

SOUTH-SOUTH AND TRIANGULAR COOPERATION FOR TOBACCO CONTROL



Solidarity is key to implementing the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). This United Nations treaty with 180 Parties is the world's main tool to combat tobacco use and its consequences.



South-South and Triangular Cooperation mobilizes additional resources for the promotion of development. Its emergence and dynamism is a result of a demand for greater participation in the definition of the international cooperation agenda and its criteria by developing countries.



The challenges faced by Parties with the implementation of the WHO FCTC are very similar, which makes this a promising topic for South-South and Triangular Cooperation, since identification of best practice and peer support become more relevant than traditional aid practices.



FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
S E C R E T A R I A T



*Empowered lives.
Resilient nations.*

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SOUTH-SOUTH AND TRIANGULAR COOPERATION

For the implementation of the
World Health Organization Framework
Convention on Tobacco Control



How it works



VALUES

- National sovereignty;
- National ownership and independence;
- Equality;
- Non-conditionality;
- Non-interference in domestic affairs;
- Mutual benefit.



GUIDING PRINCIPLES

- Mutual accountability and transparency;
- Development effectiveness;
- Coordination of projects and programmes;
- Evidence- and results-based programmes;
- Multi-stakeholder approach.

Tobacco control and development

Since tobacco use is a major impediment to both health and development, target 3.a of the 2030 Agenda for Sustainable Development calls for strengthened implementation of the WHO FCTC in all countries, as appropriate. It is now time to scale up South-South and Triangular Cooperation for tobacco control, building upon emerging results.

Reduced industry interference

Community of Practices on implementation of Article 5.3, November 2016

Participants: Brazil, Colombia, Gabon, Georgia, Guatemala, Jamaica, Panama, Peru, Philippines, Senegal and Thailand

Outcome: Sharing of experiences in order to achieve reduced interference by tobacco industry in public health policymaking.

Coordinating mechanisms

Webinar on implementation of Article 5.2, May 2016

Providers: Brazil, Iran (Islamic Republic of) and Republic of Moldova

Recipients: Ethiopia, Guatemala and Panama

Outcome: Dissemination of experiences of provider countries in developing successful coordinating mechanisms for tobacco control.

Packaging and labelling

Technical assistance on implementation of Article 11

Providers: Panama and Uruguay
Recipients: Colombia, Guatemala, Republic of Moldova and Senegal

Outcome: Implementation of large pictorial health warnings and other provisions included in Guidelines of Article 11.

Cessation

Workshop on implementing guidelines to promote cessation of tobacco use and adequate treatment for tobacco dependence, September 2016

Providers: Panama and Uruguay
Recipients: Colombia, Georgia and Jamaica

Outcome: Development of country-specific national cessation programmes based on the Guidelines of Article 14 and resources available.

Tobacco taxation

Study visit on implementation of Article 6, October 2016

Provider: Philippines
Recipients: Malaysia and Mongolia

Outcome: Revised tobacco tax system for recipient countries that should increase revenue from tobacco excise taxes and reduce consumption of tobacco products.

Alternative livelihoods

Study visit to examine Brazilian experiences on the implementation of Article 17, March 2016

Provider: Brazil
Recipients: Jamaica, Philippines and Uruguay

Outcome - Country-specific action plans for recipient countries to develop programs for alternative livelihoods, informed by Brazil's experiences over the last 15 years.

