

Working Group on Sustainable Implementation of the WHO FCTC

EMBRACING INTERNATIONAL COOPERATION

International cooperation on health

One person dies roughly every six seconds due to tobacco. Tobacco use is a global challenge and should be treated as such. There are many examples of how to address comparable health concerns on a global scale:

- The Joint United Nations (UN) Programme on HIV/AIDS (UNAIDS) was launched in 1996 to strengthen the way in which the UN was responding to AIDS. Its core budget for 2014-2015 is US\$485 million¹.
- The Roll Back Malaria Partnership was set up in 1998 to ensure a coordinated response to malaria; today it has 500 partners². Its mandate is to mobilise action and resources, and forge consensus among partners on global action on malaria.
- The most recent global health initiative, Every Woman Every Child, is spearheaded by UN Secretary-General Ban Ki-moon³. It focuses on mobilising and intensifying global action to improve the health of women and children around the world.

And the list goes on, with health partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, which channel resources to support work on HIV/AIDS, malaria and tuberculosis, and vaccination, respectively.

Compared to the examples listed above, the global architecture for tobacco control seems rather modest. There is an internationally agreed and legally binding instrument on tobacco control – the WHO Framework Convention on Tobacco Control (FCTC), with a budget that is 25 times smaller than that of UNAIDS⁴

– and there used to be a UN coordinating mechanism on tobacco control (which evolved into the UN Interagency Task Force on NCDs)⁵.

“I have worked on tobacco control for 5 years. This is the first year for which we have a dedicated budget for my work. It amounts to US\$6,000 for the current fiscal year.

I am the only person working on tobacco control. My responsibilities also include alcohol control and NCDs. I am trying to keep track of the discussions regarding development priorities, but it is not easy. Over 15 donor agencies are active in our country and the competition for resources is strong.

My managers care about tobacco control, but now our country needs to meet the Millennium Development Goals’ commitments on sanitation, so this is the priority here. I am not going to argue with them about that. I could easily lose my job.”

Testimony from a tobacco control focal point of a least developed country (LDC) with 5 million people.

International assistance for tobacco control is weak. According to the FCTC 2012 Global Progress Report, only one-third of Parties to the FCTC indicated any kind of assistance received or provided for any treaty-related activity⁶.

The **Working Group on Sustainable Measures to Strengthen Implementation of the WHO FCTC** provides a unique opportunity to improve international cooperation on tobacco control.



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Looking at obstacles to effective international cooperation and assistance

As noted in past decisions of the FCTC Conference of the Parties (COP), in order to access international support for tobacco control, Parties need to specify their requirements to potential donors^{7,8,9}. Those requests should be included in the broader context of support for national health and development priorities overall, because there is no dedicated funding mechanism for tobacco control.

According to the official FCTC reporting system, only 21 Parties have included tobacco control in their national development plans¹⁰. More specifically, only three Parties have included “FCTC implementation” in the UN planning documents – the UN Development Assistance Frameworks (UNDAFs)¹¹. Based on these findings, the working group should look into reasons why Parties do not prioritize tobacco control in their development plans.

Two potential explanations have been offered in the past:

- Progress on development in many countries is measured by the attainment of the Millennium Development Goals (MDGs). Tobacco use was not included in the MDGs and its indicators, hence it might not be perceived as a development issue. Consequently, some development partners may not understand why tobacco control should be included among development priorities.
- Parties that are in the greatest need of international assistance for implementation of the FCTC usually do not have any staff dedicated to tobacco control. It is therefore very likely that such Parties are not in a position to identify their resource needs, prioritize tobacco control among other domestic health challenges, and/or develop sound proposals for development partners.

When the working group meets in October 2013, it should identify the underlying obstacles which prevent Parties from prioritising tobacco control among national development objectives.

Identifying opportunities

The working group should also consider emerging opportunities to promote tobacco control to international partners and donors. For example, the grow-

ing recognition that non-communicable diseases (NCDs) undermine development may result in a significant increase of international assistance for strategies addressing NCDs. In that case, it will be important to showcase the FCTC as a cost-effective tool to prevent NCDs.

In addition, consultations on a new set of development priorities are already underway. It is very likely that in September 2015, new development priorities will be agreed at the UN General Assembly. These priorities will include three dimensions – social, economic and environmental – and will be called sustainable development goals (SDGs).

Crafting solutions

International cooperation is governed by its own rules and includes hundreds of stakeholders. Many of the organizations or individuals working in international affairs, international trade or development cooperation might have never heard of the dangers of tobacco, the magnitude of tobacco use among the poor, and the fact that solutions to address the tobacco epidemic are readily available.

One of the possible recommendations of the working group is to propose development of materials and a communication strategy to promote the FCTC among international stakeholders, particularly in fields other than health.

Another possible recommendation is targeted assistance to Parties which need support to promote tobacco control as a national priority. This assistance could include research and data analysis demonstrating that tobacco undermines sustainable development.

¹ Document UNAIDS/PCB (32)/13.8

² Roll Back Malaria: <http://www.rollbackmalaria.org/rbmmandate.html>

³ A Letter from UN Secretary-General Ban Ki-moon on A Global Strategy for Women's and Children's Health

⁴ COP5 decision FCTC/COP5(19)

⁵ ECOSOC resolution E/2013/L.23

⁶ WHO FCTC. 2012. Global Progress Report. Geneva: WHO FCTC p.58

⁷ COP1 decision FCTC/COP1(13)

⁸ COP2 decision FCTC/COP2(10)

⁹ COP3 decision FCTC/COP4(17)

¹⁰ Presentation of Douglas Webb, UNDP, November 2012

¹¹ ibid