

Evaluation of the WHO Framework Convention on Tobacco Control Needs Assessment Process

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Introduction

A key part of the implementation the WHO Framework Convention Tobacco Control (WHO FCTC) is identifying accurately and meaningfully the specific needs of parties as they seek to implement the provisions of the treaty. With this information, governments can set priorities, allocate resources, and address specific needs, for example by requesting and obtaining targeted technical assistance. It also helps both the Convention Secretariat (herein, “the Secretariat”) and the Conference of Parties understand better the effectiveness of treaty implementation in order to take steps to improve it. Accordingly, needs assessment within the context of treaty implementation is a key function that the Secretariat and its partners play. As the Secretariat and its partners have secured resources to pursue needs assessments, there have been several dozen. This brief evaluation report examines the 2014-15 (inclusive) time period.

In brief, the feedback from both survey respondents and focus group discussion (FGD) participants (explained in greater detail below) was overwhelmingly positive. Though the feedback was generally very positive, there was also quite a lot of helpful feedback from the participants in this evaluation. This report endeavors to organize and articulate this feedback in order to help improve future needs assessments.

Methodology

The Convention Secretariat commissioned the American Cancer Society (ACS) to conduct an external evaluation of the process and outcomes of the broader needs assessment exercise. For practical reasons, only missions conducted in 2014 and 2015 were included in this evaluation.

There were two main facets to the evaluation. First, the ACS team developed a questionnaire that was distributed to participants in needs assessments in 2014 and 2015 throughout all of the WHO regions. The Convention Secretariat supplied ACS with the names and contact information of the individuals and institutions who participated in the needs assessment exercises. The survey team then employed a

snowball sampling technique wherein they asked these participants to name other potential survey respondents who had been meaningfully involved in an assessment. Eventually, 55 surveys were distributed.

Working with the staff from the Secretariat and others involved directly in the needs assessments, the ACS team, which included several evaluation experts, developed a survey instrument to examine the different key components of the needs assessment process. The survey instrument focused on five separate areas: 1) pre-mission; 2) components of the needs assessment; 3) the needs assessment report; 4) post-needs assessment assistance; and 5) outputs. The survey used a mixture of different question types to evaluate satisfaction (e.g. both dichotomous and Likert scales) and to elicit open-ended qualitative comments specific to a particular area. See Appendix A for a copy of the instrument.

Finally, this report's principal author, Dr. Jeffrey Drope, convened a half-day focus group on April 29, 2016 in Geneva, Switzerland, taking advantage of a Sustainable Measures Working Group meeting to bring together in person a group of individuals who had participated in needs assessments. The focus group was partly structured using the aggregate responses from the survey, particularly to explore further areas that lacked clarity from the survey answers, but also to explore new territory raised by the participants.

For the sake of eliciting the most honest responses possible from the participants, staff from the Convention Secretariat did not participate in the focus group discussions. Furthermore, ACS sought anonymity for the participants insofar as not identifying any individual in this report by name or country (if in doing so, it might betray that individual's identity). The team also sought to repackage the commentary in more general terms so as not to reveal identities inadvertently. The individual survey data are not available to anyone but the evaluation team.

After three weeks of regular reminders, ACS received 20 completed surveys from the original list of 55 individuals. The 20 survey respondents represented all six WHO regions with the highest response from the African Region (7). The respondents came from country governments (7), inter-governmental organizations (including from WHO country and regional offices) (10) and non-governmental organizations (3).

The focus group included four country tobacco control focal points (from Africa and Europe), three representatives from IGOs (from Africa, the Eastern Mediterranean and Europe), and one WHO official based at headquarters in Geneva.

Results

General

Overall, all 20 survey respondents and every member of the FGD indicated that they thought that the needs assessment was a very useful process. Every participant indicated that they would like the needs assessments to continue and for the most part they felt that the existing structure was sound and should be maintained. The participants had significant constructive feedback that we have organized by the broader categories in the survey.

Part I – Pre-mission

Reactions to the pre-mission activities (i.e., visit from the needs assessment team) from both survey respondents and FGD participants were broadly very positive. First, there was complete consensus from survey respondents that in the pre-mission phase, they understood both the objectives and the broader process of the needs assessment. The pre-mission process was also described by most as thorough (88%) and appropriate to the objective (93%). Finally, 93% indicated that the pre-visit produced what it needed to produce to facilitate the actual needs assessment visit successfully.

While respondents generally identified pre-visit process timelines as sufficient (87%), in a few country cases, individuals indicated concern. In particular, a couple of focal points indicated that they did not have enough time to pull together the documentation. It is important to note that both respondents came from very low resource countries, so the organizers of future needs assessment need to consider this concern. It was clear that in these cases, the pre-mission activities were often the first time that some focal points were having in-depth discussions with some key stakeholders and the process took time.

The issue of insufficient resources for the pre-visit was raised by several of these same countries as well as a handful of others. In fact, a number of participants reflected on some of the ongoing logistical challenges, even in middle-income countries. The overall theme that emerged from both the survey and the FGD was mostly budgetary. For example, several participants noted that getting the initial budget to pay for core expenses such as interpretation, hotels, and transportation for the meetings was not as straightforward as it could have been. In more than one case, focal points paid for expenses out of their own budgets and had yet to receive reimbursement. A WHO staff member at the FGD said that this was most likely due to the inexperience of the focal points working in the WHO system and not having the correct documentation for reimbursement in the case when the Secretariat transferred funds through the WHO country office. More initial engagement of key institutional actors and better coordination among these relevant institutional offices and the country team leads (usually focal points) could help mitigate this challenge in future.

In the focus group, we followed up on this concern and explored with the group if there were other possible solutions. To help low-resource countries to facilitate the pre-visit process, one suggestion was to allocate some limited additional resources toward this part of the process, for example to collect the information. Note however that in higher-resourced countries, this was not identified as a major issue, so this specific issue appears much more relevant to very low-resource situations. While there is always the concern that governments are not making the best use of the resources provided to them for exercises like the needs assessment, it was clear that the work for some countries was simply more because their starting point was very low.

There was some additional discussion in the FGD about whether it was an issue of resources in some cases, but rather more about the commitment on the part of the government to prioritize the needs assessment. Accordingly, several IGO representatives noted the importance of reassuring and educating focal points that the needs assessment process is worthwhile, and particularly, to make sure the all of the key external actors involved are active in reinforcing how worthwhile the effort is. This reinforcement might help to convince governments to actively embrace the process and allocate some of their own resources toward it.

Some of the FGD participants focused more on helping the country teams with the actual process of preparing for an effective needs assessment, including more structured guidance from the Secretariat and other IGOs involved in the assessment. As one participant stated referring to the importance of the pre-mission activities: “a proper needs assessment is a 3-month process.” Inexperienced focal points require guidance as to where they should be collecting the required information. In fact, some inexperienced focal points reported that they did not know all of the key stakeholders in and out of government. Though much of the required information is in the country reports to the WHO FCTC and in the WHO report on the global tobacco epidemic, it is often the smaller requirements, typically outside of the health sector, that are tougher for the focal points to obtain, keeping in mind, of course, that this is some of the information that the NA external team most needs. But, it is also important to note that much of this information can be obtained during the visit in the one-on-one meetings with representatives from the relevant sectors, so there may be less need to demand the information beforehand from the very inexperienced focal points. The Secretariat and other institutional actors can help the focal point communicate the precise requirements to their colleagues.

Several participants from both the survey and FGD commented that having an emissary visit from the Secretariat before the actual needs assessment could be useful. In particular, the focal points all commented that they had difficulty getting the required information from non-health departments and ministries and having the more direct convening power of a UN agency/institution would have helped them to get that access. The second reason provided was that the on-the-ground reality is often quite different in these countries and the focal points felt that the eventual needs assessment team would be better prepared if they understood the reality more thoroughly before they arrived. But, a “pre-visit” only seemed to be a realistic need for countries with the most severe resource constraints (and the least tobacco control experience).

In general, a number of participants indicated that coordination and cooperation among all of the institutional actors involved in the NA was very important. In some cases, more active involvement from the WHO country office would have helped to guide the process more and to readily provide the resources. In fact, several participants from Parties suggested an engaged WHO country office early in the process, including in the pre-visit budget process, could help the focal point's team better. Several participants noted that the Secretariat sought to engage these actors, and often it worked out very well and led to excellent cooperation, but there was more than one well-documented instance in which the country offices were not well prepared to play a central role. In one circumstance, the country representative had recently changed and the incoming representative was not prepared to help (nor did they marshal resources to compensate for their shortcoming and/or general disinterest). The timing seemed unfortunate. In this case, the regional office sought to step in and was able to help some with preparation, but not being in-country, simply could not assist with some requests. Again, this is evidence that close coordination is not just helpful, but sometimes instrumental.

In terms of the documentation produced in the pre-visit process, the survey responses were largely very positive. About the thoroughness of the pre-visit document preparation, 80% indicated that they thought that it was thorough; 100% indicated that it was useful; and 93% felt it was appropriate to the broader objective of the assessment.

In terms of the actual pre-visit (preliminary) analysis, respondents had some pointed comments. Two respondents commented that they were not part of the analysis of the pre-visit documents and as a result felt left out and/or “behind” when the needs assessment began. Making certain that all actors are engaged is paramount to success, but since this was feedback from only two respondents, there is no evidence that this issue was widespread. Similarly, it was not clear who was at fault – the needs assessment team or the government focal point. Both parties have an obligation but the needs assessment team must somewhat rely on the in-country

Part I – Pre-Mission – Take-home Points

- 1) Very low resource countries (typically with little tobacco control experience) may require extra time and assistance (possibly including small amounts of extra financial resources) from the Secretariat and/or other institutions involved in the needs assessment process to work through the complexities of the pre-mission requirements.
- 2) Active coordination of activities and cooperation among the Secretariat, the country's health ministry and any other key institutions (regional or national) involved in the organization of the assessment is paramount to the success of the pre-mission.

actors to include all stakeholders. Again, engaging all key institutional actors, such as WHO country and/or regional offices, to help connect the government officials to the Secretariat was widely seen as a way to address this issue.

Part II – Assessment Process

There were strongly positive reactions to the effectiveness of the actual needs assessment visit. Of the respondents, 75% indicated that it was very successful, 12.5% thought it was somewhat successful, and 12.5% indicated that it was unsuccessful. Broadly speaking, the actual assessments were judged as inclusive, substantive and task-oriented by most participants in the survey and FGD.

Team composition

The reaction to the teams of experts across participants was very positive. In particular, the respondents indicated that the teams were appropriately varied with different expertise and experience, covering all major areas under consideration. Respondents also indicated excellent levels of preparation in terms of understanding not only the specific areas of the treaty, but also the country context before arrival.

One of the themes that emerged was a desire for greater local level participation on the actual assessment team since they would likely be more tuned into the subtleties of the situation better and could help to inform their assessment team colleagues. Along this line, there were several useful suggestions. While respondents uniformly felt that it was good to have assessors from Geneva, particularly because of its strong convening power with many governments, a number of participants indicated that to get more buy-in from their own government, it would be useful to have more local engagement on the assessment team. Recognizing that in-country expertise does not exist in many cases, several participants encouraged greater attempts to include at the very least an assessment team member from a neighboring country. Several participants suggested that the regional offices of the participating IGOs might play a larger role in helping to identify possible “local” experts with relevant local experience and pertinent language skills.

Participants had other comments about team composition. Most agreed that they would like to see consistent participation from other UN agencies, particularly the UNDP. Several indicated that engagement from the World Bank might be positive, though it was not clear that many World Bank officials are engaged meaningfully in tobacco control and none of the FGD participants was able to articulate how this might happen and why it was necessary beyond the idea that tobacco control should be central to all development agendas (in other words, it seemed more like a strategy

to engage the World Bank than a strategy to find qualified assessors). Several participants strongly encouraged greater use of independent content experts, who do not bring as much of the politics of governments or intergovernmental organizations, and instead can focus much more on the substantive content (e.g. tax or governance issues).

Language was a small issue in a couple of needs assessments. While many participants noted that this was addressed effectively, a few noted that they had to rely somewhat or even completely on interpretation. In one case, the focal point indicated that this presented no problems, but in a couple of others, there was concern that the interpretation led to the assessors missing out on some of the nuance of the discussions, including how things were being communicated or how things were being omitted. One focal point said that some representations in the final report were ultimately inaccurate because of this challenge.

Stakeholder meetings

The reactions to the stakeholders' meetings were nearly uniformly positive. Nearly 90% indicated that they were useful and 93% suggested that the appropriate stakeholders were invited and then attended. All of the participants felt that participants engaged in this process in some meaningful way. In particular, the engagement across sectors was widely seen as the key to their utility and success. Also, these meetings served as catalysts to reach out and engage actors that might otherwise not be engaged. More than a handful of the respondents commented on the high-level engagement from most sectors. In several instances, participants noted that the finance, customs, and revenue stakeholders were the most engaged and wanted significant interaction.

In a handful of cases, participants described large stakeholder meetings as too formal and uneventful. In such cases, breakout sessions were identified as a useful tool for trying to mitigate the formality of the occasion and to get participants speaking more frankly to one another. That said, no participant suggested eliminating these larger meetings from the broad assessment structure, but neither did anybody suggest expanding their role or the time allocated to them.

Not surprisingly, several respondents worried about some key ministries' lack of participation. One suggestion made by a focal point that had previously experienced this issue was to engage the Ministry of Foreign Affairs in its role in many countries as convener of the country's WHO FCTC COP delegation as the official convener of the in-country needs assessment (even if the health authority ended up doing most of the work to facilitate the assessment). Typically, the foreign affairs authority is more politically powerful than the health authority and this can help to bring together key (non-health) stakeholders. Another suggestion made was – if possible – to more

actively engage the executive office (e.g., the president or prime minister) to compel participation from ministries that were not responsive.

Several countries complained about a lack of civil society engagement in both the larger stakeholder and the one-on-one meetings. In most cases, this appeared to be in large part the consequence of the focal point not engaging these parties. In these instances, to generate more legitimacy to the process, the needs assessment team must ensure better that the focal point and other local organizers (including the WHO country office) are making certain that these actors are meaningfully included.

Individual meetings with stakeholders

Many respondents commented positively about the thoroughness of the overall process, and particularly emphasized the usefulness of the in-depth engagement of individual stakeholders across major areas. In all countries, participants indicated that the one-on-one meetings between the assessors and key stakeholders were vital. In a number of needs assessments, participants indicated that these meetings were the most useful. In particular, participants emphasized the utility of the process, indicating that the back and forth between the external assessment team and their country counterparts in specific areas (e.g., tax, customs, etc.) were key to the success. This permitted the parties to work through complexities via discussion and documentation. This process in turn made the final report more valid and legitimate in the eyes of the domestic stakeholders.

Logistics of the visit

Most respondents indicated that the time allocated to the needs assessment was sufficient (87.5%). In a few countries, respondents indicated that some issues required more time as certain stakeholders wanted to go into considerable depth. This was particularly true in lower-resource countries where tobacco control needs were large, and the stakeholders' starting points were often much lower in terms of knowledge. Recognizing that the needs assessments are already long by many measures at approximately one week, there may be some countries where a slightly longer process (1 or 2 days) might be useful.

Several participants from needs assessments indicated that they had wished for more dedicated time at the end to synthesize the findings. In several cases, it was a matter of only a few hours to bring together nearly a weeklong meeting (as well as all the pre-mission preparatory material). Making certain to dedicate sufficient time – perhaps the entire last day – to synthesize would be a fruitful strategy going forward.

In terms of actual logistics during the visit, a couple of the lower resource countries complained that they were inadequately prepared to host. In at least one instance, the

focal point was shuttling assessment team members to appointments in their personal vehicle. Again, to mitigate this challenge, it requires improved coordination among the institutional actors guiding the assessment, but perhaps particularly requires engagement of the WHO country office, which is typically accustomed to securing these types of services to serve such missions.

Dissemination

There was general agreement that dissemination during the actual visit could be improved. One vehicle mentioned by several stakeholders was the use of high-profile press conferences during the visit to motivate the government to act in a very public way. Of course, such an activity would not be available in all circumstances, but this could be a strategy to consider in some countries, perhaps particularly the ones in which there has been a recent history of opposition to tobacco control within the government. This could be a politically delicate endeavor, but it is likely to be worthwhile in some circumstances.

Part II – Assessment Process – Take-home Points

- 1) To encourage more buy-in from governments, make certain that the assessment team includes local participation. If not possible (some countries lack a qualified candidate), seek to include a member from a neighboring country. Also, participation from other UN agencies (e.g., UNDP) is viewed positively and helps encourage buy-in.
- 2) Broad stakeholder meetings are seen as important but with the caveat that they need to be inclusive (including all key government ministries, civil society, etc.).
- 3) All participants viewed meetings with individual government stakeholders as absolutely crucial for going into the key issues more meaningfully.
- 4) Many participants encouraged better dissemination of the needs assessment and its findings, including in some cases, hosting a press conference.

Part III – The Report

Reactions to the actual report were positive. All of the survey respondents indicated that they thought the report was thorough and that it accurately described the findings of the needs assessment exercise. All respondents articulated that overall they saw the needs assessments as worthwhile. Across regions, countries and actors, participants indicated that the final reports identified clear gaps, and made clear and tractable recommendations. Moreover, many participants articulated that the reports helped to motivate governments to make changes (e.g., new laws and regulations) and to mobilize resources to fill these gaps. In one country in the African region, the health

ministry wrote its own “shadow” needs assessment, and the focal point reported that the two reports matched very well, which gave both reports significantly more credibility within the government.

Several of the low-resource Parties indicated that the reports should be followed up with a commitment from donors to help implement the recommendations. In fact, this was a general theme in the responses. Many low-resource countries indicated that they had insufficient resources even to do a proper needs assessment let alone to start to address the gaps identified from it. For many of these low tobacco control performers and low-resource countries, the list of needs was seen as very daunting even when priorities were identified clearly. Of course, this suggestion is easier said than implemented because the Secretariat does not control donors and itself faces its own resource constraints. Unfortunately, a good number of the participants cavalierly ignored these realities or appeared to be unaware of them. Therefore, it is important for the needs assessment members to calibrate expectations from the very beginning of the process so that the recipients do not assume that it will automatically come with a large resource infusion post-assessment.

For several countries with serious internal governance challenges around tobacco control – either with health ministries not interested in tobacco control or governments not willing to help health ministries – the participants indicated frustration and a belief that the document was not particularly useful in leveraging change. Unfortunately, there were not many solutions offered to this problem except to make the reports themselves more overtly politicized (discussed more in the conclusion).

Part III – The Report – Take-home Points

- 1) Calibrate expectations of the needs assessment recipients that a completed assessment does not equal more resources.
- 2) Where feasible, seek to allocate some resources to low-resource countries soon after the assessment to keep momentum going on several, well selected core issues identified in the assessment.

Part IV – Post-Needs Assessment

The feedback about the post-needs assessment phase was mainly positive, but also demonstrated more overt concern. Of the survey respondents 53% indicated that follow-up was more than adequate, 40% said that it was somewhat adequate, while 7% said that it was inadequate. In terms of the needs identification, 94% of respondents

indicated that the needs assessment team and the government had jointly identified the country's needs for successful WHO FCTC implementation.

Some respondents worried openly about the speed of the follow-up. In particular, a handful of countries suggested that immediate follow-up should be stronger and quicker – what one participant called, “striking while the iron is hot.” In at least two countries, the actual official report was slow to materialize, which meant that when it appeared, the momentum was mostly lost and in at least one case a number of the crucial internal dynamics had already changed (because of a major change in government). In at least two other countries, the respondents indicated that the report never made it up the chain of command within the health authority. Again, constructive suggestions for how to address this concern were relatively scarce, though several participants were pushing for the Secretariat to be more assertive with the member governments to remind them that they had legal obligations to the treaty.

Several respondents argued that a lot of the challenges of follow-up actually stemmed more from governments' capacity issues. Therefore, they suggested a need to assess the capacity of the Ministry of Health to do the post-visit activities during the needs assessment. In other words, how the focal point addresses follow-up with their colleagues outside of the health authority needs to be considered in the needs assessment process itself. In fact, a major starting point for better treaty implementation for a number of countries with weak focal points is to seek to develop a better focal point. In these cases, it is necessary to identify the specific challenge and a corresponding solution, and then implement it. For example, perhaps a country needs a consultant to train the focal point for a few months to make the post-visit activities happen successfully. This dynamic should become apparent pretty quickly even in the pre-mission phase and the needs assessment team might consider putting aside some resources for this foundational purpose.

Most participants noted general responsiveness from the Secretariat both in terms of resources (where available) and linking countries to appropriate expertise. Several countries noted explicitly, for example, that soon after their assessment that the Secretariat facilitated both legal and cessation trainings. Again, the least-resourced countries indicated that they wished to have more post-assessment resources, particularly in the area of capacity building. However, again, the participants appeared mostly unaware of the broader resource constraints facing the Secretariat and other institutions trying to improve tobacco control.

In surveys, two focal points indicated that their requests for post-assessment assistance never materialized. In one country, the respondent indicated that it was actually a bottleneck within the WHO country office, though it was not possible to verify this claim. The other focal point did not identify the source of this shortcoming so it is not possible to infer adequately from their complaint.

Two respondents indicated that the internal domestic politics of their government and other related challenges prevented effective follow-up after the assessment. In one case, matching funds from the government did not materialize and it precluded the post-assessment activities. Clearly, this is not the fault of the needs assessment process, though perhaps more attention needs to be paid to this dynamic since arguably most barriers to successful tobacco control are political.

Part IV – Post-Needs Assessment – Take-home Points

- 1) Where feasible, provide assistance swiftly after the assessment.
- 2) Where opportunities exist, the Secretariat should use its convening power to gently but firmly encourage governments to follow up vigorously on the needs assessment.

Part V – Outputs

In general there was strongly positive reactions to the outputs from the assessment. The most useful outputs included the broader report itself and specifically the recommendations within. Several survey respondents indicated that they valued some of the specific plans that were articulated in the report that were aimed at individual stakeholders. For countries with many needs, respondents valued the process of making and eventual listing the priorities. Several respondents indicated that the making of a communications plan was also extremely valuable. Finally for the countries without comprehensive legislation, the respondents indicated that the report led directly to the drafting of new legislation.

Participants also identified less tangible outputs (i.e., not a policy, or a training, etc.) that resulted more from the process. For example, the process facilitated the engagement of previously non-active stakeholders (e.g. law enforcement), more effective multi-sectoral engagement (including the establishment of a national coordinating mechanism for tobacco control in one case). More broadly, multiple participants recognized how one of the most valuable outcomes was the start of more vigorous discussion among stakeholders, which was particularly true in lower tobacco control performing countries where these discussions had never really taken place.

Returning specifically to the recommendations, several respondents indicated that the needs assessment helped to frame their national tobacco control plans. In somewhat of a counterpoint, however, several countries with governance challenges – especially ongoing and severe tobacco industry interference — reported that the governments have not taken the recommendations seriously. Clearly, the political nature of both the needs assessment and tobacco control more generally is a ubiquitous theme.

In terms of mitigating some of these issues, participants made several useful suggestions. First, a number of participants indicated that the focus on developing legislation was too strong; instead, they recommended spending more time on conceptualizing how implementation could be improved under existing conditions. Their concern was that legislation is often too difficult to achieve within a short timeline (even five years) and they wanted to focus on what was “most” possible. Similarly, one focal point noted that an article-by-article list is too “text book” and that a better way is to include context in the report using a more narrative format, which an effect is a “mapping” of the broader politics. This point was echoed by several other participants in needs assessments in countries facing strong political opposition to tobacco control.

Part V – Outputs – Take-home Points

- 1) The process of executing an active needs assessment is often as important as the eventual tangible outputs (report/recommendations) because it engages new stakeholders and highlights issues that are often not or cannot be reported (typically political complexities).
- 2) For countries with serious political resistance, spend less time on national legislation and more time on thinking through implementation of existing laws/regulations within the constraints.
- 3) While an article-by-article list is useful, a complementary narrative format helps to furnish the working context (i.e., a “mapping” of political and economic conditions).

Overall conclusions and recommendations

The feedback about and reactions to the needs assessment from the participants in the survey and FGD were overwhelmingly positive across nearly all of its components. Every respondent suggested that the report and process had a significant net positive benefit in terms of engaging key stakeholders across sectors, many of which had not been engaged sufficiently (or at all). Further, the process often successfully linked tobacco control directly to development, which nearly every participant identified as a desired outcome. For most participants, they are now using the report as a roadmap – in general and specific to each article, and using it to remind governments that as a Party to the WHO FCTC, these provisions are actual obligations.

In addition to the positive feedback, there were also constructive suggestions to improve the process. First, there was considerable concern from the lowest-resource countries that they needed more attention than other countries and had distinct needs. Considering the low level of tobacco control and the resources available for it, these concerns are reasonable. For example, a longer pre-planning period with some additional support is a reasonable request. Linking their

priority setting to some concrete –and financially supported – action items is also a reasonable request and is likely to yield even better tobacco control results. This also might be precisely the type of thing that donors want to actively support. Of course, it is important to be mindful that these resources be allocated to specific goals and needs identified concretely during the needs assessment, otherwise there is a higher likelihood of squandered resources.

There was a lot of feedback from many participants that closer coordination and cooperation among all participants in the needs assessments would make the process yield even richer rewards. There are multiple instances in this report in nearly every phase of the needs assessment where coordination has already proven to facilitate the process better (e.g. engaging focal points, moving funds, etc.) or where increased coordination would make the process run more effectively and efficiently (e.g., pre-mission logistics, visit logistics, etc.)

There was fairly consistent concern that civil society was not being engaged sufficiently in the needs assessment process. In a number of cases, the challenges appeared to stem from the focal points not engaging these organizations sufficiently. In such cases, in the pre-mission phase, the assessors need to compel the country governments to work harder to engage these actors.

Finally, a distinction emerged in the survey and FGD results between political and technical obstacles. A number of participants indicated that they felt there was somewhat of an over-emphasis on technical issues. Though these technical challenges were almost certainly genuine, for many countries, the systemic political issues are much more the crucial barriers to successful WHO FCTC implementation than the technical aspects. Placing stronger emphasis both in the process and the outputs on the political dynamic would make this process stronger and would likely generate even better results. Of course, since the Secretariat is responsive to the Parties to the treaty, this is a delicate exercise in the best of circumstances, but those facilitating the needs assessments must develop new, creative and effective ways to address this challenge. One possible solution is more utilization of outside experts who can more easily ignore the political pressures that the Secretariat and actors within the governments cannot easily ignore, and make the tough, public health-focused recommendations that will push tobacco control in these countries.

In closing, it is the finding of this evaluation that the needs assessment process has been very successful over the last two years. The participants in this evaluation have given feedback that should make future assessments even more effective and this report endeavors to capture these voices.

Additional General Take-home Points

- 1) Where feasible, be certain to engage civil society organizations in this process.
- 2) While a thorough technical discussion is imperative as central to the assessment, it is also crucial to incorporate a meaningful mapping of the political landscape since many of the obstacles are inherently political.

LIST OF RECOMMENDATIONS/TAKE-HOME POINTS

Part I – Pre-Mission

- 1) Very low resource countries (typically with little tobacco control experience) may require extra time and assistance (possibly including small amounts of extra financial resources) from the Secretariat and/or other institutions involved in the needs assessment process to work through the complexities of the pre-mission requirements.
- 2) Active coordination of activities among the Secretariat, the country's health ministry and any other institutions (regional or national) involved in the organization of the assessment is paramount to the success of the pre-mission.

Part II – Assessment Process

- 1) To encourage more buy-in from governments, make certain that the assessment team includes local participation. If not possible (some countries lack a qualified candidate), seek to include a member from a neighboring country. Also, participation from other UN agencies (e.g., UNDP) is viewed positively and helps encourage buy-in.
- 2) Broad stakeholder meetings are seen as important but with the caveat that they need to be inclusive (including all key government ministries, civil society, etc.).
- 3) All participants viewed meetings with individual government stakeholders as absolutely crucial for going into the key issues more meaningfully.
- 4) Many participants encouraged better dissemination of the needs assessment and its findings, including in some cases, hosting a press conference.

Part III – The Report

- 1) Calibrate expectations of the needs assessment recipients that a completed assessment does not equal more resources.
- 2) Where feasible, seek to allocate some resources to low-resource countries soon after the assessment to keep momentum going on several, well selected core issues identified in the assessment.

Part IV – Post-Needs Assessment

- 1) Where feasible provide assistance swiftly after the assessment.
- 2) Where opportunities exist, the Secretariat should use its convening power to gently but firmly encourage governments to follow up vigorously on the needs assessment.

Part V – Outputs – Take-home Points

- 1) The process of executing an active needs assessment is often as important as the eventual tangible outputs (report/recommendations) because it engages new stakeholders and highlights issues that are often not or cannot be reported (typically political complexities).
- 2) For countries with serious political resistance, spend less time on national legislation and more time on thinking through implementation of existing laws/regulations within the constraints.
- 3) While an article-by-article list is useful, a complementary narrative format helps to furnish the working context (i.e., a “mapping” of political and economic conditions).

Additional General Considerations

- 1) Where feasible, be certain to engage civil society organizations in this process.
- 2) While a thorough technical discussion is imperative as central to the assessment, it is also crucial to incorporate a meaningful mapping of the political landscape since many of the obstacles are inherently political.

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