



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

**Conference of the Parties to the
WHO Framework Convention
on Tobacco Control**

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**FCTC/COP/8/11
9 May 2018**

**Measures to strengthen the implementation of the
Convention through coordination and cooperation**

Report by the Working Group

Purpose of the document

This report presents a proposed draft medium-term strategic framework for the WHO Framework Convention on Tobacco Control (WHO FCTC), developed by the Working Group to Strengthen the Implementation of the Convention through Coordination and Cooperation.

Action by the Conference of the Parties

The Conference of the Parties (COP) is invited to note this report and consider adopting the annexed draft decision that also contains the proposed medium-term strategic framework .

Contribute to the Sustainable Development Goals (SDGs), if applicable: Target 3.a and SDG 3.

Link to the workplan and budget item: N/A.

Additional financial implications if not included in the workplan and budget: Yes (US\$ 100 000).

Author team(s): Working Group to strengthen the implementation of the Convention through coordination and cooperation.

Related document(s): Medium-term Strategic Framework.

BACKGROUND

1. At the Seventh session (New Delhi, India, 7–12 November 2016), the Conference of the Parties (COP) adopted a decision FCTC/COP7(13) entitled “Measures to strengthen implementation of the Convention through coordination and cooperation”. This decision established a working group to develop a medium-term strategic framework (MTSF) to guide the development of biennial workplans, budgets and implementation support for consideration of the COP. The Working Group was also requested to review the recommendations of the expert group on reporting arrangements under the WHO FCTC and the proposed terms of reference to establish an Implementation Review Committee (document FCTC/COP7/15) to make recommendations for the systematic review of Parties’ support and assistance needs for consideration by COP.

2. The Working Group met in Ottawa, Canada, on 21–23 November 2017 and in London, United Kingdom, on 20–22 March 2018. The Working Group benefited from the inputs of an international treaty law expert who participated in both meetings and supported the work by sharing experiences of other international treaties. The Working Group also benefited from the inputs of the Parties to the WHO FCTC that were consulted three times by the Working Group, as follows: a) in October 2017, the Parties were consulted concerning their opinions about priority areas for inclusion in an MTSF; b) in February–March 2018, the Parties were requested to provide feedback on the first draft of MTSF developed during the first Working Group meeting; and c) in March–April 2018, a new draft MTSF was shared with Parties for comments. All comments provided by Parties were considered and changes were made as appropriate. In cases when a proposal was rejected, the Working Group recorded the reasons for such rejection.

3. The Working Group learnt that the governing bodies responsible for a number of international treaties have developed strategic plans to guide the implementation of their treaties. Examples include treaties related to biodiversity, the Antarctic treaty, the Aarhus Convention, the Ramsar Convention, the Convention on Migratory Species, and the Convention on International Trade in Endangered Species of Wild Fauna and Flora.

4. The value of a treaty’s strategic plan lies in its ability to: 1) articulate a shared vision of the Parties to the treaty in relation to the treaty’s implementation; 2) rally all Parties to adopt shared goals and objectives, set priority areas of focus for the implementation of the treaty for a stated period of time, identify areas for improvement and focus, and target existing resources to where they are most important; and 3) provide a focus for the mobilization of resources (for example, as a basis for fund-raising efforts).

5. Strategic plans for treaties evolve over time. In one sense, they mature and become more sophisticated. The format adopted in the first strategic plan for a particular treaty may over time become less suited to that treaty. A good example of a part of a strategic plan that may develop (and improve) over time is that of a monitoring framework and indicators that determine the level of successful implementation of a strategic plan.

6. A treaty’s strategic plan cannot introduce new obligations for the Parties. A strategic plan may only provide for, and in some cases prioritize, the implementation of existing obligations under the treaty.

THE DRAFT MEDIUM-TERM STRATEGIC FRAMEWORK

7. The draft MTSF is attached in Annex 1 as the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through Implementation of the WHO FCTC 2019–2025*. This draft Strategy is intended to guide the implementation of the WHO FCTC, supported by collective principles and priorities, and to guide discussions at the COP with a focus on implementation of the treaty.

8. In developing a MTSF for the WHO FCTC, the Working Group agreed on the importance of including the following in the document:

- a motivating vision and mission;
- a focus on accelerated action for the implementation of the WHO FCTC;
- an emphasis on forging alliances with and promoting tobacco control efforts by other sectors beyond health, for example, by international agencies and other stakeholders with responsibility for the environmental and social effects of tobacco growing and manufacture;
- a focus on removing barriers to implementation of the Convention, for example, tobacco industry influence, and the lack of sustainable funding for tobacco control; and
- an emphasis on the need to prioritize implementation efforts under the WHO FCTC, given finite resources, and to clearly articulate those priorities for the individual Parties, the COP and the Convention Secretariat.

9. In terms of priority setting, the Working Group felt strongly that the Strategy should identify priorities in global implementation of the Convention, with the understanding that the Parties should have the flexibility to determine their own priorities reflecting their particular needs.

10. The Working Group members were also of the shared view that the Strategy should be high level and strategic in nature, and that we should resist inclusion of a wish list of action, or a rigid action plan. Instead, the draft Strategy submitted for consideration by the COP sets a clear direction for implementation, but workplans and budgets will determine the specifics.

IMPLEMENTATION REVIEW MECHANISM

11. The Working Group considered the recommendations of the expert group on reporting arrangements under the WHO FCTC and the proposed terms of reference to establish an Implementation Review Committee (document FCTC/COP7/15).

12. The Working Group members agreed that an Implementation Review Mechanism for the WHO FCTC is highly desirable. Such a mechanism would facilitate more effective and ongoing review of implementation of the WHO FCTC by Parties individually and collectively, and provide a focus for identifying gaps and needs and for prioritizing the assistance provided to Parties. It would also provide a focus for fundraising.

13. The Working Group included the proposed establishment of an Implementation Review Mechanism in the draft Strategy (Strategic Objective 3.1). The Working Group felt that the specifics of the mechanism, including the terms of reference for an implementation review committee, needs to be resubmitted for the consideration of the Parties. Accordingly, the draft Strategy anticipates the establishment of an Implementation Review Mechanism by 2020; in the interim, a pilot demonstration of an Implementation Review Mechanism will assist in validating the specific approach and allow for refinements to the proposed terms of reference. In addition, this exercise will seek the Parties' adoption of, and provide input in, refining the process.

IMPLEMENTATION

14. The Working Group notes that if the COP adopts the Strategy, it will be crucial that any subsequent workplans and budgets of the Convention Secretariat be aligned to the Strategy.

15. The implementation of the Strategy imposes additional work on the Convention Secretariat. For example, the Secretariat will need to collect baseline data for the range of indicators identified. The Convention Secretariat will also need to report, on a biennial basis, on progress in implementation of the Strategy.

Annex 1

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

INTRODUCTION

The *Global Strategy to Accelerate Tobacco Control* (the Strategy) was developed following a decision of the Parties at the Seventh session of the Conference of the Parties (COP7) to the WHO Framework Convention on Tobacco Control (the Convention or the WHO FCTC). It represents the continued effort to strengthen the operations and implementation of the Convention. There has been progress in implementing the WHO FCTC, but we believe that through the Strategy we can accelerate the implementation of the Convention and its contributions to the 2030 Agenda for Sustainable Development.

This Strategy is intended to guide the implementation of the WHO FCTC for the next seven years (2019–2025), including the activities/work of the Parties, the Convention Secretariat and other stakeholders, and to serve as the basis for work planning and budgeting for the 2020–2021, 2022–2023 and the 2024–2025 biennia. In addition, the Strategy will inform the agenda and the work of the Conference of the Parties (COP). By reviewing and reflecting on the outcomes of the Strategy, the Parties to the WHO FCTC can continue improving the planning and implementation process through successive cycles.

The Strategy is also an important tool to manage increased demands and limited resources while ensuring the effectiveness of the work of the WHO FCTC Convention Secretariat.

A CALL FOR ACTION

Tobacco harms

Tobacco use poses significant and detrimental threats to health and well-being and to society at large.

Globally, tobacco use leads to a massive loss of life, killing over 7 million people each year. Tobacco use also contributes to the global burden and threat of noncommunicable diseases (NCDs), including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, among others.

Though the health impacts of tobacco use are appalling, the harms of its use go beyond health.

The burden of tobacco use poses severe consequences at all levels and sectors of society, from the global, regional and national levels down to the community, family and individual levels.

Tobacco use and its promotion constitute serious challenges to sustainable development and undermines social, economic and environmental development around the world.

Some of the adverse consequences of tobacco products include: social and economic loss related to tobacco product manufacturing and tobacco use, loss of productivity and income from tobacco-related illness and premature mortality, threats to basic human rights including the right to the highest attainable standard of health, criminality involved in production and trade of illicit tobacco, and the environmental and social effects of tobacco growing including child labour, product use and waste disposal.

Moreover, the tobacco industry is recognized as undermining the Parties' actions in the promotion of public health policies related to the WHO FCTC through the initiation of administrative delays and legal challenges.

A GLOBAL RESPONSE TO TOBACCO

In a globalized world where boundaries between countries are becoming less rigid every day, outcomes in one place can have a global impact. From this perspective, tobacco control is everyone's business.

The good news is that we already know how to tackle the tobacco epidemic. The WHO FCTC is an internationally negotiated, legally binding package of evidence-based measures proven to reduce the harms of tobacco.

The WHO FCTC is one of just three international conventions referenced in the United Nations Sustainable Development Goals (SDGs) and their related targets. Target 3.a of the SDGs calls for strengthening implementation of the WHO FCTC. This Strategy seeks to meaningfully contribute to reaching the overall health goal of SDG 3 and target 3.4 on NCDsSDG 17 recognizes that the goals can only be realized with a strong commitment to global partnerships and cooperation.

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

Tobacco control measures have consistently been identified as "best buys" for improving global health; delivering large benefits for small investments.

URGENT ACTION IS NEEDED

WHO FCTC implementation progressed, but is far from complete. As referenced in the 10-year review of the WHO FCTC and the *Global Report on Tobacco Control*, challenges remain with the slow integration of the WHO FCTC into national law, suboptimal enforcement of existing laws, intensified marketing by the tobacco industry and industry interference with policy-making, inadequate resource allocation for tobacco control, and insufficient human capacity to lead implementation efforts. Furthermore, several articles of the WHO FCTC have had uneven implementation globally. As Parties to the WHO FCTC, we recognize the need to commit to urgent action now to address remaining gaps.

Guided by this Strategy, the Parties should take coordinated and focused whole-of-government action to achieve policy coherence domestically and internationally and to remove the barriers globally, regionally and nationally, and across all sectors, that are hindering the full and effective implementation of the commitments included under the WHO FCTC.

Through this Strategy, the Parties seek to improve and advance implementation of the WHO FCTC by agreeing on the key priorities for 2019–2025. The Strategy seeks to empower Parties to work multisectorally, with health and non-health sectors and other stakeholders engaged in the fight against tobacco at the global, regional and country levels. It also sets out to elevate the profile and visibility of tobacco control issues, including the Convention itself, internationally and domestically.

We know that tobacco use is fully preventable and avoidable. Through concerted effort, the Parties have the opportunity to save millions of lives and to build the conditions necessary for future generations to lead healthier more sustainable lives, free from the harms of tobacco use.

PART 1. Vision Framework

VISION

A healthy and sustainable world for all, free of the tobacco epidemic.

MISSION

To protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption, and exposure to tobacco smoke, through the full and timely implementation of the WHO FCTC.

Overall Target

To measure success of this Strategy, we will use the agreed upon voluntary global target of “a 30% relative reduction in the age-standardized prevalence of current tobacco use in persons aged 15 years and over by 2025¹”.

PART 2. Strategic Goals

Guiding Considerations

In the context of this Strategy, three considerations guide the choice of strategic goals: (1) the impact of measures on tobacco use and tobacco-attributable deaths and diseases; (2) the impact of measures on building cross-sectoral and sustainable country-level capacity for tobacco control; and (3) their contribution in advancing the SDGs.

Strategic Goal 1. Accelerating Action

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

Strategic Objective 1.1.

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

Specific objectives

- 1.1.1. Parties develop, implement and regularly update comprehensive, costed national tobacco control strategies (WHO FCTC Article 5), focusing on multisectoral and cross-cutting policies and Articles most important in the national context.
- 1.1.2. Parties implement price and tax measures (Article 6).
- 1.1.3. Parties implement time-bound measures (Articles 8, 11 and 13).

Strategic Objective 1.2.

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

¹ See at: <http://www.who.int/nmh/ncd-tools/definition-targets/en/> and also referenced in FCTC/COP7(27) : [http://www.who.int/fctc/cop/cop7/FCTC_COP7\(27\)_EN.pdf](http://www.who.int/fctc/cop/cop7/FCTC_COP7(27)_EN.pdf).

Specific objectives

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

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

Indicators

Strategic Objective 1.1

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

Strategic Objective 1.2

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

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

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

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

Strategic Objective 2.1

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

Specific objectives

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

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

2.1.3 Develop mutually reinforcing approaches to implementing the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020* through cooperation with

members of the United Nations Inter-agency Task Force on Noncommunicable Diseases, the Global Coordination Mechanism for NCDs and other relevant initiatives.

2.1.4 Foster partnerships with government or intergovernmental organizations and institutions.

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

Strategic Objective 2.2.

Catalyze and leverage the contributions of external stakeholders, particularly civil society, to achieve the aims of the Convention.

Specific objectives

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

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

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

Indicators

Strategic Objective 2.1

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

Strategic Objective 2.2

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

Strategic Goal 3. Protecting the integrity and building on the achievements under the WHO FCTC

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

Strategic Objective 3.1:

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

Specific objectives

- 3.1.1 Align the agendas, workplans and budgets of the COP with the Strategy.
- 3.1.2 By 2020, create a peer-led WHO FCTC Implementation Review Mechanism to facilitate addressing gaps and challenges of individual Parties, share lessons learnt and contribute to the implementation of this Strategy.
- 3.1.3 Protect COP and other WHO FCTC activities from the commercial and other vested interests of the tobacco industry.

Strategic Objective 3.2

Support and encourage Parties in their efforts to remove barriers to country-level tobacco control efforts.

Specific objectives

- 3.2.1 Build political support for tobacco control efforts.
- 3.2.2 Promote multisectoral collaborative efforts, including increased collaboration with civil society organizations.
- 3.2.3 Mobilize sustainable resources for tobacco control.
- 3.2.4 Implement measures to protect public health policy from interference by the tobacco industry (Article 5.3) and continuously monitor tobacco industry activities at national and international levels.
- 3.2.5 Monitor policy and programme progress of the key WHO FCTC provisions including estimation of lives saved, costs averted and other improved health and economic outcomes.

Indicators

Strategic Objective 3.1

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

Strategic Objective 3.2

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

PART 3. Operational Objectives

OPERATIONAL OBJECTIVES

The successive workplans and budgets of the WHO FCTC Convention Secretariat, adopted biennially by the COP, will be reoriented in line with the following Operational Objectives, in support of the effective implementation of the Strategic Goals and Objectives of this Strategy.

Operational Objective 1. Sustainable Funding

Manage the finances of the Convention to maximize its efficiency and effectiveness and find new revenue streams to support WHO FCTC implementation activities.

Specific objectives

- 1.1. Mindful of the cooperation obligations under Articles 22 and 26 of the Convention, the Parties and the Convention Secretariat will mobilize additional technical and financial resources. This may include the creation and implementation of targeted resource mobilization strategies and new or innovative domestic and international funding mechanisms, in accordance with Decision FCTC/COP7/25, to promote the implementation of the WHO FCTC and this Strategy.
- 1.2. The Convention Secretariat will provide Parties with targeted assistance to develop and implement costed national plans for tobacco control.
- 1.3. The Convention Secretariat will propose workplans and will conduct results-based budgeting that are based on the Strategy.
- 1.4. The Convention Secretariat should establish and maintain WHO FCTC Goodwill Ambassadors, taking into account Article 5.3 of the WHO FCTC and best practices relating to the avoidance of conflicts of interest.

Operational Objective 2. Operational effectiveness

Promote optimal operation of the COP and the capacity and ability of the Convention Secretariat to provide support to the COP and to the Parties in their implementation, monitoring and reporting work.

Specific objectives

- 2.1 The Convention Secretariat will review and adjust staffing and management capabilities to support implementation of the Strategy in support of the workplan and budget approved by the COP, in the spirit of Article 5.3 of the WHO FCTC and its Guidelines.
- 2.2 The Secretariat will apply the principles of prioritization, effectiveness, cost-effectiveness, transparency and accountability to all aspects of its work programme design and implementation, recognizing the finite resources available for core functions of the Secretariat.
- 2.3 The Secretariat will provide biennial reports to the COP on implementation of the Strategy, including proposed corrective actions.

Annex 2

Draft decision: Measures to strengthen implementation of the Convention through coordination and cooperation

The Conference of the Parties (COP),

Recalling Article 23.5 of the WHO Framework Convention on Tobacco Control (WHO FCTC), which stipulates that the COP shall keep under regular review the implementation of the Convention and take the decisions necessary to promote its effective implementation;

Recalling also that decision FCTC/COP7(13) established a working group to develop a medium-term strategic framework (MTSF) to guide the development of biennial workplans, budgets and implementation support;

Recalling further the expert group on reporting arrangements under the WHO FCTC and the proposed terms of reference to establish an Implementation Review Committee (document FCTC/COP7/15) to make recommendations for the systematic review of Parties' support and assistance needs for consideration of the COP;

Noting with satisfaction the outcome of the Working Group resulting in the draft MTSF, and thankful for the work of Parties that participated in the consultation processes;

Recognizing also that strategic plans for treaties evolve over time, and that a treaty's strategic plan cannot introduce new obligations for Parties,

1. ADOPTS the MTSF as contained in Annex 1 of Document FCTC/COP/8/11.
2. INVITES Parties:
 - (a) to utilize the MTSF as a guide in setting national priorities and developing programmes and plans;
 - (b) to assess implementation of the programmes and plans deriving from the MTSF by utilizing the indicators proposed in the MTSF.
3. REQUESTS the Convention Secretariat to:
 - (a) draft the workplans and budgets proposed to the COP so that they are aligned with the MTSF;
 - (b) collect baseline data for the range of indicators identified in the MTSF;
 - (c) conduct, through the voluntary participation of five to 10 of the Parties, a pilot project exercise on the implementation of an Implementation Review Mechanism utilizing the terms of reference contained in document FCTC/COP/7/15, and to report to the COP on a costed strategy and refined terms of reference supporting the development of an Implementation Review Mechanism by 2020;
 - (d) report, on a biennial basis, on the progress in implementation of the MTSF, as part of its regular biennial global reports on the implementation of the Convention.

(XXX plenary meeting, XX October 2018)

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