. Participants should pass this information on to their institutions to make final appointments to the NCMs.

5. Upcoming activities – such as national or international meetings, trainings, and key opportunities for advocacy (i.e. World No Tobacco Day).
6. Any other business – For example, participants can share ideas on how to establish and strengthen the NCM in the short-term.
7. Next meeting – agree among all participants on the time, date and agenda for the next meeting. If they have not been appointed to the NCM already, participants at the initial meeting should agree to have the ministries and institutions they represent to make final appointments, and ensure these appointments attend the next meeting. Therefore, participants should leave the first meeting with

³⁵ By law Sri Lanka requires NCM membership from a list of ministries and stipulates that members not be below the rank of a Senior Assistant Secretary.

information that outlines the main points of the meeting and justifies the sustained participation of a representative from their respective entity.

Checklist of supporting materials

- ✓ Have the FCTC text (and guidelines) ready to disseminate at the meeting.
- ✓ Have your country's tobacco control law and plan ready to briefly review during the meeting and highlight where room for improvement exists (needs assessment reports can provide this type of information).³⁶
- ✓ Introduce practical examples of roles/responsibilities/activities specific to different sectors which contribute to FCTC implementation.
- ✓ Distribute justification notes for participants to share with their intuitions, outlining the extent of the tobacco burden in the country; need for multi-sectoral coordination and roles of each NCM member; and ToRs both for the NCM and for NCM members.

Sample agenda for meeting #2

Main goals

- ✓ Finalize NCM membership;
 - ✓ Review and agree the design of the NCM, including TORs, rules of procedure, code of conduct and accountability framework.
 - ✓ Begin discussing or continue discussing national tobacco control priorities that require a whole-of-government response (such as phasing out of tobacco agricultural subsidies, stronger enforcement of smoke-free laws, and an increase in tobacco taxes).
1. Introductions – record which sectors are represented and by whom. All new participants/appointees to the NCM should complete a declaration of interests form (see tool 10), indicating that they have no present ties to the tobacco industry, or past ties that could cause conflicts of interest.
 2. Review and finalize/plan to finalize the NCM design – once final NCM membership is established, key design elements can be finalized including rules of procedure, ToRs, code of conduct and accountability framework. In advance of the second meeting, these should be drafted by the NCM Secretariat and distributed to NCM representatives/those attending the second meeting for input and suggestions; most if not all NCM members should be able to agree on the functions and procedures of the NCM. If the second meeting does not allow sufficient time to finalize all aspects of the NCM, participants should at minimum agree a timeline and process to finalize these aspects. Should the process stall, the Minister of Health or other designated authority (NCM chair or executive president) should make final decisions including approval of any amendments.
 3. Discussion of national priorities around tobacco control. Key national priorities on tobacco control may be discussed at the first NCM meeting, time permitting. At the second NCM meeting, a deeper exploration of these priorities and opportunities should be had, considering roles of different representatives.

³⁶ See tool 1 for guidance on conducting a general situation analysis on the tobacco control situation in the country.

4. Upcoming activities – such as national or international meetings, trainings, and key opportunities for advocacy (i.e. World No Tobacco Day).
5. Any other business – for example, participants can share ideas on how to strengthen the NCM in the short-term.
6. Next meeting – agree among all participants on the time, date and agenda for the next meeting. With the initial and second NCM meetings concluded, subsequent meetings can focus on substantive issues and strategic planning.

TOOL 8. SAMPLE RULES OF PROCEDURE FOR THE NCM

Rules of procedure (RoP) are crucial to the effective functioning of the NCM. This tool contains a list of items to consider when developing the RoP, as well as a sample RoP from Brazil.

In some cases the RoP may be drafted in advance of the first NCM meeting, and shared with participants prior to and at this meeting. In other cases, the RoP may be developed between the first and second NCM meetings and/or at the first and second NCM meetings, in collaboration with those present/those nominated as the final representative for their entity. The RoP should be routinely updated as necessary. Provided below is a non-exhaustive list of general items the RoP should cover. For example, the RoP should obligate the generation of minutes from each meeting, with the intention of communicating these minutes to the minister responsible for the NCM (typically, health) and sharing them with all participating ministries. To achieve greater public accountability, it is important to link the NCM to a standing legislative committee or a similar body, where possible. Brazil's RoP for its NCM (CONICQ) are detailed in Box 5, further below, as a country-specific example.

Items the RoP should cover

- ✓ Frequency of NCM meetings and establishing a calendar of meetings;
- ✓ Establishing and amending agendas for NCM meetings;
- ✓ Establishing fixed agenda items (e.g. reporting on progress or raising of general issues at the beginning of the agenda);
- ✓ Requesting and holding extraordinary plenary meetings;
- ✓ Recording, circulating, amending and approving meeting minutes;
- ✓ Confidentiality and transparency requirements of NCM documents, including minutes;
- ✓ Invitations to representatives outside of regular/appointed NCM representations to attend NCM meetings;
- ✓ Decision-making by consensus or majority (simple or super majority) including on follow-up actions;
- ✓ Creating working and thematic groups (how to create; who may be involved; interaction of working groups with the NCM; authority of working groups; and RoP for working groups, if separate from NCM RoP);
- ✓ Handling solicitations for hearings from third parties, including the public;
- ✓ Follow-up action in case of failure of representatives to attend NCM meeting(s)
- ✓ How to disbar and replace NCM representatives (e.g. in case of non-fulfillment of duties or in case of conflicts of interest with tobacco industry).

Box 6) RoP for Brazil's NCM, National Commission for the Implementation of the Framework Convention on Tobacco Control (CONICQ)³⁷

CHAPTER IV OPERATION -- Section I Meetings

Art. 13. The Commission shall hold ordinary and extraordinary meetings, if necessary.

Art. 14. The ordinary and extraordinary meetings of the Commission shall be restricted to the members, unless otherwise provided in the single paragraph of the Art 2 of the Decree of August 1, 2003.

Single Paragraph. *Exceptionally, by prior resolution, CONICQ shall invite employers of the bodies and entities of the Health Ministry of the other bodies of the Federal Public Administration, representative of the Legislative and Judiciary Powers and Public Prosecutors, as well as non - governmental organizations and experts on issues related, whose presence is considered necessary to comply with the provisions of this Procedure Rules.*

Art. 15. The ordinary meetings of the Commission shall occur on a quarterly basis.

Art. 16. The proposed annual calendar of ordinary meetings shall be developed in the last ordinary meeting of the previous year.

Art. 17. The convocation for ordinary meetings shall be done by Executive Secretariat, up to 30 (thirty) days before.

Art. 18. The proposed agenda for ordinary meetings, shall be forwarded by Executive Secretariat to members within 15 (fifteen) days as a minimum, and they shall issue an opinion about its content within 5 (five) days before the meeting. If their opinion is not issued within this time, they shall be considered as an agreement with the agenda.

Single Paragraph. *Exceptionally, in the opening of meeting the Commission shall allow the inclusion of the extra - agenda issues considering the relevance and urgency.*

Art. 19. The members shall confirm to Executive Secretariat their presence at meetings with up to 5 (five) days in advance.

Art. 20. In case of impossibility of full members or alternates to attend the meetings, shall be sent to the Executive Secretariat in up to 1 (one) day before the date of the meeting.

Single Paragraph. *The absence of minister representation for 2 (two) consecutive days shall enable the consultation to the respective Ministry.*

Art. 21. The members shall propose to the Executive Secretariat, with justification, extraordinary meeting convocation of the Commission, at any time, to discuss urgent and relevant themes that require deliberation.

Single Paragraph. *Within 5 (five) days, the Executive Secretariat shall proceed to the convocation of the extraordinary Commission meeting within 15 (fifteen) days in advance.*

Art. 22. All documents and decisions of the Commission shall be kept confidential, up to final deliberation.

³⁷http://www2.inca.gov.br/wps/wcm/connect/699ade004cdef1bc8e9efeb91f33dc93/Procedure+Rules+of+the+National+Commission_Brazil.pdf?MOD=AJPERES&CACHEID=699ade004cdef1bc8e9efeb91f33dc93

Art. 23. The Executive minutes of all the meetings of the Commission shall be sent by the Executive Secretariat to all members for comments and corrections within 30 (thirty) days after each meeting.

§ 1 °. The members shall send comments and corrections within 10 (ten) days. If they don't send these comments within this term they shall be considered as in agreement with the minutes.

§2 °. The signature collection shall be made during the next ordinary meeting or by other means, under coordination of the Executive Secretariat, which shall maintain files with the original versions.

Art. 24. The bodies and entities integrating the public administration shall request participation in a meeting of the Commission to deal with issues of their special interest.

Single Paragraph. *The solicitation to the Executive Secretariat shall be followed by a justification that demonstrates the motivation of the request, for subsequent submission and deliberation by the Commission.*

Art. 25. The decisions in meetings shall be taken by consensus.

Section II Working Groups

Art. 26. The Commission shall constitute Working Groups Ad Hoc, following identified circumstantial needs and the priorities defined by the Commission, in order to support it financially.

Single Paragraph. *The act of constitution shall establish their objectives, its composition, its coordinator and deadline to conclude the works, whose results shall be presented to the commission.*

Art. 27. The Working Groups shall invite people external to the Commission with acknowledged expertise on the issue object of the Group.

Section III Hearings

Art. 28. The solicitations for hearings shall be presented by the interested, through application form directed to the Executive Secretariat of the Commission, followed by an exposure of justifications.

Art. 29. The Executive Secretariat shall consult the representatives of the Commission within 15 (fifteen) days as a maximum for deliberation and communication to the applicant.

Art. 30. The denial of the permission for the hearing through any other body integrating the Commission shall be communicated to the Executive Secretariat in writing, followed by brief exposure of reasons in up to 15 (fifteen) days. If they do not express any opinion up to this date they shall be considered as in accordance with the concession of the hearing.

Art. 31. In case of denial by at least 1(one) body integrating the Commission, the request for hearing shall be discussed in the next meeting of the Commission, who shall deliberate about its concession.

TOOL 9. SAMPLE INITIAL WORKPLAN FOR THE NCM, INCLUDING TRANSPARENCY, ACCOUNTABILITY AND REPORTING

This tool discusses how to set up an initial NCM workplan and includes sample sections. The initial NCM workplan should acknowledge WHO FCTC implementation as an obligation of entire government Parties. It should also include activities that sensitize and support NCM entities in their work within an agreed division of tasks and responsibilities. The workplan should prioritize developing a national strategy for tobacco control, if one does not exist.

The NCM should establish an initial/annual work plan which outlines activities and responsibilities to (1) strengthen the capacity and political will for tobacco control across key ministries/entities, such that it can be mainstreamed in their work, and (2) develop a multisectoral national strategy for tobacco control, should this not exist. The NCM secretariat will likely do most of the technical drafting of the national strategy, which will guide the NCM's work for the next 5-10 years, but involving all NCM members and additional key stakeholders as needed is critical to ensure ownership. If a national strategy for tobacco control already exists, the NCM should review and adopt the strategy's priorities and timeline and the work plan should focus primarily on implementation.

The below discusses several elements of the initial workplan, including; introduction and strategic direction; the core of the workplan (e.g. activities and responsibilities); and monitoring and evaluation. Examples are provided throughout merely for illustration; countries' respective workplans, while sharing common elements, should be unique to national context. Understanding context prior to drafting a workplan can inform its development.

Introduction and strategic direction

This section should include:

- Background and country-context, including a summary of the tobacco control situation analysis
- An overview of goals, objectives and targets.

The workplan should be grounded in the current tobacco control situation and policy environment, which can be informed by the results of the situation analysis (tool 1). Including a mission/vision statement helps to define the NCM's goals, objectives and targets. Such a statement informs the strategic direction of the workplan and aligns all stakeholders around a common purpose. Formulating a mission/vision statement through a process inclusive of all NCM members is a team-building exercise and helps affirm representatives' commitment to tobacco control.

The work plan should differentiate goals from objectives. A goal is a desired end point while an objective is a measurable result expected within a particular period of time consistent with a goal. In other words, objectives are the means by which a goal is attained and the end result of actions or activities.

Example goal: Engage whole-of-government, donor agencies, civil society, and other stakeholders in conceptualizing and planning for strategic, multisectoral, funded, and continuously reviewed tobacco control projects.

Example objectives:

- Finalize rules of procedure, terms of reference, and any outstanding business for the NCM;
- Sensitize key stakeholders on concerns related to tobacco;
- Develop the multisectoral, costed national strategy including action plan for tobacco control.

Objectives may be broken down further into targets.

Box 7) Examples of goals, objectives and targets from Serbia's National Strategy for Tobacco Control

Goal: "The overall goal of this Strategy is to provide a framework for the implementation of tobacco control measures to promote the health and wellbeing of the citizens of Serbia in the future and to protect them from the harmful effects of smoking and exposure to second hand tobacco smoke."

Objectives:

- To prevent the future initiation of smoking behavior, especially among young people;
- To reduce levels of tobacco consumption across all population groups through the implementation of a smoking cessation programme;
- To reduce exposure to environmental tobacco smoke ("passive smoking") in population;
- To raise public awareness of the harmful effects of smoking and exposure to tobacco smoke;
- To ensure adequate regulation of the tobacco industry with regard to the production, advertising and sale of tobacco products will be adopted.

Targets:

- To reduce smoking prevalence in minors by 1% annually;
- To reduce smoking prevalence in adults by 1% annually;
- To increase the number of tobacco-free workplaces by 5% annually;
- To reduce exposure to second hand tobacco smoke at public places by 1% annually;
- To reduce exposure to second hand tobacco smoke at homes, among children by 3%, and among adults by 1% annually.

Workplan core

This section should include:

- Goals, objectives and targets (restate from introduction);
- Activities, outputs and indicators;
- Responsible entity for completion of each activity and output;
- Timeline and target date for completion of each activity and output;
- Resources required to complete each activity.

The core of the workplan should reiterate the goals, objectives and targets. It should then outline specific activities to achieve these. Each activity should produce a specific output or outputs and/or outcomes. Outputs are typically specific, tangible products (e.g. reports) while outcomes are typically non-tangible results (e.g. increased capacity). All outputs and outcomes should be linked to one or more indicators in a monitoring and evaluation plan (see below).

The core of the workplan should specify which office, entity, institution, or person is responsible for each activity or output and by when. Further, it is strongly recommended to provide a cost estimate for each

activity or output. Cost estimates guide the government and other stakeholders during implementation, and inform and attract donors. Table 5 builds upon the first two example objectives listed under **Introduction and strategic direction**, now including hypothetical activities, outputs and other components. Activities related to the third example objective, on national tobacco control strategy development, are demonstrated in Table 6, an excerpt from Jordan’s 2015-2018 roadmap for tobacco control. The specific work area package presented in Table 6 demonstrates how a medium-term, national-level strategy can guide the annual work plan of the NCM for several years.³⁸

³⁸ Guidance on WHO FCTC Article 5.1, national strategy and planning, is currently being developed and will be released in March, 2018. Guidance on national strategy and planning includes Chapter 5 of “Building Blocks for Tobacco Control: A Handbook” available under, <http://www.who.int/tobacco/resources/publications/general/HANDBOOK%20Lowres%20with%20cover.pdf>

Table 5) Hypothetical portion of a workplan

Objective	Activities	Outputs	Indicators	Responsible authorities	Timeline	Required resources
I <i>Finalize rules of procedure, terms of reference, and any outstanding business for the NCM</i>	Convene initial NCM meeting and review NCM requirements, design, including ROP	Outcome / summary document with suggested amendments to ROP		All NCM representatives	14.02.2018 – 14.02.2018	
	Representatives send suggested amendments to ROP within review period to secretariat					
	Convene second NCM meeting, vote on amended ROP, and send to Minister for signature	Completed NCM Charter		All NCM representatives, NCM Secretariat, Minister	27.02.2018	
II <i>Sensitize public and key stakeholders on concerns related to tobacco</i>	Develop publications and information products explaining national tobacco control objectives and activities	Report on tobacco burden to society + infographic pamphlets		NCM Secretariat, WHO and UNDP Country Offices	14.02 -- 15.05.2018	
	Issue briefs for each key ministry outlining the benefits of tobacco control to their sectors					
	Liaise with represented institutions and media to effectively disseminate the messages	Info / consultation sessions held within each key ministry	Number of consultation meetings	All NCM representatives	14.02 – 01.10.2018	10,000 for online ads over 6 months
		Two press briefings and five public service ads on tobacco burden and new NCM in mass media (online, news, and radio)	Number of people reached (# online views and radio listeners)	NCM Secretariat, Media Authority		

Table 6) Excerpt from Jordan's 2015-2018 Tobacco Control Roadmap

Program 1 Plan and evaluate: Engage whole of government, donor agencies, civil society, and other stakeholders in conceptualizing and planning for strategic, multi-sectorial, well-funded, and continuously reviewed tobacco control projects							
Lead	MoH			Time line	Q4 2015 - Q2 2018	Funding	17,000
Program details							
Timeframe	Work package			Project lead	Other stakeholders	Resources	Funding needs
							JD Source
Q4 2015 (completed)	P1.1	Review national plans and documents and identify components that would advance tobacco control or benefit from tobacco control. At a minimum, cover the following documents: - Jordan Vision 2025 - Government of Jordan Executive Plan - Jordan Competitiveness Report - Demographic Opportunity in Jordan Report - National Health Sector Strategy - Jordan Health Profile 2015 - Social Security Corporation Strategy - Strategies for donor agencies		MoH, WHO, KHCC		Access to documents	
Q4 2015 (completed)	P1.2	Review and highlight Jordan's global commitments, including: - Framework Convention on Tobacco Control and assessments of Jordan against the articles of the convention - Sustainable Development Goals - Political Declaration on NCDs - NCD report		MoH, WHO, KHCC		Access to documents	
Q4 2015 (completed)	P1.3	Review international guides and models that can inform developing the National Tobacco Control Strategy - Framework Convention on Tobacco Control and relevant guidelines and protocols		MoH, WHO, KHCC		Access to documents	
Q4 2015 - Q1 2016 (completed)	P1.4	Conduct strategic analysis to expand the list of stakeholders. Any entity (governmental, non-governmental, quasi governmental, civil society, educational, faith-based, ...) whose work and jurisdiction may influence tobacco or be influenced by tobacco control activities should be included. Specifically, stakeholders may be identified through: - Refining analysis of all stakeholders enlisted as part of the Strengthening National Tobacco Control Project - Conducting brainstorming sessions to identify additional potential stakeholders - Reviewing roles for the various entities identified as potential stakeholders, analyze their mission statements and strategic objectives, and conclude possible linkages to tobacco control strategies. All identified stakeholders are to be engaged through communicating officially with all organizations to nominate liaison officers for the National Tobacco Control Strategy.		MoH, WHO, KHCC	All stakeholders	None	
Q4 2015 - Q2 2016 (completed)	P1.5	Develop the National Tobacco Control Strategy: - Develop vision, goals, and milestones - Identify programs to fulfill the set goals - Bring stakeholders together in a national consultation meeting to review and revise high-level components of the strategy - Detail programs and projects into a roadmap with responsibilities, timelines, resources, and funding needs - Consult with stakeholders on the applicability of the roadmap and its alignment with Government of Jordan Executive Plan - Introduce changes based on consultations		MoH, KHCC	RHAS, HHC, WHO	Meeting facilities	
Q2-Q3 2017	P1.6	Secure approvals, adopt and launch the National Tobacco Control Strategy: - Engage MoF, MoP, Prime Ministry, RHC, donor agencies, and the private sector in assessing, committing, and scheduling funding for programs and work packages. Develop and put into action mechanism for fund disbursement and monitoring. - Secure approvals of MoH, Prime Ministry, MoP, RHC, and WHO on roadmap and reflect tobacco prevalence as a national KPI - Finalize and launch the National Tobacco Control Strategy		MoH, HHC, WHO, KHCC		Meeting facilities	5,000
Q3-Q4 2017	P1.7	Disseminate the National Tobacco Control Strategy: - Hold a national event to officially launch the NTCS. The event specifically aims to publicize high-level support and commitment to the plan. - Identify various owners and beneficiaries of NTCS, pertinent level of detail to be shared, and suitable media to communicate the strategy - Develop dissemination tools and time bound plan for communication - Communicate strategy as per plan		MoH, WHO, KHCC	RHAS, HHC, MoP, Prime Ministry	Meeting facilities, printing costs	2,000
Q4 2017 - Q2 2018	P1.8	Develop and launch a monitoring system: - Identify a focal entity to coordinate monitoring and strategic reviews, define authorities and responsibilities - Develop monitoring process, data collection mechanisms, process for dealing with deviation - Build capacity of focal entity staff in monitoring and evaluation, and in performing strategic reviews - Commence NTCS monitoring		MoH, WHO, KHCC, HHC	MoP, Prime Ministry	Technical assistance	10,000

Monitoring and evaluation plan

A monitoring and evaluation plan should be developed in line with the workplan's goals, objectives and activities. It should also link with the global target to achieve a 30 percent relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025, as well as the official indicator for SDG target 3.a, 'Age- standardized prevalence of current tobacco use among persons aged 15 years and over.' In the early stages of NCM operations, the monitoring and evaluation will likely focus on evaluating implementation processes rather than outcomes of activities. Process evaluations conducted during implementation help detect problems or potential problems early, and enable informed adjustments.

Process indicators³⁹

- Presence of coordination bodies at the national and subnational levels, as appropriate;
- number of staff in the secretariat team;
- number of meetings convened in a year;
- number of agencies attending the meetings;
- level of officials participating in the meetings;
- availability of a multisectoral national level strategy for tobacco control;
- availability of a costed, joint work plan / action plan;
- availability of sector-specific process indicators for the plan;
- number of completed actions in the joint action plan;
- amount of resources allocated and utilized for tobacco control by relevant sectors;
- amount of international technical and financial resources mobilized and spent;
- number of decisions taken by the coordination body;
- number and nature of assistance requests received and processed by the secretariat;
- number of reports received from participating ministries and reports to the national authority and international bodies; and
- presence of results-based monitoring mechanisms.

A monitoring and evaluation plan within the broader NCM workplan should include progress indicators for each activity, objective, and/or output. Monitoring progress on implementation typically focuses on the timely completion of deliverables over measurable impact. It may be helpful to create a table of milestones (i.e. dates for completion of important deliverables and achievements) along with dates of their associated outputs.

Output and outcome indicators⁴⁰

- 1) Percent decline in tobacco use and second-hand smoke exposure, disaggregated by age, gender, socio-economic status and other key demographics;
- 2) number of planned outputs achieved against the NCM work plan / action plan, by sector/agency;
- 3) number of new policies developed/existing policies amended;
- 4) number of goals and targets of the multisectoral national strategy for tobacco control met; and

³⁹ Adapted from WHO, 2015. Approaches to Establishing Country-Level Multisectoral Coordination Mechanisms for the Prevention and Control of Noncommunicable Diseases. WHO Regional Office for South-East Asia.

⁴⁰ Ibid

- 5) number of relevant national development and strategy documents advanced through tobacco control.

Tobacco control focal points and others drafting the workplan should also specify who will monitor the activities and deliverables, and when. Planners may decide to collect data multiple times throughout the plan, for instance at one, three and six months after beginning a certain activity. Since different components will likely be launched or implemented at different stages, data collection may be staggered and separate entities may be responsible for collecting data on different components.

Transparency, accountability and reporting

Ideally, data collection and evaluation should be conducted by an independent entity; an alternative arrangement may be to delegate an individual not directly involved in implementing the monitored deliverables to collect data and report findings to those tasked with overall management of the workplan (e.g. NCM secretariat). Planners should help identify how and which type of data should be collected (including qualitative data), working with those responsible for each respective activity as appropriate and/or verifying timely and successful completion of deliverables. To enhance accountability for tobacco control, monitoring and evaluation reports should be distributed to all key stakeholders, with clear descriptions of methodology. Civil society is well suited for monitoring and reporting, including ensuring transparency and accountability.

The head of state/government is well-placed to hold the NCM and its members accountable. The NCM should thus consider reporting to the head of state on progress, outlining contributions of individual ministries and NCM members. Innovative approaches exist to secure greater responsibility from focal points. For example, Thailand integrated NCM goals into focal points' key performance indicators for its coordination mechanism on child labour. Moreover, Parties are obligated to submit to the Conference of the Parties periodic reports on implementation of the Convention, in line with WHO FCTC Article 21.⁴¹ At its fourth session, the COP decided on a biennial reporting cycle and on a revised reporting instrument.⁴² Reporting to the COP through the FCTC Secretariat can further spur action and reporting across ministries, enabling the NCM Secretariat to gather important information and data. Reporting also facilitates effective monitoring and evaluation. Finally, the NCM reporting and meetings should be transparent; the government should publish reports to appraise the public of progress made towards fulfilling commitments.

⁴¹ For good practices in FCTC reporting, see: <http://www.who.int/fctc/reporting/reporting-good-practices-who-fctc.pdf?ua=1>

⁴² Decision FCTC/COP4 (16), <http://www.who.int/fctc/copdecisions.pdf>

TOOL 10. MODEL CODE OF CONDUCT FOR NCM MEMBERS

This tool provides: an overview of what a code of conduct for NCM members should entail, as well as an example code of conduct; a sample response letter to tobacco industry inquiries; and a template declaration of interest. It is imperative that all NCM members understand the limitations of, and restrictions on, relations with tobacco industry representatives or their surrogates, even if the industry is a direct constituent of the ministry or agency. It is crucial to emphasize transparency of communication and that the tobacco industry cannot participate, in any form or at any stage, in health-related tobacco policies.

The tobacco industry has historically employed a multitude of tactics to shape and influence tobacco control policy.⁴³ The tobacco industry has used its economic power, lobbying and marketing machinery, and manipulation of the media to discredit scientific research and influence governments in order to propagate the sale and distribution of its products. Furthermore, the tobacco industry continues to inject large “philanthropic” contributions into social programmes worldwide to create a positive public image under the guise of corporate social responsibility.

In 2008, the Conference of Parties established by consensus guidelines to assist Parties in meeting their obligations under Article 5.3 in countering tobacco industry interference. The guidelines entail eight recommendations based on good governance and anti-corruption measures designed to isolate policymaking from the influence of the tobacco industry. Parties should implement all Article 5.3 guidelines across government, incorporating into their national laws and regulations the obligation to protect policies from tobacco industry interference.⁴⁴ This includes creating a code of conduct for government employees that, if violated, entails sanctions or penalties. Recommendation 4.2 of the Article 5.3 guidelines reads: *“Parties should formulate, adopt and implement a code of conduct for public officials, prescribing the standards with which they should comply in their dealings with the tobacco industry.”*⁴⁵

Methods for creating and institutionalizing a code of conduct vary. Brazil’s NCM (CONICQ) established separate ethical guidelines regulating interactions between government departments and the tobacco industry, whereas the Philippines has incorporated guidelines in their existing civil service code of conduct for each agency.⁴⁶ As in the Philippines, government agencies in most countries will have existing codes of conduct which can be amended. Even if amending existing policies is not feasible, NCMs should at least establish a code of conduct for NCM members. It is critical that the NCM immediately establish anti-corruption norms and – as the body heading tobacco control measures – take initiative to prevent and counter tobacco industry interference. A code of conduct and guidelines should be developed along with any NCM legislation and included in the official document establishing the NCM.

⁴³ WHO, 2015. WHO Report on the Global Tobacco Epidemic, 2017. Monitoring tobacco use and prevention policies.

⁴⁴ For a comprehensive toolkit on Article 5.3 implementation, see “Preventing Tobacco Industry Interference: FCTC Article 5.3 Toolkit”, available under: <https://seatca.org/?p=6221>

⁴⁵ http://www.who.int/fctc/guidelines/article_5_3.pdf

⁴⁶ <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/tobacco-control-governance-in-sub-saharan-africa.html>

Article 5.3 Guidelines recommend that governments establish measures to:

- Raise awareness about the harmful nature of tobacco products and tobacco industry interference;
- Limit interactions with the tobacco industry and ensure the transparency of interactions that occur;
- Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry;
- Avoid conflicts of interest for government officials and employees;
- Deformalize activities described as “socially responsible” by the tobacco industry;
- Require that information provided by the tobacco industry be transparent and accurate;
- Do not give preferential treatment to the tobacco industry; and
- Treat state-owned tobacco industry in the same way as any other tobacco industry.

Numerous items⁴⁷ in the guidelines refer specifically to the conduct of public officials and stipulate that public officials should be prohibited from:

- Having partnerships, non-binding or non-enforceable agreements with the tobacco industry (recommendation 3.1);
- Accepting or endorsing policy drafts from the tobacco industry (recommendation 3.4);
- Having financial interest in the tobacco industry (recommendation 4.7);
- Representing the tobacco industry in tobacco control bodies (recommendation 4.8);
- Receiving contributions, gifts, or donations from the tobacco industry (recommendation 4.10);
- Participating in “socially responsible” activities of the tobacco industry (recommendation 6.2); and
- Granting privileges, incentives, or benefits to the tobacco industry (recommendation 7.1).

Transparency measures recommended within the guidelines and to be integrated into codes of conduct include:⁴⁸

- Disclosure and management of conflict of interest for officials, employees, consultants, and contractors involved in setting and implementing public health policies with respect to tobacco control (recommendation 4.1);
- Transparent interaction with the tobacco industry through public hearings, public notices of interactions, and disclosure of records (recommendation 2.2);
- Disclosure of tobacco industry activities (recommendation 5.1);
- Disclosure or registration of tobacco industry-affiliated entities including lobbyists (recommendation 5.3);
- Disclosure of current or previous work with the tobacco industry by applicants for public office position involving setting and implementing public health policies (recommendation 4.5); and
- Declaration and divestment of government officials of their direct interest in the tobacco industry (recommendation 4.6).

Creating and adopting a code of conduct for NCM members is a crucial first step but efforts to counter tobacco industry interference should not stop there; once the NCM is established, a separate technical working group should be formed to establish comprehensive Article 5.3 policies to address other COP

⁴⁷ As identified in SEATCA’s “Preventing Tobacco Industry Interference: FCTC Article 5.3 Toolkit”, available at: <https://seatca.org/?p=6221>

⁴⁸ *Ibid*

Article 5.3 guidelines and recommendations such as raising awareness on industry interference, requiring transparent and accurate information from the tobacco industry, and not giving preferential treatment to the tobacco industry whether through agricultural subsidies or investment incentives.⁴⁹

Best practice and sample code of conduct – the case of the Philippines

In 2010, the Philippines adopted its Civil Service Commission – Department of Health Joint Memorandum Circular for Protecting the Bureaucracy against Tobacco Interference (DOH-CSC-JMC).⁵⁰ The DOH-CSC-JMC became the world's first comprehensive policy on Article 5.3, outlining prohibitions and guidelines regarding tobacco industry interaction. The annex of the DOH-CSC-JMC sets out rules which were circulated among all national and local agencies for adoption into their code of conducts. This annex is provided below as a template code of conduct for NCM members.

“Rules which shall be included in the Amendment of the Code of Conduct of Each Agency

- (i) *Public officials and employees shall limit interactions with the tobacco industry to those strictly necessary for its regulation and to ensure the transparency of those that occur.*
- (ii) *In the event that a meeting is strictly necessary, officials and employees shall abide by the following rules:*
 - Set the meeting agenda.*
 - Ask the industry about what it wants to discuss– in writing – then decide whether to agree with the meeting or not. Stick to the agenda and make the meeting brief.*
 - Clarify the goal and structure of the meeting.*
 - Before the meeting, it must be made clear that such interaction does not imply partnership, dialogue, or collaboration. Indicate in writing to the tobacco industry that it may not mischaracterize the nature of the meeting.*
 - Hold the meeting at the premises of the department/institution/agency/local government.*
 - Ensure that any photograph taken of this meeting is strictly for documentation purposes only and not for the public relations activities of the tobacco industry.*
 - Predetermine the meeting participants by asking for the names and positions of those who will attend the meeting.*
 - Moderate the meeting. A lawyer must be present and must closely advise the official/employee/representative during the meeting.*
 - Write the official minutes. A voice recording of the meeting may be made to assist the staff in preparing the transcript of the meeting. Such transcript must be filed for record purposes and be made available to the public upon request.*
 - Maintain the right to terminate the meeting at any point.*
 - Distribute information on the meetings as appropriate. Publicly correct any misinformation regarding the meeting.*
 - Decide on follow-up questions that must be answered after the meeting.*
 - All non-mediated exchanges (in person, phone, or email) between officials, employees, and representatives of the agency should be avoided.*

⁴⁹ For a comprehensive toolkit on Article 5.3 implementation, see “Preventing Tobacco Industry Interference: FCTC Article 5.3 Toolkit”, available under: <https://seatca.org/?p=6221>

⁵⁰ <https://www.tobaccocontrolaws.org/files/live/Philippines/Philippines%20-%20JMC%202010-01%20-%20national.pdf>

- (iii) *Public officials and employees shall declare any interest in the tobacco industry. A public official shall resign from his position in the tobacco industry within thirty (30) days from his assumption of office and/or divest himself of his shareholdings or interest within sixty (60) days from such assumption. For the purpose of this rule, interest in the tobacco industry means personal, financial, or other interests, including, but not limited to:*
- having an existing ownership or investment in the tobacco industry;*
being a member of the Board of Directors, an officer of the corporation, or a partner in a partnership in the tobacco industry; and,
receiving any contribution from the tobacco industry.
- (iv) *Public officials and employees shall not demand or receive any contribution from the tobacco industry for themselves, their families, relatives, friends, or any other persons, or organizations. Contributions shall include, but are not limited to, payments, gifts, and services, monetary or in kind, research funding, financial aid, policy drafts, and legal advice.*
- (v) *Public officials and employees shall avoid the creation of any perception of real or potential partnership or cooperation with the tobacco industry, and shall publicly correct any perception of partnership that may have been created.*
- (vi) *Public officials and employees of agencies which have a role in setting and implementing public health policies with respect to tobacco control, shall inform their institutions about any intention to engage in an occupational activity within the tobacco industry, whether gainful or not, within a specified period of time after leaving service; and, shall require applicants for such public office positions to declare any current or previous occupational activity with any tobacco industry, whether gainful or not."*

The DOH-CSC-JMC also contains a DOH Memorandum which outlines the action required from public health officials when confronted with tobacco industry interference attempts. Considering the higher level of risk and responsibilities of NCM members, similar required actions should be codified in the NCM member code of conduct.

"Guidelines to Denormalize the So-Called CSR Activities of the Tobacco Industry

.....

4. When officials are approached about, or become aware of, so-called CSR activities, they shall promptly document and report the same, not later than 15 days from knowledge, to the officials of the (various offices) and the heads of local government units. Upon receipt of such report, the officials shall:

a. issue a public admonition in writing to the tobacco industry representative/s responsible for so-called CSR activities being sponsored and promoted, directly or indirectly, by the tobacco industry, including public disclosures of such activities and the expenditures therefor;

b. issue a letter to the particular office, entity, or unit that received, about to receive, or approached by the tobacco industry for so-called CSR activities, reminding the latter that such is prohibited and that they are required to document and report in accordance with these Guidelines; and,

c. promptly document and report the same to the (Ministry of Justice) or other appropriate agency in order to commence the appropriate prosecution of the party responsible therefor.

5. The officials, in coordination with heads of local government units, shall immediately report to the Office of the Minister/Secretary all instances of so-called CSR activities sponsored and promoted by the tobacco industry, including offers to sponsor and promote the same, in their respective territorial jurisdictions. The report shall specify the actions taken by such officials and heads in response to such activities or offers.

6. Officials shall include the following statement in all issuances, contracts, public documents, communications, exchanges, and interactions directly or indirectly involving tobacco:

‘The Department of Health does NOT deal with the tobacco industry or individuals or entities that work to further the interests of the tobacco industry, except to the extent strictly necessary to effectively regulate the tobacco industry and tobacco products.’

Sample letter renouncing partnerships with the tobacco industry (for NCM members to use should they be approached by the tobacco industry)⁵¹

To: (Name of Organization or Person representing the Interests of the Tobacco Industry)

From: _____

Re: Offer of Assistance/Contribution/Partnership

Date:

Your offer of (state the offer made by the tobacco industry) is duly noted. In response, we wish to express that (country) recognizes that smoking is the leading cause of preventable death as it kills one out of every two smokers through a tobacco-related disease. Of the 1.3 billion smokers in the world, over 80% reside in developing countries such as ours. To battle this epidemic, our government has ratified the WHO Framework Convention on Tobacco Control (WHO FCTC), and committed to protect our policies from the commercial and vested interests of the tobacco industry (Article 5.3, General Obligations, FCTC).

Our office is aware that accepting assistance, contributions or partnerships from the tobacco industry provides it with a platform to access policymakers and to disguise the harms of the product. Our office observes transparency in dealings with the tobacco industry where such interaction is strictly necessary for regulation, in accordance with (cite policy, if any).

Hence, we see no recourse but to publicly reject your offer/invitation and remind you that such offers may lead to violations of code of conduct of public officials or our obligations under the WHO FCTC. (OPTIONAL: In addition, your activity may fall under acts that are prohibited under national laws on tobacco advertising, promotion, and sponsorship regulations.)

⁵¹ From SEATCA's "Preventing Tobacco Industry Interference: FCTC Article 5.3 Toolkit", available at: <https://seatca.org/?p=6221>

Sample declaration of interest form for potential NCM members and for use in hiring and contracting, and at meetings and events⁵²

Declaration of Interest

☐ Consistent with the principle that there is an irreconcilable conflict of interest between the tobacco industry and its representatives on the one hand, and public health on the other hand, the undersigned hereby declares that he/she is, at present, not knowingly representing or receiving any contribution or compensation, directly or indirectly, whether financial or otherwise, from any tobacco or tobacco product manufacturer, wholesale distributor, importer of tobacco products, tobacco retailers, or any parent, affiliate, branch, or subsidiary of a tobacco or tobacco product manufacturer, wholesale distributor, importer or retailer, front group, or any other individual or organization, such as an interest group, advocacy organization, lawyer, law firm, scientist, lobbyist, advertising agency, business, or foundation, that represents or that works to further the interests of the tobacco industry.

☐ I have interests to declare at present (describe the interest, e.g., identity of tobacco-related commercial entity, nature of interest/s or relationship, etc.).

☐ In case of any past interests related to the tobacco industry, please list the details of such interest/s in the blank provided (name of tobacco company or of person or entity representing the tobacco industry, date of involvement, details of involvement).

Signed on this XXth day of XX, 20XX.

Name:

I represent that the information given above is correct, accurate, and complete.

Signature:

⁵² From SEATCA's "Preventing Tobacco Industry Interference: FCTC Article 5.3 Toolkit", available at: <https://seatca.org/?p=6221>

BEST PRACTICES FOR ESTABLISHING AND STRENGTHENING NCMS – ADDITIONAL COUNTRY CASE STUDIES

The section “puts it all together” by listing ten best practices, along with associated tools, on how best to establish or strengthen the NCM. The best practices are compiled from country experiences as well as existing WHO, Convention Secretariat and UNDP guidance. Tobacco control focal points are encouraged to use this final section of the toolkit as a summary checklist.

1. Request the highest levels of a government’s executive branch to officially establish and announce formation of the NCM.⁵³⁻⁵⁴

Ideally, a government will form an NCM through a law, a presidential decree, an executive order or other binding mandate as appropriate to secure the NCM’s political mandate. Establishing an NCM through legislation increases the sustainability of the NCM, but may involve protracted political processes and negotiations. A presidential decree or order on the other hand may be swifter but be affected by changes in government leadership and priorities. Thus, the most efficient and viable modality of setting up the NCM will depend on the political context of each country.

Regardless of the modality chosen to set up the NCM, high-level political leadership is crucial to the success of the NCM. This is especially true with regards to support from the executive branch; previous experience demonstrates the importance of executive branch support in resource allocation, prioritization of most-at-risk groups, coordination between stakeholders, and flow of resources towards tobacco control.⁵⁵

2. Ensure that a high-ranking official chairs the NCM and that NCM representatives hold senior level positions in their institutions.⁵⁶

Giving the NCM a high-level profile enhances the participation rate and the urgency of actions, and facilitates decision-making and implementation. Ideally, a high-ranking official such as a Minister or Deputy Minister – typically from the health ministry – should open and, if possible, chair NCM meetings. An official at the level of director may be best suited to chair (or co-chair) the meetings and preside over meetings where the normal chair is absent.

Further, NCM members should be senior level officials; for example, Sri Lanka’s law establishing the country’s NCM requires membership from a list of ministries and stipulates that members not be below the rank of a Senior Assistant Secretary. Disregarding title or formal position, it is important that members can facilitate action within their own agencies following NCM-decisions.

⁵³ Tool 4 provides guidance on different options to establish an NCM, formally and informally. Tool 6 is a letter to be sent from the Minister of Health or executive branch to ministries and agencies, inviting them to participate in the NCM.

⁵⁴ Tool 3 provides guidance on designing an NCM.

⁵⁵ http://www.searo.who.int/entity/noncommunicable_diseases/documents/ncd-multisectoral-coordination.pdf?ua=1

⁵⁶ See tool 7 for possible agenda for initial two NCM meetings and further details on appointing NCM members.

3. Seek broad representation from across government sectors and maintain wide consultation with or consider formally including representatives from civil society.⁵⁷

Multi-sectoral participation is important to ensure that the WHO FCTC is implemented properly and that the desired outcomes are reached. Most sectors of government have a role in tobacco control, meaning that their absence will impede or delay efforts. Civil society has an influential role to play in disseminating information, broadening networks, supporting policy implementation, monitoring commitments, and vocalizing community needs and concerns. Thus, enabling broad level participation and developing a well-represented board, with around 15-30 members including government, NGOs, CSOs, private sector, faith-based organizations, and donors, is crucial. A representative board ensures greater involvement and mobilization of stakeholders.

While broad representation is important, large coordinating bodies can prove unwieldy and lead to challenges in management, consensual-decision making, coordination, and follow up. Thailand's former Steering Committee for Prevention and Control of NCDs consisted of 48 senior functionaries of ministries, and its Executive Committee had 65 Chief Executive Officers and Directors General of implementing agencies. Experience in HIV/AIDS coordination has shown that coordination mechanisms can start with the health ministry and the most relevant non-health sectors, progressively involving additional stakeholders as needed.

4. Ensure continuity in membership and participation.

Officials participating in NCM activities naturally may change over time, but efforts should be made to maintain the number of members as much as possible. This can be done for example by sharing responsibilities and giving each member a visible role and voice. Having a 'purpose' for each participant instead of passive listening, contributes to meaningful and active participation, and better results. Also establishing joint structures, such as pooled funding and contributing to other sector's policies increases sustainability of collaboration.

5. Develop explicit terms of reference (TORs) or guidelines for NCM representatives, the NCM, the NCM Secretariat and any ancillary bodies.⁵⁸

TORs and guidelines for NCM representatives help participating sectors to understand their roles, responsibilities and scope of work as a part of the NCM. Clarity in these facilitates the work of the NCM in multiple ways, including enabling members to plan for their contributions, giving them confidence to share their work, and justifying the time devoted to tobacco control activities. Clear TORs and reporting structures for the NCM, its secretariat and other ancillary bodies or subdivisions are also crucial to assure a clear and coherent institutional structure of the NCM.

⁵⁷ See tool 2 for arguments on why different sector should be engaged in tobacco control. Tool 3 provides an overview of potential roles and responsibilities of stakeholders from different sectors.

⁵⁸ See tool 5 for TORs for the NCM and for members and tool 8 for sample ROP for the NCM.

6. Develop an explicit code of conduct for how all members of an NCM interact and reduce their engagement with tobacco industry representatives.⁵⁹

The tobacco industry is known for its aggressive strategies and government interference. Especially in countries that have traditionally supported tobacco industry in one way or other, efforts to manipulate or obstruct the operation of a NCM may be expected by the tobacco companies. Being prepared for the situation is helpful. The NCM should provide information to its members on common influence channels and tactics used by tobacco companies and develop specific guidance on how to avoid these traps. Ideally, members should be bound by a formal code of conduct designed to protect policymaking from the tobacco industry's corrupting interference.

Brazil's NCM (CONICQ) established separate ethical guidelines regulating interactions between government departments and the tobacco industry while the Philippines has incorporated guidelines in their existing civil service code of conduct for each agency.⁶⁰ As stated in WHO FCTC article 5.3, "[i]n setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law."

7. Develop clear scope and mandate, as well as rules and procedures for the NCM.²⁶

The national level NCM should have a clear mandate, outlined formally in the mechanism's charter (e.g. law or ordinance establishing the NCM). Having mutually agreed upon rules of procedure for the NCM secures its existence over time, strengthens commitment to its work, and increases transparency. The rules of procedure should be developed in collaboration with all members and be updated as necessary, and their compliance should be monitored.

8. Make the tobacco control focal point a central member of the NCM and establish a strong secretariat.²⁶

The strength of the NCM secretariat is a key factor of the efficiency and effectiveness of the NCM. Ideally, key secretariat positions will be staffed full-time by technically qualified officers with few competing responsibilities. The tobacco control focal point should have key responsibilities within the secretariat, in line with guidance provided by WHO FCTC (i.e. acting as coordinator and source of information for the NCM). Sufficient administrative support should be provided to the secretariat as well.

Institutionalizing the secretariat within the ministry of health or other institution committed to tobacco control, and integrating it into existing systems where possible, can help secure political support and sustainability for the NCM. The NCM Secretariat of I.R. Iran provides a good example of this: it is situated within the Department of Environmental and Occupational Health under the MOH where it has been able to utilize the department's Environmental Health Inspectors and national compliance telephone hotline to enforce smoke free public areas.

⁵⁹ See tool 10 for a model code of conduct, a sample letter for rejecting partnerships with the tobacco industry, and a model declaration of interests form. For a comprehensive toolkit on Article 5.3 implementation, see "Preventing Tobacco Industry Interference: FCTC Article 5.3 Toolkit", available under: <https://seatca.org/?p=6221>

⁶⁰ <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/tobacco-control-governance-in-sub-saharan-africa.html>

9. Prioritize accountability and transparency including comprehensive, accurate reporting.⁶¹

Holding the NCM and its individual representatives accountable helps to sustain the effectiveness and legitimacy of the NCM. An accountability framework that includes key performance indicators for the NCM and its members is one way to support responsible and effective action. Performance indicators can be included in the NCM's overall monitoring and evaluation plan of its workplan and/or national strategy for tobacco control. Regular reporting should occur within the NCM between NCM members, the secretariat, and the lead ministry (typically health). The NCM secretariat should also report regularly to the head of state or other supra-ministerial body that can require accountability from the NCM and its member ministries. The NCM of the Islamic Republic of Iran also encourages legislative branch oversight, by including parliamentarians as observers and requiring the Secretariat to submit progress reports every six months to parliament.

Finally, Parties to the FCTC are required to report periodically to the Conference of Parties. Reporting to the COP through the FCTC Secretariat can further spur action and reporting across ministries. Meeting reporting requirements also facilitates effective monitoring and evaluation, by assisting the NCM Secretariat in gathering information and data from other ministries.

10. Create a costed, joint action plan and ensure the NCM is fully and sustainably financed.⁶²

The NCM should develop a joint action plan, identifying the roles of each ministry involved as well as estimates of costs and required resources for planned activities and outputs. The costed plan should include resources required to run the NCM and secretariat. A costed action plan will allow NCM members to make cost-sharing arrangements for specific components of the action plan and provides information to potential donors. The NCM secretariat and Minister of Health should help ministry NCM focal points make the case for allocating resources to fulfill the action plan.

The National Strategy for Tobacco Control and action plan should be included in the national development plan and the United Nations Sustainable Development Framework of the country to attract development resources and expertise.

In the case of tobacco control, increased tobacco taxes represent an important avenue to increase domestic financing, and the NCM should promote the funding possibilities from earmarking tobacco-tax revenue. Thailand created a sustainable funding mechanism for NCD prevention and control, resourced through a 2% surcharge based on tobacco and alcohol excise taxes. A second funding stream comes from the government's budget for universal health coverage and is dedicated to health promotion and prevention by local governments. The Government of I.R. Iran combines multiple funding streams for tobacco control, including earmarked tobacco taxes, cost-sharing arrangements, and subnational resources.

⁶¹ See tool 9 for accountability indicators and reporting requirements for the NCM and NCM members.

⁶² See tool 9 for a sample NCM workplan.

Box 8) Kenya's NCM and vertical coordination⁶³

NCMs aim to improve horizontal coordination among different sectors of government, but this must be supported by vertical coordination, referring to coordination and coherence within the ministry or between units tasked with leading the tobacco control response.

In Kenya, vertical incoherence among MOH divisions tasked with coordinating tobacco control posed one of the main challenges. One unit was tasked with addressing issues involving the international community while a second unit took the lead role in tobacco control at the country level and housed the NCM's secretariat. The lack of a clear division of labour, along with resource constraints, led to misunderstandings between the two units, followed by challenges with communication and coordination. Stronger senior-level support is helping to address these challenges and to ensure effective coordination.

Kenya's NCM also experienced challenges in its ability to coordinate across ministries due to a general lack of consensus on its role. Legislation grants the NCM an advisory role without further clarification on its authority or interactions with other governmental bodies. Thus, the NCM was not able to delegate tasks to technical officials within the MOH or other ministries, and the NCM did not coordinate with other relevant bodies with enforcement or decision-making authority, such as the national authority tasked with addressing issues of drug and alcohol abuse, including tobacco.

Kenya's experience points to the need for clear TORs and reporting structures for the NCM, its secretariat and other ancillary bodies or subdivisions. NCMs should also have a clear list of enumerated powers that will allow it to coordinate across government sectors and perform its advisory function to the executive branch. High-level leadership can also support vertical coordination and coherence by bringing together different actors, creating a culture of cooperation, and coordinating shared strategies and policy targets.

⁶³ Adapted from: Lencucha, R., et al. 2016. Navigating institutional complexity in the health sector: lessons from tobacco control in Kenya. Available at : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5091343/>

REFERENCES

- 1) Asian Development Bank. 2012. Tobacco Taxes: a Win-Win Measure for Fiscal Space and Health. Available at: <https://www.adb.org/sites/default/files/publication/30046/tobacco-taxes-health-matters.pdf>
- 2) WHO and UNDP. 2017. The Bill China Cannot Afford: Health Economic and Social Costs of China's Tobacco Epidemic. Available at: <http://www.cn.undp.org/content/china/en/home/presscenter/pressreleases/2017/04/14/tobacco-china-s-addiction-to-anoutdated-and-impoverishing-economy.html>
- 3) Hu T, and Lee, AH. Tobacco control and tobacco farming in African countries. J Public Health Policy 2015; 36(1):41-51.
- 4) Paul, JN. Earmarking Revenues for Health: A Finance Perspective on the Philippine Syntax Reform. Available at: http://www.who.int/health_financing/topics/public-financial-management/D2-S4-JPaul-earmarking.pdf
- 5) Briefer on the Sin Tax Law. Available at: <http://www.thepafp.org/docs/study-materials/syntax.pdf>
- 6) Geist, HJ. Global assessment of deforestation related to tobacco farming. Tob Control 1999; 8:18-28.
- 7) FCTC/COP/3/11. 2008. Study group on economically available alternatives to tobacco growing (in relation to Articles 17 and 18 of the Convention). Available at: http://apps.who.int/gb/fctc/PDF/cop3/FCTC_COP3_11-en.pdf
- 8) John, S, and Vaite, S. 2002. Tobacco and poverty observations from India and Bangladesh. Efroymsen D, ed. CA: PATH CA. Available at: http://s3.amazonaws.com/zanran_storage/bata.globalink.org/ContentPages/2454240062.pdf
- 9) Hyman, EL. The demand for woodfuels by cottage industries in the province of Ilocos Norte, Philippines. Energy 1984; 9(1):1-13.
- 10) Mazarura, U, Mahaso, F, and Goss, M. Response of farmers to technological transfer in the methyl bromide phase-out programme in Zimbabwe: the floating tray system. African Crop Science Journal 2012; 20(3):171-177.
- 11) Ocean Conservatory. 2015. International Coastal Cleanup Report 2015.
- 12) Novotny, TE, et al. The environmental and health impacts of tobacco agriculture, cigarette manufacture and consumption. Bull World Health Organ 2015; 93:877-880.
- 13) Novotny, TE, and Slaughter, E. Tobacco product waste: an environmental approach to reduce tobacco consumption. Curr Environ Health Rep 2014; 1(3):208-216.
- 14) Eriksen, M, et al. 2015. The Tobacco Atlas: Fifth Edition. American Cancer Society and World Lung Foundation. Available at: http://3pk43x313ggr4cy0lh3tctjh.wpengine.netdna-cdn.com/wp-content/uploads/2015/03/TA5_2015_WEB.pdf
- 15) Longwood University. Cigarette Litter – IMPACTS. Available at: <http://www.longwood.edu/cleanva/cigbuttimpacts.htm>
- 16) Barry, M. The influence of the US tobacco industry on the health, economy, and environment of developing countries. New Eng J Med 1991; 324:917-9.
- 17) Otañez, M, and Glantz, SA. Social responsibility in tobacco production? Tobacco companies use green supply chains to obscure the real costs of tobacco farming. Tob Control 2011; 20(6): 403-411.
- 18) Slaughter, E, et al. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. Tob Control 2011; 20: i25-i29.
- 19) Riquinho, DL, and Hennington, EA. Health, environment and working conditions in tobacco cultivation: a review of the literature. Cien Saude Colet 2012; 17(6):1587-1600.

- 20) Nicarágua. Organización Panamericana de la Salud. Efectos sanitarios y ambientales derivados del uso de plaguicidas en el cultivo del tabaco en el municipio de Jalapa. Manágua: Organización Panamericana de la Salud; 2001.
- 21) Gonçalves, CS, et al. Qualidade da água numa microbacia hidrográfica de cabeceira situada em região produtora de fumo. Revista Brasileira de Engenharia Agrícola e Ambiental 2005; 9:391–9.
- 22) Griza, FT, et al. Avaliação da contaminação por organofosforados em águas superficiais no município de Rondinha/Rio Grande do Sul. Quim Nova 2008; 31:1631-5.
- 23) Bortoluzzi, EC, et al. Contaminação de águas superficiais por agrotóxicos em função do uso do solo numa microbacia hidrográfica de Agudo. Revista Brasileira De Engenharia Agrícola e Ambiental 2008; 10:881-7.
- 24) Anindita, E. 2015. Tobacco farming no longer profitable, survey finds. The Jakarta Post, 30 October 2015. Available at: <http://www.thejakartapost.com/news/2015/10/30/tobacco-farming-no-longer-profitable-survey-finds.html>
- 25) Drope, J, et al., 2017. World Bank Group. The Economics of Tobacco Farming in Indonesia. Available at: <http://documents.worldbank.org/curated/en/161981507529328872/pdf/120307-REVISED-PUBLIC-WBGIndoEconomicsTobaccoFarming.pdf>
- 26) Lecours, N, et al. Environmental health impacts of tobacco farming: a review of the literature. Tob Control 2012; 21:191-196.
- 27) Ohayo-Mitoko, et al. Acetylcholinesterase inhibition as an indicator of organophosphate and carbamate poisoning in Kenyan Agricultural Workers. Int J Occup Environ Health 1997; 3:210-20.
- 28) Kweyuh, PHM. Tobacco expansion in Kenya: the socio-ecological losses. Tob Control 1994; 3:248.
- 29) Kibwage, JK, et al. 2009. Diversification of Household Livelihood Strategies for Tobacco Small-holder Farmers: A Case Study of Introducing Bamboo in South Nyanza Region, Kenya. Final Technical Report submitted to the Research for International Tobacco Control (RITC) Program of the International Development Research Centre (IDRC). Ontario, Canada: International Development Research Centre.
- 30) U.S. National Cancer Institute and WHO. 2016. The Economics of Tobacco and Tobacco Control. National Cancer Institute Tobacco Control Monograph 21. NIH Publication No. 16-CA-8029A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; and Geneva, CH: World Health Organization.
- 31) Goodchild, M, Nargis, N, and d’Espaignet, ET. Global economic cost of smoking-attributable diseases. Tob Control Published Online First: 30 January 2017. doi: 10.1136/tobaccocontrol-2016-053305
- 32) WHO. 2004. The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership. Available at: http://www.who.int/tobacco/publications/mdg_final_for_web.pdf
- 33) Peto, R. Tobacco – the growing epidemic. Nature Medicine 1999; 5:15-17.
- 34) Weng, SF, Ali, S, and Leonard-Bee, J. Smoking and absence from work: systematic review and meta-analysis of occupational studies. Addiction 2013; 108(2):307-319.
- 35) Halpern, MT, et al. Impact of smoking status on workplace absenteeism and productivity. Tob Control 2001; 10:233-238.
- 36) Tsai, SP, et al. Workplace smoking-related absenteeism and productivity costs in Taiwan. Tob Control 2005; 14:i33-i37.
- 37) WHO. 2010. GATS Fact Sheet: Egypt, 2009. CDC and WHO. <http://www.emro.who.int/images/stories/tfi/documents/GATS%20FS%20EGY%202009.pdf?ua=1>
- 38) Ivernizzi, G, et al. Particulate matter from tobacco versus diesel car exhaust: an educational perspective. Tob Control 2004; 13:219-221.
- 39) ITU. 2015. ICT Facts & Figures. Available at: <https://www.itu.int/en/ITU-D/Statistics/Documents/facts/ICTFactsFigures2015.pdf>

- 40) WHO. Mobile health (mHealth) for tobacco control. Available at:
<http://www.who.int/tobacco/mhealth/en/>
- 41) Mazarura, U, Mahaso, F, and Goss, M. Response of farmers to technological transfer in the methyl bromide phase-out programme in Zimbabwe: the floating tray system. *African Crop Science Journal* 2012; 20(3):171–177.
- 42) WHO. 2017. The cost of a polluted environment: 1.7 million child deaths a year, says WHO. Available at: <http://who.int/mediacentre/news/releases/2017/pollution-child-death/en/>
- 43) Efroymsen, D, et al. Hungry for tobacco: an analysis of the economic impact of tobacco consumption on the poor in Bangladesh. *Tob Control* 2001; 10:212–217.
- 44) WHO. GYTS: Timor-Leste (Ages 13–15). 2013.
http://www.searo.who.int/tobacco/data/tls_gyts_factsheet_2013.pdf?ua=1
- 45) Goriounova, NA, and Mansvelder, HD. Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function. *Cold Spring Harb Perspect Med*, 2012; 2(12):a012120.
- 46) WHO. 2004. The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership. Available at: http://www.who.int/tobacco/publications/mdg_final_for_web.pdf
- 47) Le, TT, Thang, TD, and Dihn, B. 2006. Tobacco over education: an examination of the opportunity losses for smoking households. Poster presentation. The 13th World Conference on Tobacco OR Health.
- 48) Xu, K, et al. Protecting households from catastrophic health spending. *Health Aff* 2007; 26(4):972–983.
- 49) John, RM, et al. Counting 15 million more poor in India, thanks to tobacco. *Tob Control* 2011; 20:349–352.
- 50) SEATCA. 2008. Status of tobacco use and its control – Thailand report card.
- 51) Eriksen, M, et al. 2015. The Tobacco Atlas: Fifth Edition. American Cancer Society and World Lung Foundation. Country Fact Sheet for Zambia. Available at: <http://www.tobaccoatlas.org/country-data/zambia/>
- 52) Eriksen, M, et al. 2015. The Tobacco Atlas: Fifth Edition. American Cancer Society and World Lung Foundation. Country Fact Sheet for Georgia. Available at: <http://www.tobaccoatlas.org/country-data/georgia/>
- 53) Caixeta, RB, et al. Current tobacco use and second-hand smoke exposure among women of reproductive age – 14 countries, 2008–2010. *MMWR Morb Mortal Wkly Rep* 2012; 61(43):877–882.
- 54) GBD 2015 Risk Factors Collaborators. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *The Lancet* 2016; 388:1659–724.
- 55) Corliss, HL, et al. Sexual-orientation disparities in cigarette smoking in a longitudinal cohort study of adolescents. *Nicotine Tob Res* 2013; (1)213–22.
- 56) Moodie-Mills, AC. 2011. Flavored disease and death for minorities: why the FDA must ban menthol cigarettes. Center for American Progress, Health Care. Available at: <https://www.americanprogress.org/issues/healthcare/reports/2011/05/12/9668/flavored-disease-and-death-for-minorities/>
- 57) Hulac, B. 2016. Tobacco and Oil Industries Used Same Researchers to Sway Public. *Scientific American*. Available at: <https://www.scientificamerican.com/article/tobacco-and-oil-industries-used-same-researchers-to-sway-public1/>
- 58) FAO. 2006. Deforestation causes global warming. Key role for developing countries in fighting greenhouse gas emissions. Available at:
<http://www.fao.org/newsroom/en/news/2006/1000385/index.html>

