

# Working Group on Sustainable Implementation of the WHO FCTC

## GOING BEYOND HEALTH MINISTRIES

### The FCTC is not a treaty of ministries of health

When the WHO Framework Convention on Tobacco Control (FCTC) was negotiated more than 10 years ago, it was well understood that a whole-of-government approach to tobacco control, involving many more ministries than just health would be critical to addressing the tobacco epidemic.

As a result, the Convention includes many important provisions that need to be implemented by different sections of governments:

- Increasing taxes on tobacco products falls under the responsibility of ministries of finance.
- Promoting economically viable alternatives for tobacco growers is likely to be overseen by ministries of agriculture, rather than health.
- Issues of tobacco industry liability and legal challenges by the industry to tobacco control measures are likely to involve the ministry of justice.
- The foreign ministry and the ministry of trade and commerce may be key in securing international support for national tobacco control.

The communications departments of all relevant ministries can be indispensable in raising awareness about the harms of tobacco use, and in garnering public support for tobacco control.

If the relevant ministries are not engaged, important resources for implementing tobacco control are lost: skills, knowledge and additional staff to work on FCTC implementation. Undoubtedly a government-wide approach is critical to successful tobacco control. But this is easier said than done.

The **Working Group on Sustainable Measures to Strengthen Implementation of the WHO FCTC** provides a unique opportunity to propose tools that will help tobacco control staff engage their non-health colleagues.

### Parties' experiences: What do we actually know?

According to the 2012 FCTC Global Progress Report, 91 Parties reported having a national coordinating mechanism for tobacco control<sup>1</sup>.

*“The National Coordinator for Tobacco Control was appointed from the Institute of Public Health, and the Coordinator also acts as Chairman of the Commission for Tobacco Control, which is defined by the National Strategy for Tobacco Control. The National Coordinator and the Commission do not receive financial compensation for their work done in tobacco control.”*

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*“Committee for Tobacco Prevention of the MoH provides leadership in national tobacco control. Members of the Committee for Tobacco Prevention perform their everyday work on voluntary basis, in addition to their full-time jobs.”*

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*“The focal point is based within the Ministry of Health and Population. The National Coordination mechanism is the Inter-Ministerial Technical Committee on Tobacco Control. Although the mechanism exists, it does not have the necessary financing for its operation.”*

**Excerpts from Parties' periodic reports on their implementation of Article 5.2 of the Convention <sup>2</sup>**



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However, very little information can be found about the functions and effectiveness of national coordinating mechanisms for tobacco control. Where anecdotal evidence is available, the experience of tobacco control staff with a multi-sectoral coordinating mechanism is rather disappointing. It appears that participating representatives from other ministries are usually low-ranking public servants with weak mandates to act.

Moreover, information provided by Parties through their implementation reports suggests that sometimes the coordinating mechanism is established but resources for its work are not available. Also, very little information exists on the mandates of these mechanisms.

### *Article 5.1 and 5.2 of the WHO FCTC*

*1. 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.*

*2. Towards this end, each Party shall, in accordance with its capabilities:*

*(a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control;*

*(b) adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.*

### **Promoting tobacco control outside of health**

The most common arguments for tobacco control are usually related to the number of deaths, nationally or globally, caused by tobacco use. While powerful, these arguments can unfortunately reinforce the misunderstanding that addressing tobacco use is the sole responsibility of ministries of health.

Apart from its health impacts, tobacco use undermines sustainable development by robbing families of resources that would otherwise go to shelter, food, education and health care; it contributes to poverty within households and reduces the productivity of countries. Moreover, tobacco farming undermines food security and environmental

sustainability and leads to poor working conditions for farmers.

Providing estimates of the economic costs of tobacco use is a more convincing way to get ministries of finance or development on board for tobacco control. Unfortunately, very little information is available in this regard. On a global scale, calculations have been made for the cost of inaction on non-communicable diseases (NCDs). For low- and middle-income countries, the economic costs associated with the four main NCDs are estimated to exceed US\$7 trillion between 2011 and 2025<sup>3</sup>.

### **Important initial work**

Establishing an effective infrastructure for tobacco control – developing laws and policies, creating an action plan, and rallying relevant stakeholders and resources for action – forms the core of an in-country implementation strategy for the FCTC. It is rather shocking that so little evidence exists on the best practices to implement Article 5.2.

The task of the Working Group on Sustainable Measures to Strengthen Implementation of the WHO FCTC is to “identify new tools to support Parties to implement Article 5.2 of the WHO FCTC”<sup>4</sup>.

As a first step, it will be important that the working group compile a representative sample of case studies from Parties which have succeeded in whole-of-government coordination on tobacco control. Collating evidence from several countries will provide insights into possible formats of coordinating mechanisms, such as their structure and working methods, and best practices to safeguard tobacco control work from industry interference aimed at various ministries and government units that work on tobacco control.

Later, this information should serve to promote and strengthen South-South cooperation in this area.

<sup>1</sup> WHO FCTC. 2012. Global Progress Report. Geneva: WHO FCTC, p.11

<sup>2</sup> Parties' reports, last accessed on 25 October, 2013 [http://www.who.int/fctc/reporting/party\\_reports/en/index.html](http://www.who.int/fctc/reporting/party_reports/en/index.html)

<sup>3</sup> Bloom, D.E. et al. 2011. The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum.

<sup>4</sup> COP5 decision FCTC/COP5(14)