NATIONAL TOBACCO CONTROL STRATEGIES

Toolkit for Parties to Implement Article 5.1 of the World Health Organization Framework Convention on Tobacco Control

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Abbreviations

COP	Conference of the Parties
DOI	Declaration of interest
GATS	Global Adult Tobacco Survey
GYTS	Global Youth Tobacco Survey
ITCS	International Tobacco Control Survey
M&E	Monitoring and evaluation
MoH	Ministry of health
MoU	Memorandum of understanding
MTSF	Medium-term strategic framework, or global strategy to accelerate tobacco control
NCD	Non-communicable disease
NCM	National coordinating mechanism
NTCS	National tobacco control strategy
ToR	Terms of reference
UNDP	United Nations Development Programme
UNSDF	United Nations Sustainable Development Framework
WHO	World Health Organization
WHO FCTC	World Health Organization Framework Convention on Tobacco Control
WHO STEPS	World Health Organization STEPwise approach to surveillance of NCDs

Introduction

"Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention and the protocols to which it is a Party." – Article 5.1 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC)

The United Nations Development Programme (UNDP) and the WHO FCTC Secretariat (Convention Secretariat) have jointly developed this toolkit to provide Parties a roadmap for establishing multisectoral strategies, plans and programmes for tobacco control in line with WHO FCTC Article 5.1. Informed by Party experiences, the toolkit focuses on developing a national tobacco control strategy (NTCS) – the blueprint for how a country will address the tobacco epidemic within a specified time-frame.

The toolkit is intended for governments, particularly ministries of health, national tobacco control focal points and national coordinating mechanisms (NCMs) for tobacco control, and ultimately all stakeholders involved in tobacco control planning. Parties should use the guidance in conjunction with other available tools and guidance from the Convention Secretariat, UNDP, the World Health Organization (WHO), and other partners.

The WHO FCTC, an international and legally binding treaty negotiated under the auspices of WHO, was adopted in 2003 to address the global tobacco epidemic through evidence-based action. As one of the world's most rapidly embraced international treaties, with 181 Parties as of March 2019, the WHO FCTC has driven major advancements in global, national and local tobacco control. Yet the battle against tobacco and its social, economic and environmental consequences is far from won. Each year, tobacco kills more than 7 million people, most in the prime of their lives, and costs the world an estimated 2 trillion dollars (in 2016 purchasing power parity/PPP)[1] in health care costs and productivity losses.

Evidence on the environmental harms of tobacco continues to mount; tobacco production contributes to deforestation, land degradation, and water and soil pollution. Accelerated responses are urgently needed.

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1 American Cancer Society and Vital Strategies (2018). The Tobacco Atlas Sixth Edition. Jeffrey Drope and Neil W. Schluger, Eds. Available at: https://tobaccoatlas.org/

In September 2015, through the 2030 Agenda for Sustainable Development, 193 UN Member States adopted a shared vision for people, planet and prosperity. That vision includes a goal dedicated to healthy lives and well-being for all at all ages (SDG 3), and a specific target on strengthened implementation of the WHO FCTC in all countries (SDG target 3.a). Achieving target 3.a will deliver gains across Agenda 2030, given the multidimensional relationship between tobacco and poverty, inequalities, economic growth, climate action, and other goals and targets.[2] Tobacco control can also support the financing of Agenda 2030. Price and tax measures on tobacco (WHO FCTC Article 6) are specified as a revenue stream in the 2015 'Addis Ababa Action Agenda on Financing for Development',[3] the global financing framework for sustainable development agreed by UN Member States.

Responding to the links between tobacco control and development, and effectively implementing the WHO FCTC's core measures to reduce tobacco supply and demand, requires appropriate planning and governance. Many of the benefits of tobacco control are realized in domains outside of health, while effective tobacco control requires concerted effort and coordination between and across government sectors and other stakeholders. Parties consistently recognize the centrality of tobacco control planning and governance to their broader efforts to stem the epidemic.[4]

2 UNDP and WHO FCTC Convention Secretariat (2017). The WHO Framework Convention on Tobacco Control – an Accelerator for Sustainable Development. Available at: https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/-the-who-framework-convention-on-tobacco-control-an-accelerator-.html

3 A/RES/69/313. Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda). Resolution Adopted by the General Assembly on 27 July 2015. Available at: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/313

4 WHO (2016). 2016 Global Progress Report on implementation of the WHO Framework Convention on Tobacco Control. Available at: http://www.who.int/fctc/reporting/2016_global_progress_report.pdf?ua=1

COP8 – protecting present and future generations

The eighth session of the Conference of the Parties (COP8) to the WHO FCTC, 1–6 October 2018, emphasized the environmental dimensions of tobacco and included a review of advances and challenges in the Global Progress Report on Implementation of the WHO FCTC. COP8 also highlighted tobacco control planning including the shaping of a global medium-term strategic framework (MTSF) to determine the actions to be taken by Parties over the next five years.[5] The MTSF prioritizes Art 5.1 implementation, under objective 1.1.1: "Parties develop, implement and regularly update comprehensive costed national tobacco control strategies (WHO FCTC Article 5); focusing on multi-sectoral and crosscutting policies and Articles most important in the national context." Momentum from COP8 represents an opportunity for Parties to accelerate their national tobacco control planning efforts, including by recognizing the links between tobacco control and other development priorities.

UNDP's longstanding partnership with the Convention Secretariat centres on Article 5 of the treaty, which pertains to general obligations on national planning, coordination and reducing tobacco industry interference in policymaking. This work is grounded in UNDP's Strategic Plan 2018–2021,[6] and its HIV, Health and Development (HHD) Strategy 2016–2021,[7] both of which recognize health as a driver and an outcome of sustainable development.

UNDP's support to Parties on tobacco control leverages its core competencies in keeping people out of poverty, strengthening effective and inclusive governance, and building resilient and sustainable systems for health. For example, in 2018, UNDP and the Convention Secretariat developed a Toolkit for Parties to implement WHO FCTC Article 5.2(a), which obliges Parties to establish or reinforce tobacco control focal points and NCMs. Focal points and NCMs are central to the development and implementation of national tobacco control strategies, plans and programmes.

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5 For more information: https://www.who.int/fctc/cop/sessions/cop8/en/
6 UNDP (2018). UNDP Strategic Plan, 2018-2021. Available at: https://strategicplan.undp.org/
7 UNDP (2016). HIV, Health and Development Strategy 2016-2021. Available at: https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/hiv--health-and-development-strategy-2016-2021.html

Structure

NATIONAL TOBACCO
CONTROL STRATEGIES

I. Preparatory work

Outlines initial enabling actions that will ultimately help planners to create a more effective, sustainable, and viable strategy.

II. Drafting the strategy

Discusses core elements of the NTCS, including introduction/strategic direction, action plan, monitoring and evaluation plan, and communication plan.

III. Finalizing, launching and implementing the strategy

Provides guidance on engagement with different government sectors and other national stakeholders, including the public, to validate and adopt the strategy, increase its visibility, and strengthen ownership for implementation.

IV. Aligning the strategy with other health and development efforts

Discusses the importance of integrating the NTCS into related health and development planning instruments, and how sub-national governments can use the NTCS.

V. Challenges and mitigation measures

Lists common challenges policymakers face in creating and implementing tobacco control strategies, together with approaches to avoid or mitigate these challenges.

The document also includes two toolkits to assist in tobacco control planning at different stages:
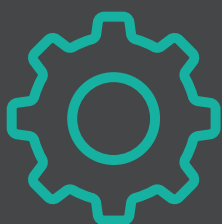
Toolkit A
Tools for preparatory work
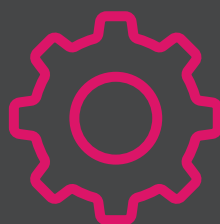
Toolkit B
Tools for drafting

I. Preparatory work

Outlines initial enabling actions that will ultimately help planners to create a more effective, sustainable and viable strategy.

Box 1: Checklist of preparatory work

☐ **Step 1. Designate the NCM/officials to oversee the process, and reinforce high-level support:**
- If an NCM exists, its chair should designate the NCM Secretariat and tobacco control focal point to oversee the NTCS development process. If the chair does not have the authority to do so, it should request support from the appropriate high-ranking authority;
- If an NCM has not been established, the health minister should designate officials within the ministry and/or among the national tobacco control unit to oversee the process, working in parallel to establish an NCM to ensure effective implementation of the strategy;
- The MoH or NCM should request the executive branch to mandate the work and invite other appropriate sectors to contribute to the strategy's formulation.

☐ **Step 2. Conduct or update a national situation analysis to assess/identify:**
- The nature of the tobacco epidemic;
- The state of current tobacco control measures;
- Opportunities and challenges in tobacco control;
- The public's knowledge, opinions, beliefs and attitudes with respect to tobacco control.

☐ **Step 3. Create a process proposal which:**
- Identifies which stakeholders to include and how;
- Proposes timelines for completion of milestone deliverables and the final strategy;
- Proposes how to coordinate the process and draft the strategy;
- Includes an intention to request the executive branch and/or Minister of Health to invite key stakeholders to a multisectoral retreat and/or to formally establish a multisectoral committee as appropriate.

☐ **Step 4. Convene an initial multisectoral strategy meeting to:**
- Increase buy-in from different sectors for tobacco control;
- Agree on the process of creating the NTCS including strategy committee, working group and/or other coordinating arrangements.

Creating a multisectoral national strategy with buy-in and engagement from various sectors is a complex task. Preparatory work and key considerations will lead to a more effective, sustainable and viable strategy. These aim to engage different sectors in the overall process, i.e. to create the necessary conditions for widespread coordination and commitment to tobacco control. While the path to establishing the NTCS will vary by context, the checklist in Box 1 contains generalizable preparatory steps for those managing the process (typically the MoH). Each step is discussed in detail in the following pages.

I. PREPARATORY WORK
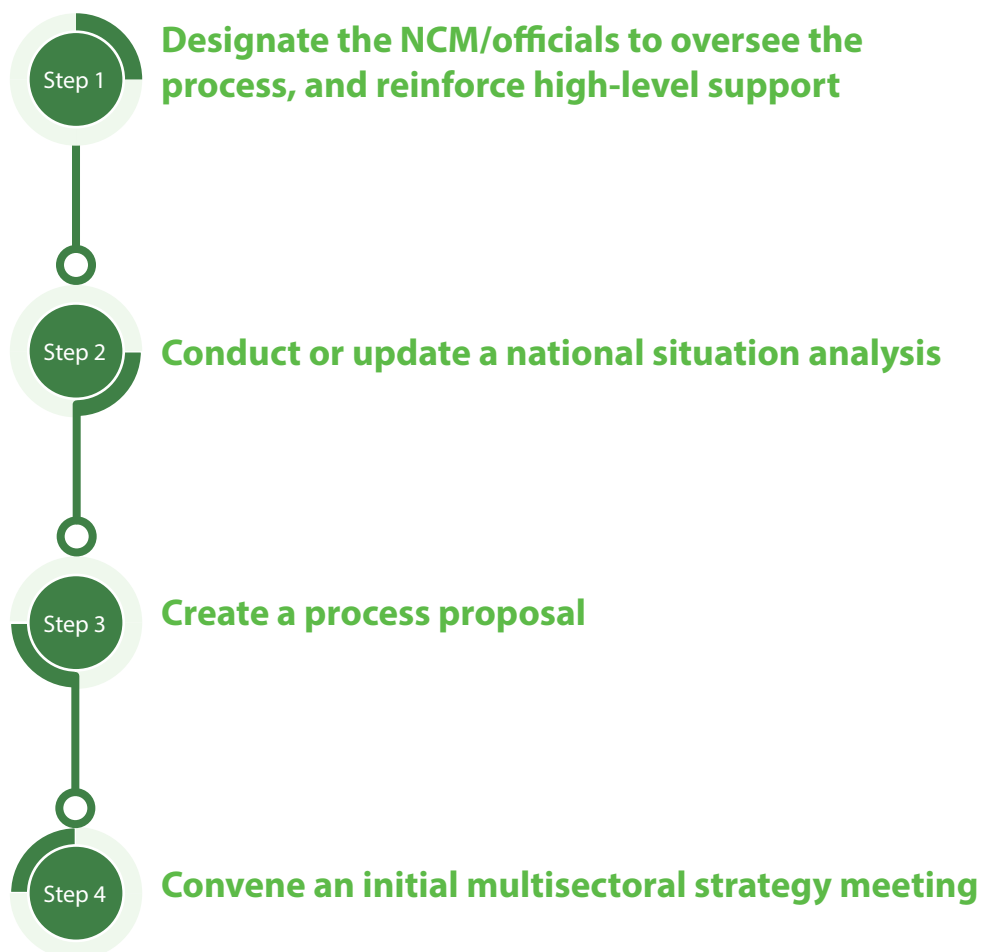
Step 1 — **Designate the NCM/officials to oversee the process, and reinforce high-level support**

Step 2 — **Conduct or update a national situation analysis**

Step 3 — **Create a process proposal**

Step 4 — **Convene an initial multisectoral strategy meeting**

Step 1. Designate the NCM/officials to oversee the process, and reinforce high-level support

Coordination and leadership—both technical and high-level political—are central to tobacco control planning. There are different ways for Parties to initiate and oversee NTCS development.

- **If an NCM and tobacco control focal point exist**, the NCM chair should designate the NCM Secretariat and tobacco control focal point to initiate and oversee the NTCS development process. If the NCM Chair is not a high-ranking official/does not have the political authority to make this designation, he or she should request support from the proper authority, such as the deputy health minister, health minister, vice president or head of state.

- **If an NCM and tobacco control focal point do not yet exist**, Parties may still have a national tobacco control unit – individuals and departments within the government working on tobacco control – with requisite capacity. The MoH, typically the main ministry responsible for tobacco control, should designate officials within the ministry and/or among the national tobacco control unit to initiate and oversee the process. The MoH should also create a NTCS committee composed of representatives from the national tobacco control unit and other relevant ministries (e.g. those involved in regulating trade or advertising). Such an ad hoc strategy committee can lead to a permanent NCM (ideally established in law). If no NCM exists, the NTCS should include the establishment of one as a priority activity.[8] If the MoH does not desire an official strategy committee, inputs for creating the strategy can be obtained through meetings with relevant ministries. This latter approach, however, may fail to generate the requisite buy-in and ownership for tobacco control planning to be successful.

In any of the scenarios above, it is important for the NCM or MoH to request that the executive branch provide a formal mandate for the NTCS development to move forward and to formally invite relevant ministries to help create the NTCS including by participating in an initial multisectoral meeting.

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8 In 2018, UNDP and the WHO FCTC Convention Secretariat launched a toolkit for Parties to establish and strengthen NCMs for tobacco control in line with WHO FCTC Article 5.2(a). The toolkit is available at: https://www.who.int/fctc/implementation/cooperation/5-2-toolkit/en/

Outreach to the executive branch might also include a request for the NCM Secretariat and tobacco control focal point to be formally designated to oversee the process. Tool A1 is a sample draft letter to the executive branch.

Note: henceforth we refer to authorities managing the process of establishing the NTCS as either the MoH or NCM Secretariat, since this is the most likely scenario.

Box 2: Definitions of a focal point and national coordinating mechanism

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]".

National coordinating 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 multisectoral mechanism should include key national and sub-national actors and stakeholders who play meaningful direct or indirect roles in tobacco control, for example ministries of finance and planning are key to involve. NCMs are needed to ensure a whole-of-government approach and system-wide coordination.

Step 1   Step 2   Step 3   Step 4

Step 2. Conduct or update a national situation analysis

A comprehensive understanding of the current national tobacco control burden and response enables planners to identify ambitious yet realistic short-, medium- and long-term objectives under the NTCS, as well as the most effective and viable policies to include. Tool A2 describes four areas that planners should assess under the situation analysis, with guiding questions: (1) the nature of the tobacco epidemic; (2) the state of current tobacco control measures; (3) opportunities and challenges in tobacco control; and (4) the public's knowledge, opinions, beliefs and attitudes with respect to tobacco use and control. Tool A3 provides additional guiding questions to assess implementation of core WHO FCTC supply and demand reduction measures, as well as general obligations under Article 5 of the Convention.

A UN-assisted WHO FCTC needs assessment[9] should be the foundation for the national situation analysis. If a Party is yet to conduct a WHO FCTC needs assessment, or if the Party's needs assessment is over five years old, ministries of health should request one at this stage. A WHO FCTC needs assessment mission is typically carried out over five days, but the report can takes several months to finalize. As such, depending on resources, time-constraints and other national circumstances, planners may decide to conduct a more rapid situation analysis, entailing a desk-review and key informant interviews.

Regardless of scenario, the situation analysis should proceed in three main phases: (1) planning, (2) data collection and analysis, and (3) reporting findings with clear conclusions and recommendations. During planning, the NCM Secretariat or MoH should agree on the scope and process of the analysis. Agreement on scope will determine what data sources are necessary and which stakeholders to involve, directly or indirectly. Further, authorities should identify outputs, delegate responsibilities and agree on timelines. Resources to conduct the situation analysis should be allocated in advance. A potential component of the situation analysis is a national assessment of the costs of tobacco consumption. Box 3 describes WHO FCTC investment cases.

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9 "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." For more information: https://www.who.int/fctc/implementation/needs/English_needs_assessment_background.pdf

Box 3: WHO FCTC investment cases under FCTC 2030

COP Decision FCTC/COP6(17)[10] invited UNDP, with partners, to assess the economic impact of tobacco use and cost the implementation of the WHO FCTC. Under the FCTC 2030 project,[11] the Convention Secretariat, UNDP, WHO and the Research Triangle Institute (RTI) International are conducting national tobacco control investment cases for a number of WHO FCTC Parties.

The investment cases calculate the health and economic costs of tobacco consumption to a country, the costs of implementing selected WHO FCTC measures, and the return on those investments over a 5- and 15-year period, in terms of lives saved and economic costs averted. The calculation of tobacco-attributable costs includes both direct health care costs and indirect, or 'hidden', productivity losses.[12] The total costs of tobacco consumption are expressed as a percentage of gross domestic product (GDP). The cases generate evidence to secure buy-in and ownership of WHO FCTC implementation across government.

For each investment case, UNDP, the Convention Secretariat, WHO and RTI conduct joint in-country missions, with the first mission to collect data and prepare an economic model. The investment case also features a UNDP-led institutional and context analysis (ICA), developed through engagement with stakeholders across government, including ministries of finance and economic development. Through key informant interviews, the ICA uncovers promising policy pathways as well as potential challenges. Following the initial mission, RTI economists analyze the data and prepare investment case reports, in collaboration with UNDP, the Convention Secretariat, WHO and national authorities. The case results are presented at a multistakeholder forum and media is engaged. Findings from a recent investment case for Georgia are presented below.

• Tobacco use costs Georgia US$330 million annually, with 60 percent of these costs due to lost productivity.

• Costs to society and government are equivalent to 2.4 percent of Georgia's GDP each year.

• Investments in four selected WHO FCTC measures would save 53,000 lives and avert US$1.5 billion in costs by 2033.

• Over a 15-year period, for every US$1 invested, Georgia can expect US$85 in return.

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10 WHO FCTC Convention Secretariat, 'FCTC/COP6(17) Decision. Sustainable measures to strengthen implementation of the WHO FCTC.' [http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6%2817%29-en.pdf]

11 WHO FCTC Convention Secretariat. FCTC 2030 – strengthening WHO FCTC implementation to achieve the Sustainable Development Goals. Available at: http://www.who.int/fctc/implementation/fctc2030/en/

12 When an individual dies prematurely from a tobacco-attributable cause, the productivity they would have otherwise produced until retirement is forgone. Moreover, individuals with a tobacco-attributable illness are more likely to not participate in the workforce, to miss days of work (absenteeism) and/or to work at a reduced capacity while at work (presenteeism).

Step 3. Create a process proposal

A process proposal for drafting the NTCS enables stakeholders to move forward with transparency and accountability. The process proposal need not detail every aspect of the process, but agreement among key stakeholders on how to 1) draft, 2) finalize, and 3) adopt and launch the strategy is essential. For each step, MoH and/or NCM officials should identify which stakeholders to include and how, what process to follow, outputs, timelines and responsible entities. Tool A4 provides a sample process proposal.

1. Drafting the strategy

The NTCS is a multisectoral strategy, and its success hinges on sectoral buy-in and commitment. Planners should adopt a participatory approach to drafting the strategy involving a range of relevant stakeholders.

Tool A5 lists key stakeholders to potentially involve. MoH officials or the NCM Secretariat should prioritize involving those crucial to the strategy's development and implementation. For instance, ministries of finance and planning should be considered crucial as they are responsible for endorsing the financing of the NTCS and integrating it into broader development plans and processes. The WHO FCTC, in Article 4.7, emphasizes the importance of civil society towards achieving the objectives of the Convention and its protocol. Further, the medium-term strategy framework (MTSF) for the WHO FCTC emphasizes the importance of involving civil society.[13] These stakeholders should be strongly considered for inclusion in the drafting process as they bring significant expertise, experiences and capacities; they are also key for advocacy and accountability. Consistent with WHO FCTC Article 5.3, Parties should safeguard the NTCS—from development to implementation—from the commercial and other vested interests of the tobacco industry.

On matters relating to the NTCS, all government stakeholders are to refrain from engaging with the tobacco industry in any of its forms, including industry organizations, associations, institutes,

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13 MTSF, strategic objective 2.2: "catalyze and leverage the contributions of external stakeholders, particularly civil society, to achieve the aims of the convention."

foundations and front groups, unless otherwise obligated by national law (e.g. if a public hearing is required).[14] Below are three potential approaches to drafting the NTCS:

- **A multisectoral strategy retreat (15–25 representatives/experts):** If an NCM exists, the NCM Secretariat can coordinate a 3–5 day multisectoral strategy retreat with representatives from key sectors and civil society. If an NCM does not yet exist, this option is less feasible.

- **A multisectoral strategy committee (5–10 representatives/experts):** Such a committee should include representatives from core relevant sectors. After the multisectoral strategy committee has drafted the strategy, it can become a standing committee tasked with coordination of tobacco control efforts at the national level. A multisectoral strategy committee can be a strong foundation for an NCM, where one does not yet exist.

- **Designating lead officials or contracting experts to draft the strategy (2–5 officials/experts):** MoH or the NCM Secretariat may wish to designate select officials or contract experts to prepare a first draft of the NTCS. If outside writing is commissioned, MoH or the NCM Secretariat should provide a clear terms of reference (ToR). This path should ideally be preceded by an initial planning meeting with representatives from different sectors so that they can provide early inputs. Once a first draft of the NTCS has been produced, it should be reviewed by MoH and key stakeholders should be requested to review relevant sections of the strategy. The NTCS should later be discussed at a second consultation meeting.

Each of the three approaches above can be made more participatory by engaging key stakeholders outside of the core drafting group: for their expertise on specific matters; for their input and feedback on certain sections of the strategy; to request they serve as communication channels to build support and mobilize resources for the strategy; and to obtain commitments and support to implement tobacco control measures outlined in the strategy. Engaging key stakeholders outside of the core drafting group is also recommended during finalization and validation of the strategy.

2. Finalizing and validating the strategy

After the core drafting team (i.e. the NCM retreat team, multisectoral strategy committee or designated officials/experts) has completed an initial draft, it should disseminate the draft strategy

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14 The tobacco industry is infamous for using tobacco growers' associations to represent its interests. Such associations, for example the tobacco industry-supported 'International Tobacco Growers' Association', claim to represent growers' concerns but in reality promote industry goals. For more discussion on the importance of disentangling legitimate farmers' associations from industry-backed front groups, see UNDP and the Convention Secretariat's 2016 Discussion Paper on Tobacco Control Governance in sub-Saharan Africa, available at: https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/tobacco-control-governance-in-sub-saharan-africa.html

for review. Reviewers should include those involved in the drafting process and any stakeholders important for implementation of the strategy. This may be an ideal time to give tobacco control and related stakeholders outside of government and civil society the opportunity to provide input and feedback.[15] Planners should choose a review process that allows the greatest participation while considering cost-effectiveness. Input and feedback solicited informally via email and electronic conferences can keep costs down. Additional in-person meetings may be arranged to consult with stakeholders directly. Planners should then revise the strategy based on feedback, providing justifications for any suggestions not included.

3. Adopting and launching the strategy

The formal launch and adoption of the strategy should raise the visibility of the strategy, increase political support, and raise awareness among all implementing stakeholders of the need for tobacco control and their commitments under the strategy. Planners should carefully consider when to launch the strategy, to ensure attendance of high-level government officials and maximize media coverage and visibility.

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15 This may include academic and intergovernmental organizations with expertise in tobacco control, health interventions and policy design (e.g. the Convention Secretariat, WHO and UNDP).

Step 1 ○ Step 2 ○ Step 3 ○ Step 4

Step 4. Convene an initial multisectoral strategy meeting

The initial strategy meeting of key stakeholders should raise awareness of the need for tobacco control and for a multisectoral tobacco control strategy (see Tool A8 for key messages and evidence for engagement of various 'non-health' sectors and stakeholders), clarify roles of different entities in tobacco control (Tool A5 outlines roles of key entities), and agree who will be directly and indirectly involved in the drafting process. In the absence of an NCM, the executive branch (or a particular ministry, as appropriate) may assist in convening representatives from across sectors (Tool A6 is a draft invitation letter).

In advance of the initial strategy meeting, the NCM Secretariat, tobacco control focal point and/or national tobacco control unit should disseminate to participants the process proposal for drafting the NTCS. Discussing, amending (if needed) and agreeing on this proposal should be a core agenda item of the initial strategy meeting.

Other potential agenda items include: establishing a multisectoral committee to lead strategy development (if part of the process proposal); establishing ad hoc working groups and enlisting expertise; and identifying additional stakeholders to be involved in the process (Tool A7 is a sample agenda). Ideally, a high-ranking official such as a minister or deputy minister—typically from MoH—opens and/or chairs the initial multisectoral strategy meeting. A less senior official at the level of director may be best suited to chair subsequent meetings.

II. Drafting the strategy

Discusses core elements of the NTCS, including introduction/strategic direction, action plan, monitoring and evaluation plan, and communication plan.

Box 4: Checklist of elements to complete for each NTCS component

A. Introduction and strategic direction

☐ Provide rationale for tobacco control and conceptual & strategic frameworks for the strategy.

☐ Identify the overall goal, objectives and targets for each objective under the strategy.

B. Action plan

☐ Identify strategies, activities and related outputs/milestones.

☐ Identify responsible entities, timelines and required resources for each activity and output.

C. Monitoring and evaluation plan (both outcome and process evaluations)

☐ Establish targets and indicators for each objective (outcome evaluation).

☐ Establish outputs, milestones and indicators for activities (process evaluation).

☐ Identify suitable data collection/surveillance mechanisms.

☐ Designate entities responsible for M&E activities, timelines and outputs, and identify required resources.

☐ Plan how findings will be used and how to follow up on M&E findings.

D. Communication plan

☐ Plan strategic communications for launch and during strategy implementation.

☐ Identify communication activities including objectives, main target audiences, communication channels and materials.

☐ Outline outputs, responsible entities, timelines and required resources for each communication activity.

Upon completing key preparatory work, planners will be prepared to draft the NTCS. A process for creating the strategy will be in place, supported by a mandate from the executive branch or other high-levels of government. This section provides details on drafting the NTCS, focusing on four main components: (A) Introduction and strategic direction, (B) Action plan, (C) Monitoring and evaluation plan, and (D) Communication plan (Box 4). Toolkit B provides tools for each of these components.

II. DRAFTING THE STRATEGY

PART A — **Introduction and strategic direction**

PART B — **Action plan**

PART C — **Monitoring and evaluation plan**

PART D — **Communication plan**

PART A   PART B   PART C   PART D

A.   Introduction and strategic direction

Introduction

The introduction of the strategy should broadly describe the country context and summarize the situation analysis, including an overview of the tobacco burden and tobacco control measures to date as well as needs and opportunities in tobacco control. The introduction should also summarize the strategy including: goals, objectives and targets; main actors involved; tools and mechanisms available; overall timeline; and required resources. These items may be discussed under three separate sections in the introduction, namely the rationale, conceptual framework, and strategic framework. The strategic framework and other sections of the introduction can be finalized after relevant sections of the strategy are completed.

- **Rationale:** The rationale should make a strong argument for why comprehensive tobacco control is important for the country, drawing on information from the situation analysis regarding the burden that tobacco places on society and the potential for tobacco control measures to mitigate the burden. The rationale links tobacco control to national and sector-specific objectives in health and development as well as guiding principles such as human rights and equity. Tobacco control should be framed as an opportunity to achieve the SDGs and to meet government commitments under the WHO FCTC as well as other international strategies or treaties to which the country is a Party. The rationale is an opportunity to illustrate to political leaders and non-health sectors how tobacco control will advance their core interests.

- **Conceptual framework:** The introduction should also outline a conceptual framework which maps why the strategy prioritizes certain approaches over others. This includes addressing common misconceptions regarding tobacco control, for example the misconception that raising tobacco excise taxes will reduce overall government tax-revenue, and the misconception that tobacco industry investment is coherent with a sustainable, progressive economy. Further, the conceptual framework should describe the target audience for the strategy and how the strategy will be used. Though the strategy should be open to the public, its primary audience is officials, policymakers, and implementers across government and society. The conceptual framework should highlight that the strategy provides a roadmap—and obligation—for implementing entities, including for mobilizing resources where possible.

- **Strategic framework:** The strategic framework should be a high-level overview of different elements of the strategy: timeline; goals, objectives and targets; main action areas; main actors involved and their responsibilities; mechanisms for coordination and lines of authority; tools and mechanisms available for tobacco control; how progress will be measured, evaluated, and communicated; and required resources. The strategic framework may also provide a theory of change, highlighting how these different elements come together to achieve strategy objectives.

The strategic framework should specify the overall time-frame of the strategy. A medium-term time-frame of 3 years is practical in most cases, or aligning with those of other national development documents. The strategic framework should highlight alignment with any additional national tobacco control strategies, plans and programmes as well as other relevant health and development strategies/plans (e.g. national health sector plans, NCD plans, SDG action plans, poverty reduction strategy papers, etc.; see Section IV – Aligning the NTCS with other health and development efforts).

Strategic direction

The strategic direction should clearly outline the overall goal and objectives of the strategy. The goal should state the purpose of the strategy, while objectives should be measurable results expected within a particular time period, derivative of actions or activities, and consistent with the goal. Objectives should be specific, measurable, attainable, relevant and time-bound (SMART) and arise out of the situation analysis. The strategic direction should also set targets for each objective and planners should strive for alignment with the tobacco use target under the WHO NCD Global Monitoring Framework, endorsed by the World Health Assembly in 2013.[16] **Table 1** provides an example from Madagascar's NTCS, and Tool B1 provides the same template for planners to use when drafting the strategic direction.

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16 WHO. NCD Global Monitoring Framework. https://www.who.int/nmh/global_monitoring_framework/en/. This voluntary global target is a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025. To assist countries in setting nationally appropriate targets which align with the global 2025 targets, WHO has developed a 'NCD National Target Setting Worksheet', available at: http://www.who.int/nmh/ncd-tools/targets/natl_target_worksheet_final.xlsx. Planners insert their 2010 national baseline, and the worksheet produces a national intermediary target for any year over the 2015-2024 period, as well as the 2025 target. The Global Monitoring Framework target on tobacco use is closely linked with the SDG target 3.a indicator, 'Age-standardized prevalence of current tobacco use among persons aged 15 years and over.'

Table 1: Goals, objectives and indicators – example from Madagascar's NTCS

Goal	Objectives	Indicators	Baseline	Targets
Reduce disease, disability and death in Madagascar	Reduce the prevalence of smoking (youth and adults)	Proportion of the population who are smokers	33.2% boys (GYTS '08) 14.3% girls (GYTS '08) 24.4% men (DHS '08) 0.9% women (DHS '08)	Relative reduction of 5% per year
	Reduce the prevalence of chewing tobacco consumption	Proportion of the population consuming chewing tobacco	20.4% men (DHS '08) 8.1% women (DHS '08)	Reduction of ~2% per year
	Reduce exposure to second smoke	Proportion of the population exposed to second hand smoke	62.9% of youth (GYTS '08) 49.5% at home (GYTS '08)	Reduction of ~7% per year
	Reduce the number of workers in the tobacco sector (farmers, producers, etc.)	Number of tobacco workers	Direct employment 30,000	Reduction in the number of tobacco sector workers
	Reduce the supply of tobacco products	Number of cigarettes produced, imported and illicit sale seized	Smoking tobacco: 425,244,517 packs Smoke free tobacco: 15,244,920 sachets (DGI Madagascar, '17)	TBD
	Reduce the illicit production of dry tobacco leaves	Quantity / area / number of feet seized and destroyed	Currently not available	Reduction in the number of illegal leaves

B. Action plan

The action plan is the main component of the strategy. It should include: strategies, activities, outputs and/or outcomes, responsible entities, timelines, and required resources. The action plan should prioritize selected general obligations as well as supply and demand reduction measures of the WHO FCTC according to findings from the situation analysis. For example, if not yet fully implemented, Parties might wish to prioritize general obligations, tobacco taxation, and time-bound measures. These measures are prioritized under strategic goal 1, 'accelerating action', of the medium-term strategic framework (MTSF) for the WHO FCTC[17]:

- **Articles 5.2 and 5.3:** multisectoral coordination, legislation and protection against tobacco industry interference in policymaking are foundational to effective tobacco control.
- **Article 6:** price and tax measures on tobacco are not only represented in the WHO FCTC but also recognized by 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 health-care costs", and as "a revenue stream for financing development in many countries."[18]
- **Article 8:** guidelines call on Parties to provide universal protection from exposure to second-hand smoke within five years after entry into force of the Convention of that Party.
- **Articles 11 and 13:** time-bound measures on packaging and labelling of tobacco products (Art. 11) and tobacco advertising, promotion and sponsorship (Art. 13), which Parties are obligated to implement within five years of entry into force of the Convention of that Party.

Parties are encouraged, where possible, to align their national tobacco control priorities with the MTSF. Tool B2 is an action plan template. The action plan should strike a balance between providing enough detail to set the direction and to assure accountability, while allowing flexibility for responsible entities. **Table 2** provides an example from Madagascar detailing activities, outputs and other elements for one of ten strategies detailed in the country's NTCS action plan.

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17 For more information: https://www.who.int/fctc/cop/sessions/cop8/en/
18 A/RES/69/313. Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda). Resolution Adopted by the General Assembly on 27 July 2015. Available at: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/313

- **Strategies:** Numerous strategies may lead to the objectives and targets delineated within the introduction of the NTCS. Planners can refer to the situation analysis to help them identify the most feasible, sustainable and cost-effective strategies.[19] Strategies for the NTCS will typically align with WHO FCTC articles. A strategy, for instance, may be to 'establish and reinforce a multisectoral national coordinating mechanism', in line with Article 5.2(a). Strategies differ from activities in that they require multiple activities to implement, whereas activities stand on their own. In the example of establishing an NCM, this strategy will require multiple activities including ToR creation as well as launching and managing the NCM.

- **Activities:** In choosing activities, planners should be guided by the situation analysis, but also refer to guidelines adopted by the COP[20] for comprehensive and effective implementation of different WHO FCTC articles. Tool B3 overviews potential activities for different WHO FCTC articles as well as potential lead agencies for each. A logic model can help planners test assumptions about whether chosen activities are sufficient and feasible (see Annex 1). Implementation of the WHO FCTC requires both normative and operational activities. WHO FCTC articles that require primarily operational activities may be more complex and require additional planning to elaborate certain strategies under the NTCS. Lead agencies may be tasked to elaborate multi-layered operational activities through additional planning.[21]

- **Outcomes/outputs and indicators:** Each activity should be linked with specific outcomes and/or outputs. Outputs are specific, tangible products (e.g. reports) while outcomes are less-tangible results (e.g. increased capacity). Outputs and outcomes should ideally be measurable and linked to one or more monitoring indicators. Data collection methods and review processes are detailed in a monitoring and evaluation plan (see part C of this section).

- **Responsible entities:** The action plan should specify the office, entity, institution, or person responsible for delivering each activity and output and by when. Responsible entities for core activities of the strategy should be represented within the strategy committee and/or NCM, or be closely consulted by those creating the strategy. Doing so will increase buy-in and follow-through from responsible entities and allow for more accurate estimates of current capacity and required resources.

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19 For instance, the Georgia-EU Association Agreement provided a policy window for increasing taxes on tobacco products in Georgia. The Association Agreement brings many trade-related benefits to Georgia, but stipulates that excise taxes on certain products, including tobacco, be brought in line with the EU.

20 WHO FCTC Convention Secretariat. Guidelines and policy options and recommendations for implementation of the WHO FCTC. Available at: https://www.who.int/fctc/guidelines/en/

21 Normative activities typically cover enabling conditions necessary to achieve the objectives of the plan (e.g. at a political, institutional, legislative, or economic level), while operational activities are implemented by stakeholders through specific programmes and projects (e.g. technical activities related to plain packaging, indoor smoking bans, etc.).

- **Timelines and required resources:** Creating a Gantt chart for different components of the strategy helps planners to determine realistic timelines for activities and any overlap/interdependence of tasks. Realistic time-frames can be established, and overlap/interdependence of tasks is identified. Gantt charts can later be used to track progress on implementation of activities and programmes (Annex 2). The action plan should also provide a cost estimate for each activity or output. Cost estimates guide the government and other stakeholders during implementation (e.g. by supporting cost-sharing agreements between different sectors).

Table 2: Action plan — example from Madagascar's NTCS

Strategy 5: Protection of the population and vulnerable people from second hand smoke (Art. 8) using appropriate means in all public and private infrastructure.								
Activities	**Outputs or milestones**	**Responsible**	**Period**	**'19**	**'20**	**'21**	**'22**	**'23**
5.1 Conduct follow-up and evaluation surveys on the implementation of Article 8	Study report available on the application of Order 29511	OFNALAT/CCOLAT	Semester 1	●				
5.2 Update regulatory texts on section 8	Article 8 updated	OFNALAT	Semester 1	●				
5.3 Elaborate IEC materials (Art 8) on the prohibition of smoking and sales to and by minors	Communication media produced in transport and public places and workplaces	OFNALAT	Semester 1	●				
5.4 Raise awareness of regulations among the population and those responsible for public and private places	Regulations are widely disseminated	OFNALAT /CCOLAT	Semesters 1 & 2	●				
	Those responsible for public and private places are sensitized	OFNALAT/CCOLAT	Semesters 1 & 2		●	●	●	●
5.5 Conduct training and strengthen enforcement of regulations	Enforcement officials are trained	OFNALAT/CCOLAT	Semester 1	●				
	Enforcement operations conducted three times per year	OFNALAT/CCOLAT	Three times per year		●	●	●	●

PART A · PART B · PART C · PART D

C. Monitoring and evaluation plan

The NTCS should include provisions which allow for efficient monitoring of progress on implementation/deliverables, financial resources, and overall impact. Planners should agree on the overall scope of the M&E plan as well as specific indicators and metrics. Box 5 poses some basic questions planners might consider and address for the M&E plan.

Box 5: Key questions before creating a monitoring and evaluation plan

- What are the key objectives of monitoring the activity?
- How should the data be used?
- What should be monitored?
- When and how often should activities and deliverables be monitored?
- Who should be involved in monitoring and how?
- How should the monitoring data be managed?

When identifying what to monitor and evaluate, including which indicators to track, planners should refer to Articles 20 and 21 of the WHO FCTC relating to surveillance, reporting, and exchange of information. According to Article 21 and COP decision 4(16), Parties to the Convention are to submit the reporting instrument[22] to the Convention Secretariat every two years. Planners should endeavour to track indicators that also fulfill the reporting requirements of the WHO FCTC. Creating a logic model[23] that connects objectives, inputs and activities can determine which aspects of the strategy to monitor, and with which indicators (**Figure 1**).

Figure 1: Logic models for monitoring and evaluation

INPUTS	ACTIVITIES & PROCESSES	OUTPUTS	OUTCOMES
Are we allocating and spending planned amounts?	Are activities being implemented on time?	Are activities leading to outputs as planned in the action plan?	Is the strategy having the intended impact?
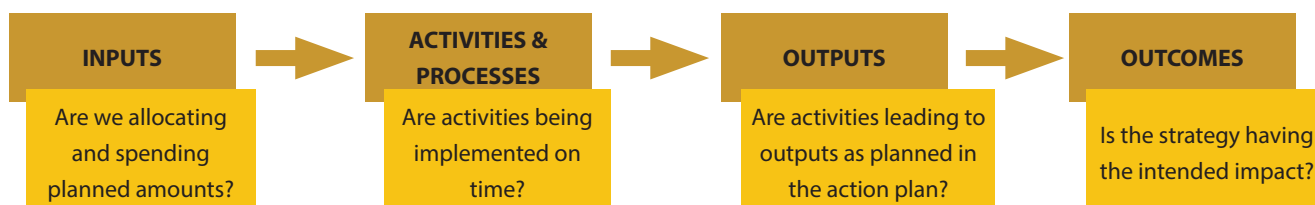
22 WHO FCTC Convention Secretariat. Reporting instrument. Available at: https://www.who.int/fctc/reporting/en/
23 See Annex 1 for an example.

The questions under the first three items in Figure 1 relate to 'process evaluation' whereas the question in the last item relates to 'outcome evaluation'. The NTCS should include indicators and processes for both types of evaluation.

1. Process evaluations

Process evaluations assess whether activities under the NTCS are being implemented on track and as intended. The NTCS should set the overall framework of process evaluations, including scope, indicators to be tracked, frequency, and reporting structures. As in **Figure 1**, indicators may track inputs, activities/processes, and outputs. **Table 3** lists four primary purposes of process evaluations against sample questions for a NTCS. Once the relevant questions are identified, key indicators can be chosen (Tool B6).

Table 3: Four primary purposes of process evaluation against sample questions for a NTCS[24]

Purpose	What it helps planners do	Sample questions
1. Programme monitoring	Track, document and summarize the inputs, activities and outputs of a programme. Describe other relevant characteristics of the programme and/or its context.	• How much money do we spend on this programme? • Are activities and outputs being completed on time and as planned? • What activities are taking place? • Who is conducting the activities? • How many people do we reach? • What types of people do we reach? • How much effort (e.g. meetings, media volume, etc.) did we put into a completed programme or specific intervention?
2. Programme improvement	Compare the inputs, activities and outputs of a programme to standards or criteria, expectations/plans and/or recommended practices (fidelity). Relate information on programme inputs, activities and outputs to information on programme outcomes.	• Do we have the right mix of activities? • Are we reaching the intended targets? • Are the right people involved as partners, participants and providers? • Do the staff/volunteers have the necessary skills?
3. Building effective programmes	Assess how process is linked to outcomes to identify the most effective programme models and components.	• What are the strengths and weaknesses within discrete components of the multi-level programme? • What is the optimal path for achieving a specific result (e.g. getting smoke-free regulations passed)?
4. Programme accountability	Demonstrate to funders and other decision makers that you are making the best use of programme resources.	• Have the programme inputs or resources been allocated or mobilized efficiently?

24 Adapted from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2008). Introduction to Process Evaluation in Tobacco Use Prevention and Control. Available at: https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/process_evaluation/index.htm

At a minimum, the process M&E plan should track key outputs. This is an effective way to monitor and assess progress on implementation. Depending on the desired level of specificity, the process M&E plan will track indicators for outputs of activities or strategies. Tool B4 is a process M&E template and Tool B7 is draft language on the M&E processes.

Article 20 of the WHO FCTC calls on Parties to "progressively establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their enforcement, as well as pertinent jurisprudence […]". Reporting requirements under Article 21 request information from Parties on seizures of illicit tobacco products as well as on taxation and prices of tobacco products.[25]

While M&E efforts will largely focus on data that Parties are already obligated to collect for their reporting requirements, additional important indicators can also be tracked. For example, tracking changes in income growth and inflation in relation to changes in the price of tobacco products enables officials to evaluate whether tobacco excise taxes have decreased the affordability of tobacco products, a key goal of such taxes.

Process monitoring of individual programmes should be continual, and evaluations of collected data should be every 6 to 12 months. Each periodic evaluation should conclude in an evaluation report to be sent to authorities responsible for overall implementation of the NTCS, whether the NCM Secretariat, MoH, or national tobacco control unit.

Planners should designate which entities will track indicators, when, and how. Because process evaluations serve management in making timely and informed adjustments, their monitoring and evaluation may best be conducted by the authority responsible for overall management and implementation (e.g. the NCM Secretariat or MoH) rather than an independent entity. Individual programmes—particularly large and complex ones—may require their own process evaluations. In this case, ensuring a consistent reporting structure is key to aggregate data from individual programmes into an overall periodic evaluation.

Finally, the NTCS should include accountability and key performance indicators for the managing body of tobacco control in the country (i.e. NCM Secretariat, MoH, or national tobacco control unit; Tool B6 contains sample accountability and performance indicators).

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25 WHO FCTC Convention Secretariat. Reporting instrument. Available at: http://www.who.int/fctc/reporting/reporting_instrument/en/

In Bangladesh, programme implementers at different levels of administration are required to submit reports of activities to the National Committee for Tobacco Control, which meets monthly to monitor progress. Bangladesh's National Committee for Tobacco Control also conducts regular monitoring visits, a good practice to include in the M&E plan. Further, Bangladesh's overall M&E plan for the NTCS prescribes a number of indicators for annual, more aggregate evaluations (Box 6).

Box 6: Monitoring and Evaluation Plan for Bangladesh, 2007–2010 NTCS[26]

Monitoring and evaluation

8.1 Monitoring

The monitoring of the tobacco control activities will be carried out at all levels of administration by divisions, districts, and *upazila*.[27] Support will be sought from mayors/chairmen of city corporations/municipalities. Reports of activities conducted will be prepared by organizations/committees concerned and sent to the National Committee for Tobacco Control. This committee will meet every month to monitor the progress of the programme.

Surveys and research activities will also be monitored by the National Committee and health personnel at various levels. Monitoring visits to different parts of the country will be made regularly by the National Committee personnel to supervise education activities, advocacy campaigns and other activities. Progress on legislation and activities of other Ministries will also be monitored.

8.2 Evaluation

Process evaluation

Activities mentioned will be monitored whether they are implemented according to the schedule. **Programme review meeting will be conducted at mid-term and end of the year to evaluate the strengths and weaknesses of the programme and to analyze the lessons learnt from the past to take action for the future [emphasis added].** The following indicators will be used at yearly evaluations.

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26 Ministry of Health and Family Welfare, Government of People's Republic of Bangladesh (2007). National Strategic Plan of Action for Tobacco Control, 2007-2010. Available at: http://www.tobaccolabels.ca/wp/wp-content/uploads/2013/12/Bangladesh-2007-National-Strategic-Plan-of-Action-for-Tobacco-Control-2007-2010.pdf
27 An upazila is a sub-unit of a district.

Output indicators[28]

- Number of advocacy campaigns conducted during the year and the number of people reached.
- Number and scope of health education programmes implemented during the year.
- Number of schools declared "tobacco free".
- Public places designated as "tobacco free".
- Actions taken against tobacco advertisement.
- Actions taken to reduce tobacco production and sale.
- Number of tobacco shops licensed.
- Amount of cigarettes produced during the year.
- Amount of tobacco tax increased.
- Training given to health care providers and school teachers.
- Surveys and research conducted.
- Number of tobacco cessation sites/clinics and number of people served.

2. Outcome evaluations

Process evaluations assess implementation of activities, whereas outcome evaluations measure the impact of activities. Most WHO FCTC interventions, for example price and tax measures on tobacco products, have already been proven cost-effective in multiple contexts, so outcome evaluations within the NTCS should focus on the overall impact of the NTCS as a whole, rather than on the impact of individual programmes and interventions.[29] The outcome evaluation should evaluate impact by tracking indicators identified for each specific objective outlined under the strategic direction (see part A of this section).

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28 Note that these indicators are all output indicators, which is a good way to assess overall progress on implementation considering that outputs are the result of inputs and activities. Some of the output indicators under Bangladesh's M&E plan might be strengthened further, for example by assessing the quality (not just quantity) of the advocacy campaigns conducted.

29 Some programmes not explicitly recommended under the WHO FCTC may not have been previously examined for cost-effectiveness. In such cases, outcome evaluations should additionally monitor the effectiveness of these new programmes. For instance, a relatively costly pilot programme for a new type of behavioural therapy for smoking-cessation should have an outcome evaluation with additional randomized control trials to demonstrate effectiveness, justify its costs and continued operation, and support programme optimization. Where necessary, the NTCS should allow for those managing individual programmes to create individual outcome evaluation plans, within their own budget allocations and reporting structures. As with process evaluation reports for individual programmes, reports related to outcome evaluation of individual programmes would then feed into an overall outcome assessment of the NTCS. For guidance on impact assessments of different WHO FCTC tobacco control measures, see chapter 5 of WHO and IARC (2008) "Methods for Evaluating Tobacco Control Policies", IARC Handbooks of Cancer Prevention. Available at: https://www.iarc.fr/en/publications/pdfs-online/prev/handbook12/Tobacco_vol12.pdf

Planners should additionally refer to the WHO FCTC reporting instrument which Parties to the Convention submit every two years.[30] Planners should add indicators, as necessary, to fulfill the data requested from Parties under the WHO FCTC reporting instrument, which include but are not limited to:

• Prevalence of tobacco use, disaggregated by age, gender, and tobacco product type;

• Exposure to tobacco smoke;

• Tobacco-related mortality and morbidity;

• Tobacco-related costs;

• Supply of tobacco and tobacco products (production, imports, exports, duty-free sales);

• Seizures of illicit tobacco products;

• Number of workers employed in tobacco cultivation and manufacturing.

Surveillance mechanisms to collect required data should be designated and ideally gather a range of information on tobacco use and associated factors, in line with international and standardized research protocols.[31] For some indicators, data may already be regularly gathered under existing surveillance mechanisms such as National Health Surveys, the WHO STEPwise approach to surveillance (STEPS) for noncommunicable diseases and their risk factors, the Global Adult Tobacco Survey (GATS), the International Tobacco Control Survey (ITCS), and the Global Youth Tobacco Survey (GYTS).

If surveillance mechanisms do not exist for tracking tobacco use prevalence and other important indicators, the NTCS should make provisions for establishing them, thus meeting obligations under Article 21 which stipulates, among other things, the progressive establishment of a "[…] national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators." Parties should consider supplementing available surveillance mechanisms/surveys/reporting instruments by incorporating additional indicators/questions as needed, for example those relating to the sustainable development dimensions of tobacco.[32]

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30 WHO FCTC Convention Secretariat. Reporting instrument. Available at: https://www.who.int/fctc/reporting/reporting_instrument/en/

31 For example, Chapter 4 of WHO IARC (2008). "Methods for Evaluating Tobacco Control Policies", IARC Handbooks of Cancer Prevention, V.12. Available at: https://www.iarc.fr/wp-content/uploads/2018/07/Tobacco_vol12.pdf

32 UNDP and WHO FCTC Convention Secretariat (2017). The WHO Framework Convention on Tobacco Control – an Accelerator for Sustainable Development. Available at: https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/-the-who-framework-convention-on-tobacco-control-an-accelerator-.html

Data collection and evaluation of outcomes should occur less frequently than process evaluations, typically once every year or two. The M&E plan should designate which organizations or individuals will be responsible for collecting and analysing data as well as synthesizing findings and recommendations. The M&E plan should also provide timelines for this, ensuring coherence with data collection timelines for existing surveillance mechanisms, if any.

Planners should also indicate required resources for M&E activities and make provisions to fund data collection, analysis, and reporting. Finally, the NTCS should outline how outcome evaluation findings will be used to improve future implementation and ensure that obstacles or issues, either previously encountered or envisioned, are avoided. It is important that the authority tasked with overall management of the NTCS review M&E findings and generate actionable recommendations for implementing stakeholders.

To increase accountability and transparency, evaluation reports should be distributed to relevant ministries, civil society actors, and the executive branch or other entities able to hold all stakeholders accountable. Findings from the evaluation plans can also be used to inform the public of progress, and should be used as a baseline for the next tobacco control strategy. Tool B5 is an outcome M&E template, Tool B6 contains sample M&E outcome indicators, and Tool B7 contains draft M&E plan language on outcomes.

D.   Communication plan

The final element of the NTCS is an effective communication plan to increase buy-in and publicize results, intended for the public and key stakeholders across government.[33] This plan should be drafted at the same time as other elements of the strategy, rather than waiting for strategy completion. It should outline how tobacco control will be promoted while the strategy is being drafted, during the launch of the strategy, and periodically during strategy implementation. Sensitization activities conducted prior to initial drafting of the communication plan/strategy can be pursued on an ad hoc basis.

Different communication strategies will be effective for different stakeholders, and communications objectives will differ at different stages of creating and implementing the strategy. Therefore, planners should consider organizing activities under the communication plan by target audience and chronologically. As with the action plan and M&E framework, the communication plan should identify outputs, objectives, responsible entities, timelines and required resources.

1. Communication prior to and during preparation of the NTCS

Planners can identify opportunities to raise awareness around the need for a NTCS even prior to or during formulation of the strategy, relying upon findings of the situation analysis. The objective is to gain broad support for the NTCS. Messaging should include how tobacco use affects society and who or what can help solve the problem—with the NTCS being a critical component.

Planners may target individual ministries, for instance, by creating and distributing issue briefs outlining how tobacco control contributes to the ministry's overall mission and potential roles for these ministries in tobacco control (Tool A8 lists key messages and evidence for engagement of various 'non-health' sectors and stakeholders, and Tool A5 lists key entities and their roles in tobacco control). Planners may also sensitize certain stakeholders known to oppose tobacco control. For example, if the tourism sector opposes tobacco control under the misconception that

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33 Here we are not referring to anti-tobacco communication campaigns or communication strategies for individual programmes (e.g. to raise awareness among the population of treatment options for nicotine dependency). However, such campaigns, where they exist, can be used to promote the NTCS.

it would reduce tourism revenues, evidence could be presented that smoke-free measures can actually achieve the opposite. Planners may also host roundtables with different sectors where participants can share concerns and tobacco control experts can resolve misconceptions.[34]

Interpersonal and community channels, such as conferences, informational events and public meetings can be effective ways to promote the strategy before and during its development. Stakeholders should be encouraged to participate in informational events and to inform their networks of the benefits of tobacco control. Informational material may be distributed during such events. At this stage, communication might not include mass media though it may be possible to utilize such channels, especially if information on the NTCS can be distributed through already existing mass media anti-tobacco or awareness campaigns.

2. Communication for launch of the NTCS and during implementation

Identifying which social media, websites, newspapers, radio and television broadcasts are effective for publicizing the launch of the strategy and updating the public on implementation is needed. Planners should carefully consider when to launch the strategy so as to ensure attendance of high-level government officials and maximize media coverage and visibility of the strategy. The strategy itself should be disseminated widely among civil society, different sectors of the government and other stakeholders such as private sector entities.

Briefs for different stakeholders can accompany the strategy, and outline these stakeholders' obligations, required action, and potential benefits of tobacco control to their core work. In countries where government is highly decentralized, the communication plan should also sensitize local and regional governments and other stakeholders as appropriate.

The communication plan may include additional research or dissemination of research findings planned under the action plan. For instance, the MoH may compile a report to the ministry of finance outlining projected revenue increases through tobacco tax increases (the WHO FCTC Secretariat's Knowledge Hub on Tobacco Taxation supports such efforts).

The communication plan should also outline how periodic reports on the implementation and outcomes of the strategy will be made available and disseminated, for example through: meetings, town halls and conferences; progress reports to government agencies and ministries;

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34 For a discussion of common misperceptions around tobacco control, many of which are perpetuated by the tobacco industry, see World Bank (2011). Myths and Facts about Tobacco Control at a Glance. Available at: http://siteresources.worldbank.org/INTPH/Resources/376086-1289321994364/MythsAndFacts.pdf

paid or public service spots on television, radio, and the web; articles, op-eds, letters to editors, Q&A sections, and feature stories in newspapers and magazines; and videos, chat-groups, email lists, and pages online and in social media.

National authorities face strong resistance from the tobacco industry and lobbying groups. Countering these pressures requires broad mobilization of civil society, academic, public, private and international organizations, and influential figures such as celebrities, sports personalities, religious and community leaders. Planners should mobilize support for the strategy among a broad alliance of these actors. This support might include assisting in implementation, conducting research, sensitizing organization members and the public, and advocating for full and effective implementation of the NTCS. The communication plan should include intentions to distribute the NTCS and advocacy material broadly on a regular basis, and outline ways in which influential actors can contribute to implementation.

Box 7: Example communication plan – summary

Implementation of the strategy and continual advocacy

Immediately following the formal launch of the NTCS, the NCM Secretariat will produce and disseminate tailored briefs outlining each sector's potential gains from implementation as well as responsibilities, timelines and required resources. This will assist the NCM in advocating for resource mobilization among implementing government sectors at the national and regional levels. The NCM Secretariat will present the NTCS to the country's 15 regional governments within three months of launch, distributing the same briefs to implementing sectors at regional level.

The NCM Secretariat will meet with key ministries to integrate the NTCS into sectoral plans, for example it will discuss with the ministry of finance and planning why tobacco control should be integrated into national development plans.

The NCM Secretariat will develop a short (e.g. 1–2 minute) radio and television public service announcement to be broadcasted at least three times per week to sustain public awareness of the need for tobacco control as outlined in the NTCS. This broadcast will be updated over time but initially focused on the need for smoking bans in indoor public places, as current levels of enforcement and compliance on this are particularly low. Broadcasts will remind the public of relevant tobacco control laws and present progress made on the NTCS.

The NCM Secretariat will create and maintain a communications database containing the contact information of a broad range of civil society, academic, and international organizations that could provide assistance to national and local tobacco control efforts. The NCM Secretariat will distribute the NTCS to these organizations once it is approved, outlining ways in which they might partner and how they may contact the NCM Secretariat for more information.

Communication material will link to the NCM Secretariat's tobacco control website and social media accounts. These sites will be co-hosted by the central organization of the civil society alliance for tobacco control. The NCM Secretariat and the civil society alliance will regularly post updates to the website and social media to keep stakeholders updated.

III. Finalizing, launching and implementing the strategy

Provides guidance on engagement with different government sectors and other national stakeholders, including the public, to validate and adopt the strategy, increase its visibility, and strengthen ownership for implementation.

1 Once the final draft NTCS is prepared, planners should disseminate it to all implementing stakeholders. These stakeholders should all then formally endorse the strategy, whether together at the next multisectoral meeting or bilaterally. The review and finalization process is an opportune time for stakeholders to agree on next steps in initiating the strategy, including through additional formal commitments where beneficial. Finally, the executive branch should adopt the strategy. Once adopted, planners should distribute and publicize the final strategy in line with the communication plan.

2 While the NTCS is a multisectoral strategy, implementing sectors should still adopt the strategy into their workplans, memoranda of understanding (i.e. MoUs) and/or other partnership structures. This can further ingrain and accelerate shared commitments, and support exchange of capacities and information among ministries. Officials should carefully consider what types of agreements are necessary to ensure policy formation, partner engagement and avoidance of bottlenecks.

3 Agencies and ministries tasked with specific activities and outputs under the strategy may need to create their own workplans to fulfill obligations. Entities responsible for implementation should each ensure effective programme management, including monitoring and evaluation activities.

4 The MoH or entity responsible for the overall management of the strategy should establish coordination mechanisms for implementation. This should be the NCM if one exists. If an NCM does not yet exist, the committee that crafted the NTCS is a strong option (this committee can ultimately evolve into an NCM). Each key stakeholder/implementer should nominate a focal point to liaise with the coordinating mechanism. Focal points should be knowledgeable on tobacco control issues and aware of their particular institution's commitments under the NTCS, current actions and future opportunities.

5 Successful NTCS implementation depends on a number of factors but maintaining political will and buy-in of all key stakeholders is crucial. This makes regular contact with all involved extremely important; any established coordinating mechanism should convene regularly to discuss progress (including monitoring and evaluation results), funding, obstacles, recommendations, and other aspects of implementation.

IV. Aligning the strategy with other health and development efforts

Discusses the importance of integrating the NTCS into related health and development planning instruments, and how sub-national governments can use the NTCS.

A.   Integration into national development planning and UN instruments

During the situation analysis, authorities should scan existing strategies and plans to determine where tobacco control can be integrated. The starting point should be opportunities to integrate tobacco control goals, strategies and actions into relevant health sector plans. For example, in Panama, the Ministry of Health and Social Security Institute integrated obligations under WHO FCTC Article 5.2(a)(NCM) into the country's National Strategic Plan for the Prevention and Comprehensive Control of Non-communicable Diseases (**Table 4**).[35] Given current political momentum for universal health coverage (UHC), planners in all countries should consider underscoring the importance of tobacco control to this aim, including by ensuring tobacco control is represented in UHC plans and vice versa.

Table 4: Tobacco control in Panama's National Strategic Plan for NCDs 2014–2025

Strategy: Build a national trans-sectorial network, with regional representation, to fight tobacco addiction and promote the strengthening of existing social action networks		
ACTIVITIES	**RESPONSIBLE**	**INDICATORS**
1.1 Identify strategic allies; 1.2 Reactivate social action networks to fight tobacco addiction; 1.3 Signature of letters of understanding; 1.4 Identification of specific objectives to fight tobacco addiction; Design a five-year Operational Plan directed to the compliance of tobacco legal framework; increase the number of smoke-free environments and promote MOH´s tobacco cessation clinics.	National Commission for the Study of Tobacco Addiction	• National Trans-sectorial Mechanism with representation of 14 regions • 15 Letters of Understanding signed • Five-year Operational Plan designed and implemented

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35 Available at: http://www.minsa.gob.pa/sites/default/files/publicaciones/plan_estrategico_nac.pdf

Beyond health sector alignment, tobacco control and NTCS priorities should be included in relevant 'non-health' sector strategies and plans, for example agriculture's plan to reduce deforestation and/or water and soil pollution, or finance's plan to raise domestic revenue to finance development priorities including the NTCS. Representatives from different sectors on the NCM can support consideration and integration of national tobacco control priorities into sector strategies and plans. Sub-national and local level plans should likewise be considered for tobacco control integration.

There is now significant evidence that WHO FCTC implementation, included in the SDGs as target 3.a, can advance sustainable development across its social, economic and environmental dimensions. Further, as a legally binding and international treaty, the WHO FCTC requires Parties to take action on tobacco control, making tobacco control an appropriate area for UNCT support. It is thus critical that tobacco control is included in SDG planning and financing frameworks, national development plans, poverty reduction strategy papers, and UN support documents including UN Development Assistance Frameworks (UNDAFs). Such inclusion would allow for UN agencies, programmes and funds to provide enhanced, coordinated support to whole-of-society efforts to accelerate treaty implementation.

In 2014, UNDP and the Convention Secretariat produced a joint report reflecting the urgent need to integrate WHO FCTC implementation into countries' health and development plans and ensure its inclusion in the UN system response as articulated through the UNDAFs.[36] In 2017, UNDP and the Convention Secretariat published the discussion paper 'The WHO FCTC—an Accelerator for Sustainable Development'.[37] This 2017 paper documents how strengthened implementation of the WHO FCTC interacts with other SDG targets, and provides recommendations to help Parties integrate tobacco control into broader SDG implementation efforts at national and local levels, and to strengthen policy coherence. Both papers are important resources for Parties in their efforts to integrate the NTCS into other health and development efforts.

Though it is possible for governments to integrate tobacco control into development and sectoral plans without first creating a NTCS, this is not recommended; such an approach will result in partial and non-coordinated implementation of the Convention and national tobacco control priorities.

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36 UNDP and the WHO FCTC Convention Secretariat (2014). Development Planning and Tobacco Control: Integrating the WHO Framework Convention on Tobacco Control into UN and National Development Planning Instruments. Available at: https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/development-planning-and-tobacco-control--integrating-the-who-fr.html
37 UNDP and the WHO FCTC Convention Secretariat (2017). The World Health Organization Framework Convention on Tobacco Control – an Accelerator for Sustainable Development. Available at: http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/-the-who-framework-convention-on-tobacco-control-an-accelerator-.html

B.   Local tobacco control planning

Although this toolkit addresses tobacco control planning at the national level, implementation may require additional planning at the local government level. In some countries, administration of tobacco control policies is delegated to local authorities and/or jurisdiction is actually at the sub-national level. In such cases, local governments should create local level action plans that align with the action plan in the national strategy. Local governments may implement additional or stronger tobacco control measures than those adopted at national level. Strong tobacco control policies are often pioneered at the sub-national level.

The NTCS should outline responsible authorities and timelines for creation of local action plans, where required. Further, the NCM or MoH should support local governments in creating and implementing local strategies. Activities to support local governments may also be included in the national action plan. Efforts should be made to ensure that national-level efforts do not hamper sub-national initiatives or vice versa.

Whether local action plans are required or not, subnational/local authorities are usually best placed to implement and enforce tobacco control policies. Conversely, central administration of tobacco control measures often results in inconsistent and ineffective implementation. In all cases, national authorities should ensure regular communication with their local counterparts to maintain momentum and foster a coordinated approach to tobacco control implementation.

V. Challenges and mitigation measures

Lists common challenges policymakers face in creating and implementing tobacco control strategies, together with approaches to avoid or mitigate these challenges.

Implementers and planners will likely face challenges in the development and implementation of the NTCS. The below describes five common, fundamental and related challenges, and provides measures to mitigate these.

1. Low political will

If the current government does not view tobacco control as a priority, efforts to create a multisectoral strategy may stall. Even if a national strategy is endorsed and initiated, without true underlying political support, it may encounter opposition during implementation or not be adequately funded and resourced by the administration. Further, low political will can lead to watered-down tobacco control policies, i.e. policies that have exceptions and loopholes, and/or are under-resourced, not enforced, or otherwise rendered ineffective.

There are two main contributors to low political will for tobacco control. First, the government may not recognize the tobacco epidemic as a health and development priority, especially if the extent of the burden is not apparent. For example, the links between tobacco and lung cancer may be well-known, but less understood may be the links between tobacco and multiple other cancers, as well how tobacco use contributes to or worsens heart disease, diabetes, HIV, tuberculosis and other leading health challenges. Similarly, a narrow focus on tobacco's health impacts obscures its significant relevance to other development dimensions, for example impacts on national economies through lost productive capacities,[38] or the potential for tobacco taxation to finance sustainable development in line with the 'Addis Ababa Action Agenda on Financing for Development'.

The second main factor contributing to low political will is that leaders may view tobacco control, or certain tobacco control measures, as being against their duties/mandate and/or personal interests and beliefs. The tobacco industry propagates misinformation and funds scientific studies to produce counter-narratives, shape public opinion and hinder policymakers from taking action. Examples include the misconceptions that increased tobacco taxes will reduce government revenue, lead to unmanageable illicit trade and result in job loss, and, more broadly, that the tobacco industry is vital to a country's economy.[39]

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38 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. 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. Impacts are felt at national level also. For example, according to a recent FCTC investment case, Georgia is losing an estimated 2.4 percent of GDP annually due to tobacco use.
39 Not only is the burden of tobacco borne by society and governments, but the money spent on tobacco products by consumers mostly leaves the national economy and goes to multi-national conglomerates. This is money which could otherwise be spent on local goods and services.

If policymakers accept these arguments, tobacco control, to them, presents a conflict between health on one hand and economic growth on the other. If the public accepts these misconceptions, tobacco control measures may be viewed unfavourably, thereby jeopardizing officials' (perceived) re-electability. This is particularly the case where the tobacco industry works to associate smoking with individuals' rights, 'freedoms' or personal autonomy.

1. Mitigation measures

Political will can be generated by good evidence and a strong communications campaign, together with a firewall between the tobacco industry and policymaking processes (see #3 below). Findings from the situation analysis can shed light on the nature and extent of the tobacco burden, including which populations are disproportionately affected, as well as the need for a stronger response. Investment case analyses can demonstrate tobacco's costs to public and private health systems, to individuals through out-of-pocket spending, and to the national economy through lost productive capacities. Investment cases also demonstrate the significant return on investment from implementing a set of WHO FCTC measures to avoid these losses (see Box 3 for details on WHO FCTC investment cases).

Targeted messaging opportunities to different stakeholders, including potentially disputatious ones, extends beyond tobacco control economics (see Tool A8). Sensitization and re-sensitization of key stakeholders should occur throughout the strategy development and implementation process and be reinforced by outreach communications to garner public support.

2. Low multisector engagement and lack of coordination

Low engagement and buy-in across sectors can result from low political will and the underlying reasons for this, as discussed above. For example, if high-level officials do not endorse tobacco control as a national priority it will be harder to hold different actors accountable for supporting NTCS development.

Low multisectoral engagement and lack of coordination may also result from planners not sufficiently engaging relevant sectors during the creation of the NTCS, especially at the outset to instill a sense of ownership early in the process. Low multisectoral engagement and coordination result from other factors too, for example lack of appropriate coordination structures and lack of clear processes.

There is also the element of limited time, and the fact that representatives from different sectors and indeed tobacco control focal points themselves may be overtasked, covering a range of projects, programmes and portfolios (e.g. tobacco control focal points may also be responsible for the entire NCD agenda).

The ramifications of low multisectoral engagement and lack of coordination are many: roles and responsibilities of different sectors will be unclear; information exchange and cooperation will falter; funding and resources for implementation of the NTCS will suffer; duties will be duplicated or not fulfilled; and commitment will wane.

2. Mitigation measures

Securing high-level political support for NTCS development and tobacco control broadly is critical for dedicated multisectoral engagement. Even with this, concerted efforts should be taken to ensure all relevant stakeholders are consulted prior to and during preparation of the NTCS, and that their concerns and preferences are heard and acted upon, where not in conflict with overall objectives. This engagement must be substantive and go beyond mere courtesy: relevant ministries should be represented on the strategy committee and/ or coordinating body, and different ministries should be encouraged to take lead roles in specific priority areas.

On coordination, the importance of establishing an NCM for tobacco control cannot be overstated. While this may not be feasible prior to creating the NTCS, a strong NTCS multisectoral planning committee can support coordination of the NTCS development process, perhaps later evolving into a formal NCM. Issues of time and overburdened staff can be mitigated by finding synergies between tobacco control and other aspects of representatives' core portfolios.

Tobacco control is fundamental to the NCD agenda, intersects with other health commitments such as combatting communicable diseases and achieving UHC, and can uniquely advance multiple sustainable development goals from poverty and inequity reduction to decent work and economic growth.

Directly addressing tobacco's role in the economy is especially important for multi-stakeholder engagement. This not only includes highlighting health care costs, productivity losses and tobacco industry export of capital, but also considering and articulating how tobacco farmers/workers can be supported to shift to other viable, sustainable livelihoods.

3. Tobacco industry interference

Worldwide and without exception, the tobacco industry uses aggressive strategies to interfere with governments' tobacco control efforts. Especially in countries in which governments have traditionally supported the tobacco industry in some way, governments should expect the tobacco industry to attempt to interfere with or obstruct adoption, implementation and enforcement of a comprehensive NTCS.

Tobacco industry tactics include but are not limited to: financing research to confuse the relationships among tobacco, health and development, or to challenge the efficacy of cost-effective tobacco control measures; funding political campaigns and otherwise lobbying for lax tobacco control, including behind closed doors; using lawsuits and legal threats to intimidate governments; creating front groups of 'concerned' citizens or workers/farmers associations; overwhelming civil officials with information requests; and engaging in sponsorship (e.g. of youth sports events) and philanthropy (e.g. of HIV efforts) as a component of corporate social responsibility.[40] All tobacco industry interference tactics, where successful, not only undermine public health but also weaken governance—and public trust in it.[41]

3. Mitigation measures

WHO FCTC Article 5.3 obliges, "[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." The tobacco industry's record of lies, interference and obfuscation means that it cannot be trusted. As former WHO Director-General Margaret Chan remarked, "the wolf is no longer bothering to wear sheep's clothing."[42] Planners should expect and prepare for a strong tobacco industry response before and during development of the NTCS. All stakeholders involved in drafting and implementation of the strategy should be bound by a formal code of conduct designed to protect policymaking from tobacco industry interference.

Having these actors complete a declaration of interest (DOI) form prior to engagement on the strategy is important. UNDP and the Convention Secretariat's WHO FCTC Article 5.2(a) toolkit[43]

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40 WHO (2009). Tobacco industry interference with tobacco control. Available at: https://www.who.int/tobacco/publications/industry/interference/en/
41 Southeast Asia Tobacco Control Alliance (SEATCA), Global Center for Good Governance in Tobacco Control (GGTC), and Corporate Accountability International (CAI). 2017. Anti-corruption and Tobacco Control. Available at: https://seatca.org/dmdocuments/Anti%20Corruption%20%26%20TC%2016%20November%20FINAL.pdf
42 UNDP (2014). Tobacco and public health: a wolf in sheep's clothing? Available at: https://www.undp.org/content/undp/en/home/blog/2014/10/30/Tobacco-and-public-health-a-wolf-in-sheep-s-clothing-.html
43 UNDP and WHO FCTC Convention Secretariat (2018). Toolkit for Parties to implement Article 5.2 (a) of the WHO FCTC. Available at: https://www.who.int/fctc/implementation/cooperation/5-2-toolkit/en/

includes a model code of conduct and DOI template. Beyond these measures, Parties should implement other recommendations from within Article 5.3 guidelines adopted unanimously by the COP in 2008.[44] For example, it is important to ensure full transparency in dealings with the tobacco industry in non-tobacco control policy areas, as the tobacco industry routinely uses such dealings as an opportunity to influence tobacco control policymaking.

Finally, strong NCMs which meet regularly are an antidote to tobacco industry interference, as they increase transparency and accountability of different sectors' actions while enabling conflicts of interest (real or perceived) to be identified and managed. It is advisable for tobacco control planners to engage with experts on good governance, in particular anti-corruption experts, to ensure effective and comprehensive measures to mitigate tobacco industry interference. Actions to achieve Article 5.3 support should be linked to broader actions to achieve public sector excellence, and vice versa. Freedom of information policies/requests, codes of conduct for public officials/sectors, and civic monitoring, for example, are all important for Article 5.3 implementation.

4. Lack of data

WHO GATS, GYTS, and STEPS offer comprehensive data on countries' tobacco control burdens. In some cases, however, these surveys may be outdated and surveillance may be too irregular to track progress and outcomes. While important, these surveys do not always capture the full range of social, economic and environmental consequences of tobacco use. The more comprehensive the data on tobacco use burdens the better. If baseline data is insufficient, it may be more difficult for planners to make a compelling argument for why a NTCS is needed. Even if endorsement for a NTCS is secured, monitoring and evaluation of progress on outcomes could prove difficult.

4. Mitigation measures

Strategy planners should at minimum use the latest data available, leveraging existing surveillance and data sets from WHO and others where possible. Drawing upon global data, regional data or data from neighbouring or similarly situated countries can help fill gaps and make the case for tobacco control. Some steps recommended in the situation analysis can reinforce existing data sets with new analysis (e.g. calculations can be made to determine direct health costs of tobacco consumption), even if data is not up to date. Finally, the NTCS should include provisions for additional studies on the health and economic impact of tobacco use (e.g. investment cases) and invest in surveillance activities/mechanisms.

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44 Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry. Available at: http://www.who.int/fctc/guidelines/article_5_3.pdf

5. Inadequate resources

Under-resourced tobacco control activities will not be effective. Allocation of sufficient resources may be particularly challenging in settings where health resources are already scarce. Low political will is often a factor in low resource allocation.

5. Mitigation measures

There are many steps governments can take to increase external and domestic resources for tobacco control. For external resources, tobacco control does not receive funding in line with the scale of the problem, however, this is starting to change with investment/grants of large philanthropies and some development partners. Attracting development assistance will be bolstered by countries taking the initiative to develop a NTCS with objectives, expected results and budget lines, and having other foundations for a strong tobacco control push, such as functioning NCMs. Planners should explicitly include resource mobilization as an activity in the strategy's action plan.

Increasing domestic resources for tobacco control is the most promising avenue to pursue. Opportunities include ensuring that resource allocation and budgetary decisions consider the health and economic impacts of tobacco use, as well as the return on investment of scaled up action, in line with investment case analyses. Tobacco taxation should be highlighted for its ability to reduce not just health burdens but also the significant costs associated with tobacco use, and to raise revenue. This revenue can be reinvested into development efforts, including NTCS implementation. Engaging the economic/financial sectors of government with this evidence is key.

Another means to unlock resources for tobacco control is to identify and act upon synergies with ongoing programmes, both within and beyond health. There is a strong rationale for integrating tobacco control with TB and HIV responses, for example integrating tobacco cessation services into health services for these issues. This is because tobacco use has adverse impacts on TB incidence, and on the progression and treatment of both TB and HIV. WHO estimates that 20 percent of TB incidence is attributable to tobacco use,[45] and an estimated 24 percent of AIDS-related deaths are attributable to smoking.[46] Governments for example can finance cross-screening and cross-treatment related to tobacco consumption and TB/HIV.[47]

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45 WHO (2009). Factsheet on Tuberculosis & Tobacco. Available at: https://www.who.int/tobacco/resources/publications/factsheet_tb_tobacco_sep09.pdf

46 Lifson, AR, et al. (2010). Smoking-Related Health Risks Among Persons with HIV in the Strategies for Management of Antiretroviral Therapy Clinical Trial, *Am J Public Health*; 100(10): 1896-1903.

47 UNDP and the Convention Secretariat have published an issue brief on integrating tobacco control into TB and HIV responses. Available at: http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/integrating-tobacco-control-into-tuberculosis-and-hiv-responses.html
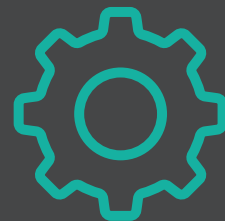
Toolkit A

Tools for preparatory work
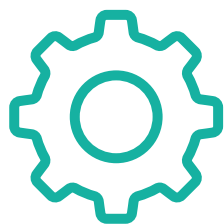
Toolkit A
Preparatory work tools

Designate the NCM/officials to oversee the process, and reinforce high-level support

TOOL A1: Draft letter to the executive branch

Conduct or update a national situation analysis

TOOL A2: Guiding questions for the situation analysis

TOOL A3: Guiding questions to assess implementation of core WHO FCTC measures

Create a process proposal

TOOL A4: Sample process proposal

TOOL A5: Key entities and their roles in tobacco control

Convene an initial multisectoral strategy meeting

TOOL A6: Invitation letter to an initial multisectoral strategy meeting

TOOL A7: Sample agenda for initial strategy meeting

TOOL A8: Key messages and evidence for engagement of 'non-health' sectors and stakeholders

Tool A1. Draft letter to the executive branch

From
Minister of Health, Tobacco Control Focal Point, Other

To
Prime Minister or President, Chair of Cabinet

Respected/Honorable _____ ,

As Minister of Health [OR OTHER], I request your strong support of our national tobacco control planning efforts, which are needed to address the links between tobacco, health and development, and to fulfil our obligations as a Party to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). Specifically, Article 5.1 of this international treaty that our government ratified in [year of ratification] obliges Parties to develop a national multisectoral strategy for tobacco control.

The Ministry of Health is taking the lead in developing our country's National [INSERT NAME AND YEARS OF NATIONAL STRATEGY]. However, to ensure buy-in and engagement of other key sectors, we propose that a letter be sent from your office to the ministries listed in the attached document [CREATE AND INSERT LIST OF TARGET STAKEHOLDERS AND CONTACT INFORMATION]. We further propose that this letter designate the National Coordinating Mechanism Secretariat to lead the creation of the national tobacco control strategy, and that the letter invite focal points from different ministries to attend a national strategy planning retreat at a date to be determined. This meeting will provide other sectors the opportunity to contribute to the formulation of the national strategy and to agree on next steps.

Tobacco is one of the world's leading causes of premature death, illness and disability, particularly from cancers, diabetes, heart disease and other non-communicable diseases (NCDs). Tobacco also saps national budgets and economies, with countries losing a significant percentage of gross domestic product annually due to tobacco-attributable health care costs and productivity losses. Strengthening implementation of the WHO FCTC is a target under Sustainable Development Goal (SDG) 3 of the 2030 Agenda for Sustainable Development. SDG 3 aims to ensure healthy lives and well-being for all at all ages.

Accelerated implementation of the WHO FCTC would deliver benefits across SDG goals and targets. These benefits include reducing premature deaths from NCDs, strengthening health systems, reducing poverty and inequities, and raising domestic resources to finance development. Effective coordination between sectors and stakeholders is essential to ensure WHO FCTC implementation.

With your strong support we can save lives, save money, and demonstrate to the international community that we take the well-being of our citizens seriously.

Thank you for your consideration.

Sincerely,

_____

Tool A2. Guiding questions for the situation analysis

1. Describe the tobacco epidemic

Questions to answer	To shed light on:	Tools, data sources, and approaches (not exhaustive)
• What is the tobacco use prevalence? Among different demographics? In different geographic areas? • How does prevalence differ by type of tobacco use (e.g. cigarette smoking, chew, etc.)? • Are there rising or downwards prevalence trends among certain population segments like age groups or by sex? • Optional: What are the economic consequences of current and future tobacco consumption?	• The baseline for measuring progress in tobacco control. • Populations that require targeted programmatic and policy approaches. • Tobacco issues, including cultural considerations, which require stronger focus. • The urgency for strengthened tobacco control and the efficacy of current efforts. • Development impacts beyond health.	• National tobacco, household or health surveys (e.g. GATS, GYTS, STEPS surveys, household consumption data, etc.). • Optional: Employ a health economist to assess the economic impact of tobacco, or request UN support.

2. Assess current tobacco control measures

Questions to answer	To shed light on:	Tools, data sources, and approaches (not exhaustive)
• What tobacco control measures are currently in place? • What weaknesses are there, if any, in current tobacco control measures (e.g. in legal frameworks, implementation, enforcement, etc.)? • What WHO FCTC tobacco control measures are currently not being implemented, or only at low levels?	• Short-, medium- and long-term priorities in tobacco control.	• Legal review of existing tobacco control legislation. • Assessment of all core WHO FCTC supply and demand reduction measures using Tool A3. • Interviews with officials tasked with implementation and enforcement.

3. Identify opportunities and challenges to tobacco control measures

Questions to answer	To shed light on:	Tools, data sources, and approaches (not exhaustive)
• Which key stakeholders within and outside of government can contribute capacity and resources to tobacco control? • Which stakeholders are opposed to tobacco control, can they be convinced, and if so how? • Does the tobacco industry influence policies, and if so how? • Are there national and sectoral plans and objectives that can be linked to tobacco control? • What financial and human resources are available for tobacco control?	• Stakeholders who should be heavily involved in strategy creation and implementation. • Stakeholders who should be sensitized to the need for tobacco control. • Strategies to achieve synergies between tobacco control and other national and sectoral priorities. • Strategies to leverage opportunities and overcome challenges.	• Interviews with key government and non-governmental stakeholders. • Review of national and sectoral plans, budgets and speeches.

4. Assess the public's knowledge, opinions, beliefs and attitudes

Questions to answer	To shed light on:	Tools, data sources, and approaches (not exhaustive)
• How informed is the public about the harms of smoking and second-hand smoke? • What are public attitudes towards specific tobacco control measures (e.g. smoke-free places, raised taxes, etc.)? • How influential is public opinion in government policymaking?	• The need to enhance public awareness on the harms of tobacco/benefits of tobacco control policies. • The political feasibility of different tobacco control measures. • Effective messaging for different population segments.	• National tobacco surveys and academic / public policy research. • Informal interviews with members of the public. • Newspaper articles.

Tool A3. Guiding questions to assess implementation of core WHO FCTC measures

The left column of this tool lists all substantive articles of the WHO FCTC,[48] while the middle column contains corresponding guiding questions to assist planners in assessing implementation. The questions are not exhaustive. Parties should refer to WHO guidelines[49] for in-depth information on activities, policies and regulations required to fully implement each article.

General obligations (Article 5)		Gaps to be addressed
Multisectoral coordination for tobacco control (Article 5.2a)	• Are a national coordinating mechanism (NCM) and tobacco control focal point in place? • Is the NCM chaired by a high-ranking official? • Does the NCM represent a broad range of government sectors relevant to tobacco control? • Does the NCM adhere to NCM best practices?[50]	
Tobacco control legislation (Article 5.2b)	• Are there effective legislative, executive, administrative and/or other measures in place? • Are such measures enforced effectively?	
Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry (Article 5.3)	• Are all relevant branches of government aware of the need to protect public health policies from tobacco industry interference? • Are government interactions with the tobacco industry limited and transparent, in line with WHO guidelines? • Does a code of conduct limit civil servants' interaction with the tobacco industry? • Are policies in place on the disclosure and management of conflicts of interest? • Are measures in place ensuring that all operations and activities of the tobacco industry are transparent? • Does the government ensure it does not grant the tobacco industry any incentives, subsidies, concessions, privileges or benefits?	

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48 Article 5.3, while not a core supply or demand reduction provision of the Convention, is listed because it is crucial for implementation of any Convention article.
49 WHO FCTC Convention Secretariat. Adopted guidelines. Available at: https://www.who.int/fctc/treaty_instruments/adopted/en/
50 See "Best Practices for Establishing and Strengthening NCMs" under the UNDP and WHO FCTC Convention Secretariat 5.2(a) toolkit, available at: https://www.who.int/fctc/implementation/cooperation/5-2-toolkit/en/

Core WHO FCTC demand-reduction provisions (Articles 6–14)[51]		Gaps to be addressed
Price and tax measures to reduce the demand for tobacco (Article 6)	• Is the rate of tobacco taxes at WHO-recommended levels? Is the tax an excise tax? If yes, is it a specific or ad valorem tax, or a hybrid? If no, what kind of tax(es) is applied to tobacco? Is there a tax ceiling or floor? • Are all tobacco products taxed similarly and are taxes designed such that consumers do not shift to cheaper tobacco products? • Are taxes imposed at the point of sale, manufacture, importation or release from storage or production warehouses? • Are taxes monitored, increased or adjusted on a regular basis (including with respect to inflation and economic/income growth)? • Is the tobacco tax fully implemented (i.e. is administration strong, are there loopholes and/or evasion)? • Does the tobacco industry engage in strategies to reduce tax burden or maintain levels of demand (e.g. price shifting, forestalling, price promotions) and if so which?	
Protection from exposure to tobacco smoke (Article 8) — time-bound[52]	• Is there legislation banning smoking in indoor public places, including work places? • Is the legislation fully monitored and enforced? • Is civil society included as an active partner to support the development, implementation and enforcement of legislation? • Is the implementation, enforcement and impact of smoke-free legislation monitored and evaluated? • How can the protection of people from exposure to tobacco smoke be strengthened and expanded?	
Regulation of the contents of tobacco products (Article 9)	• Are effective legislative, executive and administrative or other measures in place for the testing, measuring and regulation of the contents and emissions of tobacco products? • Are appropriate enforcement mechanisms (e.g. inspections, sampling, testing, penalties or other sanctions for violations) in place?	
Regulation of tobacco product disclosures (Article 10)	• Are effective legislative, executive and administrative or other measures in place requiring the disclosure by manufacturers and importers of tobacco products regarding their contents and emissions? • Are such measures in place for the public disclosure of information regarding the toxic constituents of tobacco products?	

51 Time-bound measures are highlighted in orange.
52 While there are no time-bound requirements under Article 8, the relevant guidelines call on Parties to provide universal protection from exposure to second-hand smoke within five years of the WHO Framework Convention's entry into force for that Party.

Core WHO FCTC demand-reduction provisions (Articles 6–14)[51]		Gaps to be addressed
Packaging and labelling of tobacco products (Article 11) — time-bound for within three years of entry into force of the Convention of the Party	• Are health hazard warnings and messages on and in tobacco packages in line with WHO guidelines? • Have warnings and messages been pre-marketing tested for effectiveness and cultural appropriateness? • Are pictorial warnings in line with WHO guidelines? Are these rotated on a regular basis to protect against de-sensitization? • Do tobacco packages contain information on relevant constituents and emissions of tobacco? • Are misleading and deceptive packaging and labelling banned?	
Education, communication, training and public awareness (Article 12)	• Is there infrastructure and capacity to support education, communication and training? • Are all means available being used to raise awareness and facilitate behavioural as well as social change? • Are messages effective and do they reach all target groups equally, including youth, women and neglected groups (e.g. people with disabilities or the poor)? • Is education, communication and training a multisector effort? Is civil society involved? • Do education, communication and training programmes include information on the tobacco industry's activities (e.g. financing and promotion of counter-narratives, lobbying of political officials, presenting misleading information and data)?	
Tobacco advertising, promotion and sponsorship (Article 13) — time-bound for within five years of entry into force of the Convention of the Party	• Is a there a comprehensive legal ban on all forms of TAPS for all tobacco products? Does the ban include cross-border TAPS? • Are effective monitoring, enforcement and sanctions in place, supported by strong public education and community awareness programmes? • Is civil society included as an active partner in building support for, developing and ensuring compliance? Is the ban fully enforced? • Is the tobacco industry required to disclose to government authorities any TAPS they engage in?	

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51 Time-bound measures are highlighted in orange.

Core WHO FCTC demand-reduction provisions (Articles 6–14)		Gaps to be addressed
Demand-reduction measures concerning tobacco dependence and cessation (Article 14)	• Is a sustainable infrastructure available which ensures wide access for tobacco users who wish to quit, and provides sustainable resources to ensure such support is available? • Are there population- and individual-level approaches to tobacco dependency treatment? Is cessation support and treatment provided in all health care settings and by all health care providers? • Is there an evidence-based national cessation strategy and national tobacco dependence treatment guidelines? • Is the population informed about the availability and accessibility of tobacco dependence treatment services? Is it encouraged to use them? • Are nicotine replacement therapies as well as adjunct therapies (e.g. counseling, non-nicotine medicines such as bupropion) widely available and accessible? Are they free/affordable?	

Core WHO FCTC supply-reduction provisions (Articles 15–17)		Gaps to be addressed
Illicit trade in tobacco products (Article 15)	• Is legislation in place to prevent illicit trade of tobacco products? • Is legislation in place limiting legal imports of tobacco products? • Are these laws fully enforced? • Is the WHO FCTC Party also a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products?	
Sales to and by minors (Article 16)	• Are effective legislative, executive, administrative or other measures in place to ban sales to and by persons under eighteen or the age set by domestic/national law? • Are the measures fully enforced?	
Provision of support for economically viable alternative activities (Article 17) **and** **Protection of the environment and the health of persons (Article 18)[54]**	• If tobacco is being grown, are livelihood diversification programmes for tobacco farmers in place? • Are such programmes based on best practices and in line with WHO FCTC guidelines?[53] Are the programmes holistic, i.e. do they encompass economic/productive dimensions, welfare/quality of life, and environmental protection? Do they include both agricultural and non-agricultural opportunities? Are the alternative opportunities economically and environmentally sustainable? • Are such programmes linked to sustainable development programmes? Are they protected from tobacco industry interference? • Have incentives for growing tobacco been removed/shifted toward healthy and economically viable alternatives? • Are tobacco growers and workers engaged in the policy development process for Articles 17 and 18 and involved in implementation? Are there efforts to ensure growers' and workers' associations are legitimate and not tobacco industry-backed front groups/financed by the tobacco industry?	

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53 Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC). Available at: http://www.who.int/fctc/guidelines/adopted/Policy_options_reccommendations_Articles17_18_COP6.pdf?ua=1

54 Article 18 is not a supply reduction measure in the WHO FCTC, however it is discussed here given its close relationship to Article 17.

Tool A4. Sample process proposal

The following is an illustrative example of a process proposal. The example can be adapted to country context and needs.

Process proposal for drafting, finalizing, adopting and launching the multisectoral national tobacco control strategy

The NCM Secretariat has been designated by the office of the Prime Minister to lead the process of creating the National Tobacco Control Strategy (NTCS) 2019-2024. The NCM Secretariat has created this process proposal for drafting, finalizing, adopting and launching the NTCS. It is envisioned for the process proposal to be agreed by key stakeholders at an initial multisectoral meeting in January 2019. The following describes the proposed process, involved stakeholders, timelines, and required resources.

I.   Drafting

The strategy will be drafted during a four-day retreat to be scheduled for mid-March 2019. All stakeholders attending the retreat will be given at least three weeks' notice of the date of the retreat. The retreat will take place in the capital at the MoH. The NCM Secretariat will make all logistical arrangements for the retreat, coordinating, for example, transportation and lodging as required. The Director of the Department for Non-communicable Diseases under the MoH, who is also the chair of the NCM Secretariat, will co-chair the retreat along with the national tobacco control focal point. The Minister of Health will open the meeting.

The NCM Secretariat will prepare recommendations based on the situation analysis it will have conducted by November 2018. The situation analysis will build on findings from the 2014 WHO FCTC Needs Assessment. The NCM Secretariat will prepare all required materials.

II.   Stakeholders to attend the retreat

Each sector/stakeholder listed below will be asked to send 1–2 representatives to the strategy retreat. The Ministry of Health is represented by the NCM Secretariat.

Ministry of Finance	Members of the Parliamentary Health Committee
Ministry of Planning	Ministry of Agriculture
Ministry of Justice	Department of Customs and Borders
Ministry of Foreign Affairs	The Civil Society Alliance for a Tobacco Free Future
Ministry of Labour	Ministry of Education
Ministry of Trade	The WHO and UNDP Country Offices, UNCT members
Ministry of Interior	The WHO FCTC Secretariat
Ministry of Communications	Ministry of Youth and Sports
Ministry of Transportation	Ministry of Commerce

III.   Finalization and validation

The NCM Secretariat will develop an advanced draft strategy from the document drafted during the multisectoral strategy retreat. The NCM Secretariat will circulate this advanced draft among reviewing stakeholders by 20 April 2019 for final input and feedback. Reviewing stakeholders will include those who attended the strategy retreat, all implementing entities, and additional relevant organizations from civil society and academia. Stakeholders will have three weeks to complete their final review.

The NCM Secretariat may arrange in-person meetings with particular sectors and national stakeholders to discuss issues in-depth during the final review phase. The NCM Secretariat will incorporate feedback, make note of inputs and provide justification for any inputs not taken on board. The Minister of Health will circulate the final, revised draft strategy among all implementing sectors by 15 June 2019 for formal endorsement within two weeks. The strategy is to be finalized and ready for adoption by the Prime Minister by 20 July 2019.

IV.   Launch

The NCM Secretariat will arrange for a formal high-level launch ceremony to be held mid-August 2019, in time for the 2020-2021 fiscal year's budgetary planning cycle. The Prime Minister will be requested to attend, together with: interested parliamentarians and the Health and Social Affairs standing committee; ministers and/or deputy ministers from all implementing government sectors; national and local government representatives; representatives from international organizations/UNCT; civil society; academia; and media.

V.   Timeline/workplan

	2019							
	Jan	Feb	Mar	Apr	May	June	July	Aug
Drafting								
Process proposal agreed	■							
Invitations sent to stakeholders for retreat	■							
Preparations for retreat completed		■						
Strategy retreat and draft NTCS completed			■					
Finalization and validation								
Advanced draft circulated for input/feedback				■				
All input/feedback received					■			
Final draft NTCS circulated and signed off by all stakeholders						■		
Adoption and launch								
Finalized NTCS adopted by Prime Minister							■	
Formal NTCS launch event								■

VI.   Required resources/funds and sources

The strategy retreat will cost an estimated US$10,000 and the strategy launch event US$5,000. Total: US$15,000.

Source of funds: MoH NCD fund

Tool A5. Key entities and their roles in tobacco control

The table below is from UNDP and the Convention Secretariat's WHO FCTC Article 5.2(a) Toolkit for Parties. It presents key entities to be consulted or otherwise involved in creating the NTCS and their potential roles in tobacco control governance, coordination and implementation.

Entities color-coded in **green should be involved**; those coded in **blue are recommended**; while those in **orange are considered optional**. The development partners listed in **grey may provide expertise and capacity** as needed. Note, however, that prioritization of stakeholders is highly context-specific; national authorities should determine, in consultation with experts if needed, which entities in their particular context can meaningfully contribute to comprehensive tobacco control. For example, while the ministries of agriculture and environment are listed as recommended/blue in this table, in tobacco growing countries their involvement in creating and implementing the NTCS is essential.

Ministry of Health
All WHO FCTC articles

Potential role

- 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 services 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

Potential role

- 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

Potential role

- Allocate or endorse 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 viable crops for tobacco farmers
- Adopt and implement measures to collect tobacco taxes and reduce tax/duty evasion
- Support overall NTCS development, implementation, review and update
- Integrate tobacco control priorities into broader development plans and processes

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

Potential role

- 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

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

Potential role

- 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

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 11: Packaging and labeling of tobacco products
Article 17: Provision of support for economically viable alternative activities

Potential role

- 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

Ministry of Labour
Article 8: Protection from exposure to tobacco smoke
Article 17: Provision of support for economically viable alternative activities
Article 18: Protection of the environment and the health of persons

Potential role

- 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
- 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

National Revenue Authority and Customs
Article 6: Price and tax measures to reduce the demand for tobacco
Article 15: Illicit trade in tobacco products

Potential role

- 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

Head of State (e.g. Presidency, Prime Minister)
Article 5: General obligations (including national multisectoral strategy development and planning, multisectoral coordination and collaboration, and protection against tobacco industry interference in policymaking)

Potential role

- 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
- Ensure policy coherence and health in policies
- Hold all government actors accountable

Legislative body (Parliament, Congress, Senate)
Article 5: General obligations
Article 19: Liability

Potential role

- 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
Article 12: Education, communication, training, and public awareness
Article 13: Tobacco advertising, promotion, and sponsorship

Potential role

- Support communication and advocacy on tobacco control, particularly through public and mass media
- Support monitoring and enforcement of bans on tobacco advertising, promotion and sponsorship (TAPS) in all media
- Provide information and adverts on the harmful effects of tobacco to public health, the environment and the economy

Ministry of the Interior & Ministry of Local Governments
All substantive articles

Potential role

- 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 Urban Planning / Transport
Article 8: Protection from exposure to tobacco smoke

Potential role

- 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

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

Potential role

- 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

Potential role

- 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
Article 4: Guiding principles (the need to take measures to address gender-specific risks when developing tobacco control strategies)

Potential role

- Ensure vulnerable and marginalized populations (incl. women, children, indigenous peoples, the poor) receive the same tobacco control protection as others
- Raise awareness on sex-specific risks (e.g. pregnancy risks associated with tobacco exposure)
- 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

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

Potential role

- 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

Potential role

- 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

Potential role

- 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 gather evidence to make the business case for tobacco control, and to support multisectoral coordination
- Assist in sensitizing, recruiting and convening actors across sectors for multisectoral coordination

International financial institutions
Article 26: Financial resources
Article 6: Price and tax measures to reduce the demand for tobacco

Potential role

- 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

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

Potential role

- 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 A6. Invitation letter to an initial multisectoral strategy meeting

From:
Prime Minister, Chair of Cabinet, Minister of Health or other Ministry able to convene across sectors

To:
The Honourable Minister of ……………/ Head of the Department
Government of …………………………..../ University of……………../ Name of the Organization

Respected Madam/Sir,

Tobacco use is a leading source of premature death, illness and disability in our country and around the world. The 2030 Agenda for Sustainable Development includes a specific target to strengthen implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), an international public treaty that our country ratified in [year]. Implementing the WHO FCTC will accelerate [nation's] progress towards many national priorities, as tobacco is a major barrier to sustainable development across its social, economic and environmental dimensions.

A whole-of-government approach is needed to address the tobacco epidemic and effectively implement the WHO FCTC. Your Ministry [or department or organization] has a key role to play in tobacco control. The attached annex lists the potential contributions of different ministries and sectors, including your own. [*Attach relevant sections of Tool A5*]

Considering the importance of your institution to tobacco control, and the potential co-benefits from collaborating on this issue, I invite you to attend an initial multisectoral strategy meeting under the auspices of [INSERT ORGANIZING INSITUTION AND DATE, TIME AND LOCATION]. The purpose of this initial meeting is to discuss tobacco control policy priorities in preparation of the multisectoral National Tobacco Control Strategy, which will be drafted in the coming months and finalized by [INSERT DATE OF COMPLETION]. The agenda for the meeting is attached [*Amend sample agenda under Tool A7 and attach*].

I trust that you will send a representative from your office.

Thank you,

———————————————

Tool A7. Sample agenda for initial strategy meeting

Main outcomes/goals for the first strategy meeting

Participants agree on the process proposal for drafting, finalizing, adopting and launching the national strategy.

Participants gain information, knowledge and understanding of:

- ⃝ national tobacco control obligations and the need for a national multisectoral tobacco control strategy;

- ⃝ the national tobacco control situation and priorities;

- ⃝ how their sector benefits from strengthened tobacco control and their sector's role in the response (which they can subsequently present to their respective ministries and agencies).

1 Introductions

Record which sectors are represented and by whom. All participants should complete a declaration of interests form,[54] indicating that they have no present or past ties to the tobacco industry that could cause conflicts of interest.

2 WHO FCTC and Article 5.1

Discuss why developing a national strategy is important, providing information from the situation analysis on, for example, the tobacco burden in the country, challenges and opportunities in tobacco control, and suggested tobacco control priorities. Participants are likely to have limited knowledge on tobacco control and will need background information on both general and technical matters. Reports and briefs should be distributed in advance of the meeting.

3 Potential roles of attending stakeholders in implementation of the NTCS

Discuss why multisectoral coordination is important, outlining the potential roles of each attending sector in implementing tobacco control measures and how they would benefit from active engagement.

4 Overview of the national strategy process proposal

Discuss the process of creating the NTCS as outlined in the process proposal. Explain what is expected from attending stakeholders, how they can contribute, and open the floor to discussion and feedback on the process proposal. The process proposal should be handed to representatives for them to share with their organizations.

5 Next meeting

Agree among all participants on the time, date and agenda for the next meeting. Participants should agree to have the institutions they represent review the process proposal for creating the NTCS and agree to appoint an official to participate in planning and implementation of the strategy. Participants should leave the first meeting with a justification brief outlining the main points of the meeting (i.e. the extent of the tobacco burden in the country; need for a multisectoral strategy and coordination; and roles of each representative in creating the strategy). Participants should present these to their respective institutions to have final appointments prior to the next meeting.

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54 See Tool 10, 'Model code of conduct for NCM members', under the UNDP and the Convention Secretariat's Toolkit for Parties to implement Article 5.2(a) of the WHO FCTC. Available at: https://www.who.int/fctc/implementation/cooperation/5-2-toolkit/en/

CHECKLIST FOR SUPPORTING MATERIALS

☐ WHO FCTC text and guidelines for dissemination.

☐ Process proposal for drafting, finalizing, adopting and launching the NTCS (see Tool A4).

☐ Situation analysis and/or needs assessment reports to distribute and be used to guide key tobacco control priorities, with these priorities framed in terms of their co-benefits to health and non-health sectors (see Tool A2 and A8).

☐ Practical examples of roles/responsibilities/activities specific to different sectors which contribute to WHO FCTC implementation (see Tool A5).

☐ Justification notes for participants to share with their respective institutions outlining the national tobacco burden, need for a multisectoral strategy and coordination, and potential roles of institutions (see Tool A5).

Tool A8. Key messages and evidence for engagement of 'non-health' sectors and stakeholders[55]

KEY STAKEHOLDERS	SUMMARY OF KEY MESSAGE
TAX AND REVENUE	Raising taxes on tobacco products increases tax revenue while reducing the health and economic burden of tobacco.
ENVIRONMENT	Tobacco causes severe and often irreversible damage to national resources across its entire 'environmental life cycle'.
AGRICULTURE	Tobacco growing is resource-intensive and damaging to land and soil in addition to water and air.
EMPLOYMENT (LABOUR MARKET: PUBLIC, PRIVATE, INCL. UNIONS)	Tobacco products cause immense productivity losses to national economies and employers.
COMMUNICATION (INCL. PRIVATE MEDIA, PUBLIC SERVICE)	Tobacco use not only reduces life expectancy but also saps health sector budgets and the national economy.
TOURISM, FOOD AND CATERING (INCL. WHOLESALE, RETAIL, FOOD AND BEVERAGE INDUSTRIES)	Smoking not only harms health — it also harms business. It is a myth that implementing smoke-free laws reduces business and income from tourism.
LOCAL GOVERNMENTS, URBAN PLANNING (INCL. TRANSPORT)	Tobacco smoke pollutes air and water, reducing the safety of housing, workplaces, indoor public spaces and transportation.
EDUCATION, SPORTS AND YOUTH AFFAIRS	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.
SOCIAL AND ECONOMIC DEVELOPMENT	Tobacco-related health care costs and lost productive capacities sap national budgets and economies.
GENDER AND FAMILY WELFARE	The tobacco industry explicitly targets women and girls (as well as youth and LGBT) with advertising of its products.
EXECUTIVE AND LEGISLATIVE BRANCHES	Tobacco-related health care costs and lost productive capacities sap national budgets and economies.
INVESTMENT, TRADE AND INDUSTRY	The tobacco industry exploits trade liberalization and foreign direct investment to spread tobacco use. States must be aware of this and maintain their autonomy to protect the public through effective tobacco control measures.

55 This tool is from UNDP and the Convention Secretariat's Toolkit for Parties to implement Article 5.2(a) of the WHO FCTC. For the toolkit, which includes all references for the evidence listed in this table, please see http://www.who.int/fctc/implementation/cooperation/5-2-toolkit/en/. Some messages are relevant to multiple ministries.

TAX AND REVENUE

Key message: Raising taxes on tobacco products increases tax revenue while reducing the health and economic burden of tobacco. Many studies, in different contexts, show that raising tobacco excise taxes is the most cost-effective measure for reducing tobacco use.

- Price and tax measures on tobacco are recognized in Paragraph 32 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 1,000 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 US$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 US$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: 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 tons of waste and chemicals into water, air and soil.

- Tobacco farming causes up to 5 percent of global deforestation, with 200,000 hectares of natural woody biomass loss each year and LMICs bearing a significant amount of the burden. A 1999 analysis found tobacco farming causes almost one fifth of China's deforestation [6].

- 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].

- 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 bearing a significant amount of the burden. 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 [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 US$1.4 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 unaware of 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 US$1.4 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 US$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 can be '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'.

- Financial and technical support is available to assist governments in fully implementing the WHO FCTC.

- Comprehensive tobacco control, which includes both demand and supply side measures as set out in the WHO FCTC, is the most effective approach to 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 and by 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. States must maintain their autonomy to implement effective tobacco control measures, not only to protect the public from the health risks of tobacco but also because 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 act to incentivize 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 imposes significant economic losses 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 and people.

- 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.
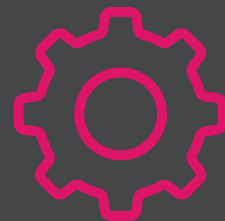
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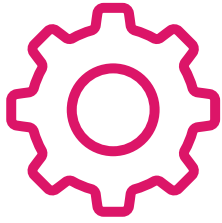
Tools for drafting

Toolkit B
Drafting tools

Introduction and strategic direction

TOOL B1: Strategy planning template

Action plan

TOOL B2: Action plan template

TOOL B3: Potential work areas and activities for the NTCS

Monitoring and evaluation plan

TOOL B4: Process M&E template

TOOL B5: Outcome M&E template

TOOL B6: Sample M&E indicators

TOOL B7: M&E plan draft language

Communication plan

TOOL B8: Communication plan template

Tool B1. Strategy planning template

Goal(s)	Objectives	Indicators	Baseline	Targets

Tool B2. Action plan template

Goal:

STRATEGY 1. Activities	Outputs or milestones	Responsible	Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources
1.1									
1.2									
1.3									
1.4									

STRATEGY 2.			Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources
Activities	Outputs or milestones	Responsible							
2.1									
2.2									
2.3									
2.4									

STRATEGY 3.				Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources
Activities	Outputs or milestones	Responsible								
3.1										
3.2										
3.3										
3.4										

STRATEGY 4.													
Activities	Outputs or milestones	Responsible	Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources				
4.1													
4.2													
4.3													
4.4													

STRATEGY 5.												
Activities	Outputs or milestones	Responsible	Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources			
5.1												
5.2												
5.3												
5.4												

STRATEGY 6.														
Activities	Outputs or milestones	Responsible	Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources					
6.1														
6.2														
6.3														
6.4														

| STRATEGY 7. | | | | Period | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Required resources |
Activities	Outputs or milestones	Responsible								
7.1										
7.2										
7.3										
7.4										

STRATEGY 8.												
Activities	Outputs or milestones	Responsible	Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources			
8.1												
8.2												
8.3												
8.4												

Activities	Outputs or milestones	Responsible	Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources
9.1									
9.2									
9.3									
9.4									

STRATEGY 9.

STRATEGY 10.											
Activities	Outputs or milestones	Responsible	Period	Year 1	Year 2	Year 3	Year 4	Year 5	Required resources		
10.1											
10.2											
10.3											
10.4											

Tool B3. Potential work areas and activities for the NTCS

This tool provides an overview of work areas and activities that may be planned within the NTCS, based upon selected WHO FCTC articles/tobacco control issues. The tool is illustrative and not exhaustive. Some articles are more amenable to this overview exercise, for example those which require a significant amount of operational activities and coordination. Other activities may require their own articulated plans. Articles that only or primarily require legislation together with enforcement (i.e. Articles 6, 11, 13, 15, and 16) are not included in this tool. For more comprehensive information and guidance on individual articles, Parties should refer to WHO FCTC guidelines.[56]

POTENTIAL WORK AREA	POTENTIAL LEAD AGENCY & OTHERS
Sustainable Financing of Activities and Programmes	Ministry of Health, Ministry of Finance and Planning
Article 5.3	Ministry of Health, Head of State, Parliament *Other relevant ministries/agencies/sectors:* All involved in tobacco control
Article 8	Ministry of Health *Other relevant ministries/agencies/sectors:* Ministry of Environment, Ministry of Tourism, Ministry of Urban Planning, Ministry of Interior, Ministry of Labour, Ministry of Justice and Law Enforcement, civil society organizations
Articles 9 & 10	Food and Drugs Regulatory Agency *Other relevant ministries/agencies/sectors:* Standards Authority, Ministry of Trade, Academic Institutions, Chamber of Commerce
Article 12	Ministry of Communication and Information *Other relevant ministries/agencies/sectors:* Ministry of Education, Ministry of Labour, Ministry of Health, Media Authorities, Ministries responsible for Sports, Children & Youth issues, Ministry of Social & Family Welfare, Ministry for Gender, civil society organizations
Article 14	Ministry of Health *Other relevant ministries/agencies/sectors:* Ministry of Labour, civil society organizations
Articles 17 & 18	Ministry of Agriculture *Other relevant ministries/agencies/sectors:* Ministry of Trade, Ministry of Labour, Ministry of Environment, Ministry of Health, Local governments, civil society organizations

56 WHO FCTC Convention Secretariat. Adopted guidelines. Available at: https://www.who.int/fctc/treaty_instruments/adopted/en/

| **Sustainable Financing of Activities and Programmes**[57] | **Potential lead agency:** Ministry of Health, Ministry of Finance and Planning |

The NTCS should include provisions on how activities & programmes will be financed:

Financing costs of tobacco control by placing costs on tobacco industry and retailers:
- designated/earmarked tobacco taxes to be allocated to tobacco control activities, programmes, or a health promotion fund;
- tobacco manufacturing and/or importing licensing fees;
- tobacco product registration fees;
- licensing fees on tobacco distributors and/or retailers;
- non-compliance fees levied on tobacco industry and retailers;
- annual tobacco surveillance fees paid by tobacco industry and/or retailers for monitoring and enforcement.

Making use of bi- and multilateral funding mechanisms as per Articles 5.6 and 26.

| **Article 5.3:** Protection of public health policies from tobacco industry interference[58] | **Potential lead agency:** Ministry of Health, Head of State, Parliament
Other relevant ministries/agencies/sectors: All involved in tobacco control |

Areas that may need to be addressed in the NTCS:

Code of conduct for government employees:
- prohibitions or limitations for public officials regarding interactions with the tobacco industry, and the rejection of tobacco industry partnerships or agreements;
- requiring disclosure and management of conflict of interest for officials, employees, consultants, and contractors involved in tobacco control policies;
- requiring transparent interaction with the tobacco industry through public hearings, public notices of interactions, and disclosure of records;
- requiring declaration and divestment of government officials of their direct interest in the tobacco industry.

Raising awareness:
- distributing briefing papers and factsheets to government officials with information on tobacco control and tobacco industry tactics.

Regulation:
- requiring information from the tobacco industry on its operations and activities, ensuring such information is accurate, and ensuring broad public access to this information;
- de-normalizing and prohibiting the tobacco industry's use of corporate social responsibility;
- removing benefits from and not giving preferential treatment to the tobacco industry.

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57 See appendix 1 of Article 9 & 10 guidelines for a discussion of financing options: https://www.who.int/fctc/guidelines/adopted/article_9and10/en/
58 For comprehensive guidance on this topic, see SEATCA "Preventing Tobacco Industry Interference: FCTC Article 5.3 Toolkit", available with other tools at: https://seatca.org/?p=6221

Article 8: Protection from exposure to tobacco smoke	**Potential lead agency:** Ministry of Health **Other relevant ministries/agencies/sectors:** Ministry of Environment, Ministry of Tourism, Ministry of Urban Planning, Ministry of Interior, Ministry of Labour, Ministry of Justice and Law Enforcement, civil society organizations

Areas that may need to be addressed in the NTCS:

Raising awareness:
- conducting education campaigns targeting the public and opinion leaders on the risks of tobacco use and second-hand smoke exposure;
- providing business owners, building managers, and sectors of government information on the new law and their responsibilities.

Coordination:
- coordinating inspectors and enforcement agents between different ministries and agencies at both the national and local levels;
- coordinating between implementing entities to ensure a consistent approach nationwide.

Enforcement:
- ensuring and levying adequate penalties and fines for non-compliance.

Monitoring:
- training of compliance inspectors in existing monitoring mechanisms such as business license inspections, health and sanitation inspections, fire safety inspections and similar programmes;
- engaging with and encouraging communities to monitor compliance and report violations, including a toll-free complaint hotline or similar system.

Articles 9 & 10: Regulation of the contents of tobacco products and tobacco product disclosures	**Potential lead agency:** Food and Drugs Regulatory Agency **Other relevant ministries/agencies/sectors:** Standards Authority, Ministry of Trade, Academic Institutions, Chamber of Commerce

Areas that may need to be addressed in the NTCS:

Regulation of:
- tobacco product characteristics, contents and emissions;
- what information manufacturers and importers of tobacco products must disclose to the government and the public;
- laboratories used by manufacturers and importers of tobacco products for the purposes of disclosure to government authorities.

Raising awareness:
- informing stakeholders of the requirements of the law;
- disclosing information about the toxic constituents and emissions of tobacco products to the public.

Monitoring:
- testing and measuring of the contents and emissions of tobacco products;
- integrating regular inspections of tobacco manufacturers, importers and points of sale into existing inspection systems.

Article 12: Education, communication, training and public awareness	**Potential lead agency:** Ministry of Communication and Information **Other relevant ministries/agencies/sectors:** Ministry of Education, Ministry of Labour, Ministry of Health, Media Authorities, Ministries responsible for Sports, Children & Youth issues, Ministry of Social & Family Welfare, Ministry for Gender, civil society organizations

Areas that may need to be addressed in the NTCS:

Research:
- monitoring and evaluating the outcomes of education, communication, training and public awareness programmes at the municipal, regional, and national/federal levels, and in consideration of international experiences, to identify the most appropriate methods to be used for each target group;
- identifying training needs at the local, regional and national/federal levels as well as best practices, followed by the design and/or amendment of training plans.

Implementation:
- establishing action plans to conduct education, communication, and training programmes, with key items (e.g. venues, methods, media channels, etc.) outlined;
- providing cost-effective logistic and management support to tobacco control programmes;
- introducing tobacco control education or training into the licensing requirements for relevant professions and into requirements for continuous professional development.

Coordination:
- integrating aspects of tobacco control into curricula of schools, universities and relevant vocational teaching institutions;
- integrating tobacco control campaigns into existing community education and mobilization programmes, working closely with civil society.

Article 14: Demand reduction measures concerning tobacco dependence and cessation	**Potential lead agency:** Ministry of Health **Other relevant ministries/agencies/sectors:** Ministry of Labour, civil society organizations

Areas that may need to be addressed in the NTCS:

Guidelines:
- create a national cessation strategy, to promote tobacco cessation and provide tobacco dependence treatment, aimed principally at those responsible for funding and implementing policies and programmes;
- establish national treatment guidelines aimed principally at those who will develop, manage and provide cessation support to tobacco users.

Research:
- identify the key effective measures needed to achieve tobacco cessation;
- conduct a situation analysis to assist in creating a national cessation strategy and treatment guidelines;
- consider emerging research evidence/novel approaches and use of media.

Implementation:
- establish population- and individual-level approaches;
- make smoking cessation medications widely available and accessible for free or at low cost.

Coordination:
- incorporate tobacco dependence treatment into national tobacco control programmes and health care systems;
- share experiences and collaborate with the WHO FCTC Secretariat, other Parties to the Convention, and the international community to facilitate the development or strengthening of support for tobacco cessation and tobacco dependence treatment;
- establish guidelines in collaboration with key stakeholders (e.g. health scientists, health professional organizations, health-care workers, educators, youth workers and nongovernmental organizations).

Articles 17 & 18: Support for economically viable alternative livelihoods and protection of the environment and the health of persons

Potential lead agency: Ministry of Agriculture
Other relevant ministries/agencies/sectors: Ministry of Trade, Ministry of Labour, Ministry of Environment, Ministry of Health, Local governments, civil society organizations

Areas that may need to be addressed in the NTCS:

Research:
- covering profitability versus alternatives, but also the health, environmental and socioeconomic costs of tobacco growing;
- assessing and comparing demand and market size of tobacco versus alternative crops, plus business plans for alternative crops;
- assessing information on agricultural requirements, yield, value chain, standards, market, prices, international trade and other economic factors (feasibility studies).

Raising awareness:
- informing farmers of the options available for alternative crops, vocations and livelihoods, technical support, net gains, and the socioeconomic benefits;
- informing consumers and tobacco farmers of the harmful health and environmental effects of tobacco growing.

Policies and regulation:
- re-allocating public funds/subsidies used for tobacco production to alternative livelihoods activities;
- protecting tobacco growers and workers from tobacco industry practices that are disadvantageous to farmers, and from violations of labour rights and other malpractices;
- regulating crop production practices that lead to environmental degradation;
- incorporating this area into multi-year planning in line with rural development policies and food security requirements;
- adapting domestic legal frameworks to comply with relevant international instruments against child labour.

Programmes:
- providing health and training of community health workers in prevention, early diagnosis and treatment of cases of green tobacco sickness, pesticide poisoning, and other health problems related to tobacco growing;
- establishing information and support centres to provide, regarding alternative crops, cultivation and production expertise, technical assistance, market intelligence, and new varieties and breeds;
- supporting farmers' associations to develop the skills needed by farmers in the production of new crops;
- training trainers to provide the skills needed in relation to alternative crops for tobacco growers and workers;
- integrating Good Agricultural Practices (GAP) into agricultural curricula and farmers' field schools education/ training and in the training programmes of competent authorities;
- providing rural credit, crop and income insurance, price assurance, technical assistance and rural extension services;
- supporting farmer cooperatives that facilitate the shift to alternative crops and livelihoods.

Coordination:
- building mechanisms for promoting the effective participation of state and municipal governments, given their relevance to activities directly related to farmers;
- ensuring that all sectors involved in tobacco growing support crop diversification and alternative livelihoods;
- securing the effective participation of family farming organizations and other civil society organizations in the implementation and assessment of diversification programmes.

Monitoring:
- monitoring deforestation, and soil and water contamination in tobacco-growing areas;
- monitoring and evaluating policies and programmes, assessing the baseline situation and tracking progress on main objectives.

Tool B4. Process M&E template

STRATEGY 1.

Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
1.1						
1.2						
1.3						
1.4						

STRATEGY 2.

Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
2.1						
2.2						
2.3						
2.4						

STRATEGY 3.

Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
3.1						
3.2						
3.3						
3.4						

STRATEGY 4.

Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
4.1						
4.2						
4.3						
4.4						

STRATEGY 5.

Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
5.1						
5.2						
5.3						
5.4						

STRATEGY 6.

Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
6.1						
6.2						
6.3						
6.4						

STRATEGY 7.							
Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
7.1						
7.2						
7.3						
7.4						

STRATEGY 8.							
Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
8.1						
8.2						
8.3						
8.4						

STRATEGY 9.

Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
9.1						
9.2						
9.3						
9.4						

STRATEGY 10.

Activity	Main outputs and or milestones	Indicators or criteria of success	Baseline	Target	Timeline	Responsible
10.1						
10.2						
10.3						
10.4						

Tool B5. Outcome evaluation template

Goal	Objective	Indicators	Baseline	Target	Timeline	Data source	M&E activity	Output	Responsible
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Tool B6. Sample M&E indicators

Sample M&E indicators

■ Sample process evaluation indicators

■ Sample accountability and performance indicators for those managing national tobacco control efforts

■ Sample outcome evaluation indicators

Sample process evaluation indicators
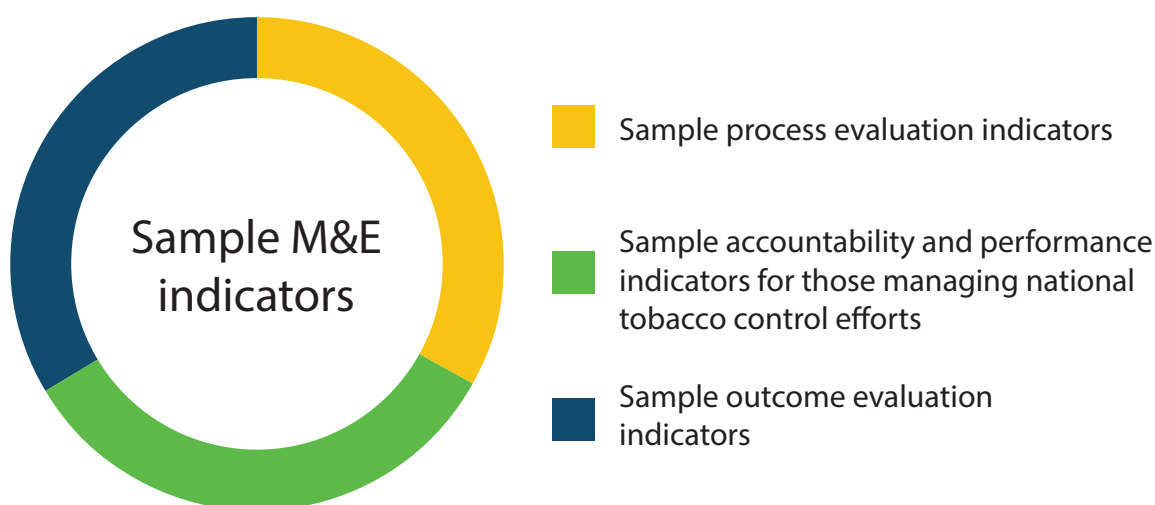
Sample process evaluation indicators

Input indicators	Expenses for staff, supplies, media, etc.
	Resources allocated
	Number of trained staff
Activity indicators	Accessibility of services and facilities
	Geographic coverage of prevention/control activities
	Socio-demographic information of people reached
	Whether activities are being implemented on time
Ouput indicators	Number of advocacy campaigns conducted during the year
	Number of health education programmes implemented during the year
	Number of schools declared "tobacco free"
	Public places designated "tobacco free"
	Actions taken against tobacco advertisement
	Actions taken to reduce tobacco production and sale
	Number of tobacco shops licensed
	Amount of cigarettes produced during the year
	Amount of tobacco tax increased
	Training given to health care providers and school teachers
	Surveys and research conducted
	Number of tobacco cessation sites/clinics

Sample accountability and performance indicators for those managing national tobacco control efforts

Sample accountability and performance indicators for those managing national tobacco control efforts

Accountability indicators	Number of management/coordination meetings held
	Attendance at management/coordination meetings
	Number of decisions made by the management/coordination body
	Number and effectiveness of follow-up actions on evaluation findings
	Amount of funding allocated to programmes and activities
	Number of assistance requests received and processed by the coordinating body
Key performance indicators	Percentage of NTCS objectives achieved
	Percentage of activities on track in accordance with agreed timeline/milestones
	Percentage of outputs completed on time
	Percentage of monitoring and evaluation reporting requirements met
	Number of sectors actively engaged and following through on commitments
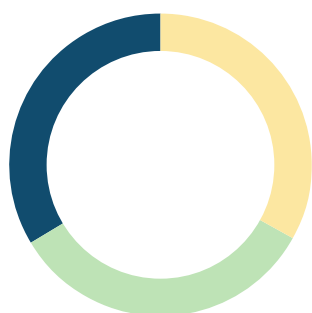
Sample outcome evaluation indicators

Sample outcome evaluation indicators

	Prevalence of tobacco use, disaggregated by age, gender and tobacco product type
	Exposure to tobacco smoke
	Tobacco-related mortality and morbidity
	Tobacco-related costs
	Supply of tobacco and tobacco products (production, imports, exports, duty-free sales)
	Seizures of illicit tobacco products
	Number of workers employed in tobacco growing

Tool B7. M&E plan draft language

Process monitoring and evaluation

The process monitoring and evaluation of tobacco control activities under the action plan will be carried out at all levels of administration as required, with [the NCM SECRETARIAT or the NATIONAL TOBACCO CONTROL TEAM] leading administration/coordination. Support will be sought from [INSERT LOCAL AUTHORITY(S) NAME(S)] from regional governments to monitor and collect data at the local level. Table X lists indicators for all action plan strategies which are to be continually monitored by responsible authorities also listed under Table X.

Responsible authorities shall send brief progress reports on activities conducted and progress along process indicators, as outlined in Table X. Reports will be sent to [NCM and the NCM SECRETARIAT or the NATIONAL TOBACCO CONTROL TEAM]. The NCM Secretariat will prepare a summary report of process evaluation findings [EVERY SIX or TWELVE MONTHS], highlighting where activities are on track or hindered, and making recommendations for follow-up action.

[THE NCM or the NATIONAL TOBACCO CONTROL TEAM] will meet every [INSERT TIME-FRAME] to review progress, and to make decisions on improving implementation and coordination of programmes and activities. Monitoring visits to different parts of the country will be made by [INSERT ORGANIZATION NAME] personnel to supervise education and advocacy campaigns as well as other activities, as deemed necessary by evaluation of progress reports. Progress on legislation will also be monitored.

[The NCM SECRETARIAT or the NATIONAL TOBACCO CONTROL TEAM] will also monitor accountability and performance indicators on a continual basis to ensure proper functioning of the NCM and its Secretariat. These key performance and accountability indicators include: [INSERT LIST OF ACCCOUNTABILITY & KEY PERFORMANCE INDICATORS]

Impact monitoring and evaluation

The NCM Secretariat will lead a comprehensive evaluation of NTCS impact every two years, coinciding with the biennial National Health Survey. To complement data collected under the National Health Survey, the MoH - working with the NCM Secretariat, academic institutions and other national and/or international partners and organizations as required - will conduct the International Tobacco Control Survey every two years. Table X lists all indicators for which data will be collected and evaluated against desired targets also listed in Table X.

The NCM Secretariat will lead in collecting and analysing data for the impact assessment, working closely with relevant departments and agencies. The NCM Secretariat will complete a synthesis report of findings, highlighting progress and setbacks. Process evaluation reports will be used to interpret impact evaluation findings, and to make actionable recommendations in the impact evaluation report. During its next meeting after the impact evaluation report is produced, the NCM will discuss the report's findings and recommendations, and make decisions regarding strategic priorities and resource allocation between NTCS activities and programmes. The NCM Secretariat will complete and file the WHO FCTC reporting instrument, during the first quarter of the year.

Credit: © Sue Rohl

Tool B8. Communication plan template

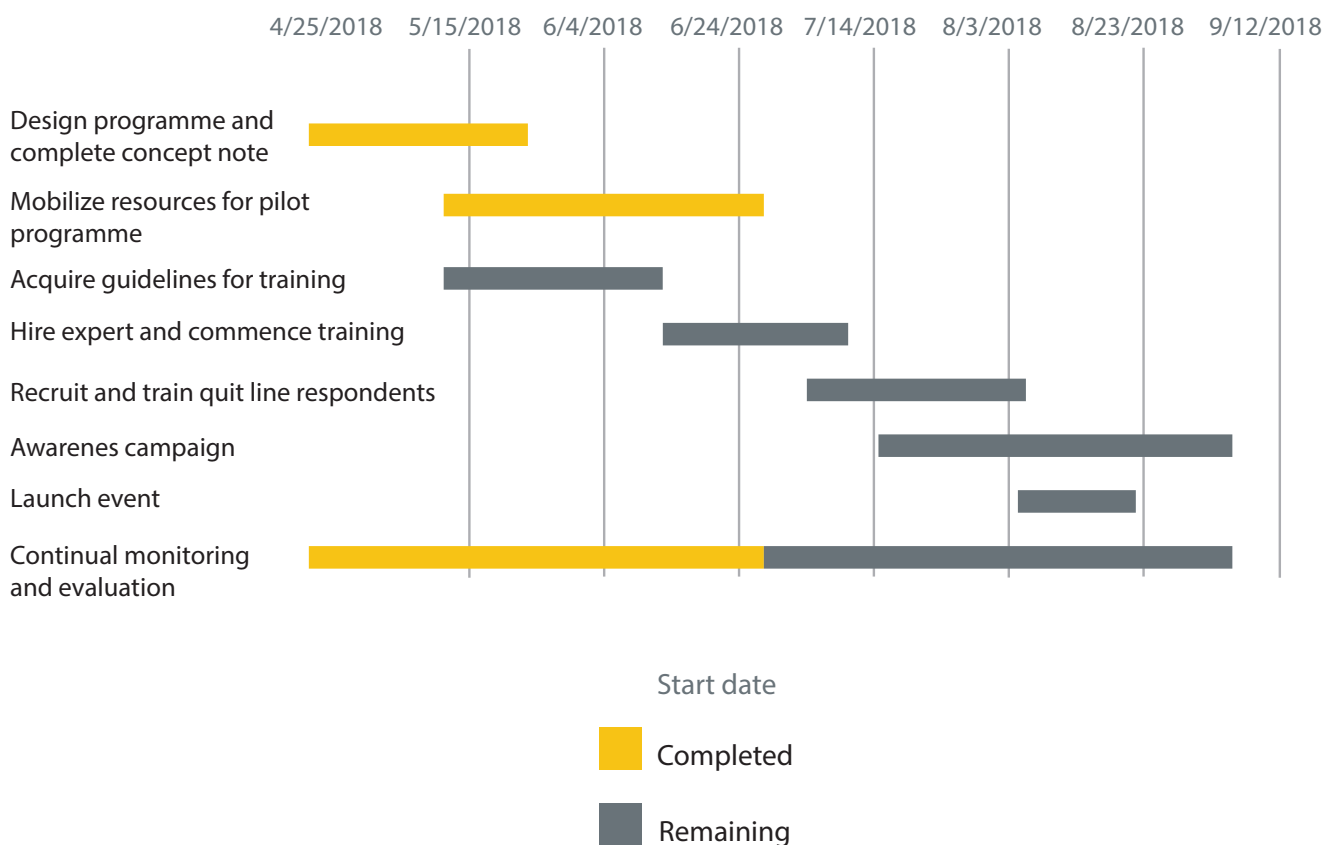| Activity & communication channel	Outputs	Target audiences	Time-frame / date	Responsible	Required resources

Annexes

Annex 1. Sample logic model for possible set of tobacco control activities

Specific objectives (Outcomes)	Strategies	Inputs	Activities & processes	Outputs/results
10% increase in public awareness by 2021 among both youth and adults	Raise awareness among the public of the harms of tobacco	Campaign material, channels, and funds to disseminate materials	Mass media public education campaigns (print, television, radio)	At least two mass media education campaigns in all districts each year
		Funds for grants Technical assistance	Provide support to civil society education / awareness raising activities	Civil society alliance re-activated with intensified education, communication and training programmes
30% reduction by 2021 in youth exposed to tobacco advertising in the last 6 months	Ban all tobacco advertising, promotion and sponsorship, and enforce the ban	Consultations with health law expert and a workshop with civil society	MoH and tobacco-free civil society alliance draft an amendment to existing tobacco control legislation Amendment is introduced to parliament and passed into law	Tobacco control bill is amended and all forms of TAPS are banned
			Awareness campaign to inform vendors and media outlets of new provisions	TAPS ban is enforced
		15 additional food and drug inspectors hired and trained	Ministry of Media Affairs and food and drug inspectors to enforce advertising ban	

Annex 2. Example Gantt chart to track progress

The following provides an example of a Gantt chart for tracking progress on the hypothetical objective of starting a quitline for smokers. The left axis outlines activities that lead to outputs and milestones required for this objective. The example provides a snapshot at around 25 June of the year.

As can be seen, the programme design and concept note have been completed, and resources for the pilot programme have been mobilized. However, guidelines for training have not yet been obtained and are past due, hindering the next activity. By tracking progress in this manner, planners can identify similar obstacles in implementation and take mitigating measures, such as accelerating progress on deliverables that are behind their due dates. Given the importance of tracking progress, continual monitoring and evaluation for the entire duration of the programme is included under the last progress bar in the chart.