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DEATH CLOCK

**SINCE THE OPENING OF THE
FIRST WORKING GROUP
FOR THE FRAMEWORK
CONVENTION
ON TOBACCO CONTROL
ON 25 OCTOBER 1999,**

74'432'533

**PEOPLE HAVE DIED FROM
TOBACCO RELATED DISEASES.
(AT 9AM 14 OCTOBER 2014)**

DAY TWO AND COUNTING

On day one of the COP, Parties had the opportunity to tell their success stories and there was lots of good news in Plenary yesterday. But in the halls outside, we heard less positive stories of the many problems faced by some Parties: lacking political support at home, needing more resources and wanting assistance in implementing the WHO Framework Convention on Tobacco Control (FCTC).

This is not new. It's the same old story at every COP. Yet Committee B, where the solution lies, has always been the poor relation. It's not glamorous getting to grips with the crucial issues of reporting, implementation assistance, international cooperation and, last but not least, budget and funding issues. Committee A discussions on the treaty instruments are much more satisfying: adopting completed guidelines, agreeing to develop new ones, debating the illicit trade protocol, and discussing new and emerging tobacco control issues. Civil society has the same problem as Parties: it's always easier recruiting people to Committee A than Committee B.

But as the COP reaches maturity, the work of Committee A, of necessity, tails off. There are fewer and fewer opportunities for new guidelines. The FCTC's first protocol has been adopted and now the problem is getting Parties to ratify and bring it into force (another task for which many Parties will require considerable technical assistance and support). In our view, if the FCTC is to go from strength to strength, the time has come for Committee B to take the foreground.

Committee B kicks off first today, while the Plenary finishes up in the main hall before Committee A gets going. And it has some substantial issues to get its teeth into even before it reaches item 5.2 on trade and investment issues.

At COP5, the foundations were finally laid to inspire a real global effort—including sustainable funding—to implement the FCTC, with the decision to create a Working Group on Sustainable Measures to Strengthen Implementation of the WHO FCTC. For the

first time Parties met between COP sessions to try to come up with recommendations on how to make the already existing system of international cooperation and development assistance work for the FCTC.

The work has not been completed and will need to be continued, but that's no surprise. This is a major effort with massive potential. The COP should endorse all recommendations proposed by the working group and establish a coordination platform among all stakeholders that would provide assistance and resources for implementation of the FCTC.

The decision to commission a report on possible implementation review mechanisms was another important step at COP5 to focus attention on FCTC implementation. The time has now come for COP to establish an implementation review committee and finance its operations to strengthen implementation of the Convention. Such a mechanism is common in many other Conventions, which have established mechanisms, procedures or committees to facilitate the review of Party reports.

The experiences of international treaties in this area are well documented and have proven to be especially valuable in the case of environmental treaties. This isn't a finger pointing exercise: the purpose is to better understand difficulties in implementation, and provide tailored guidance on how it can be improved and/or accelerated. A clear mandate for the committee and guiding principles for its work should be also adopted at COP6.

As the article on page 8 explains, the Implementation Review Mechanism, sustainable measures for FCTC implementation and the Impact Assessment (currently under discussion in Committee A, but fitting more appropriately in Committee B's agenda) need to go hand in hand. It is therefore crucial that Committee B ensures complementary working, in the decisions it drafts and puts to Plenary. Committee B has the chance this week to set the COP on a sustainable and stable course to support global implementation. It must succeed.

A ONE-SIZE-FITS-ALL REGULATORY FRAMEWORK FOR E-CIGARETTES WILL NOT WORK

One of the potentially most difficult issues Parties face at COP6 is that of electronic nicotine delivery systems (ENDS), more commonly known as e-cigarettes.

As the Secretariat of the Framework Convention on Tobacco Control (FCTC) concludes in its report to COP6, ENDS "represent an evolving frontier, filled with promise and threat for tobacco control." Whether e-cigarettes succeed in enhancing or impeding tobacco control, and public health more broadly, will be determined largely by the regulatory frameworks that Parties put in place to govern product design, manufacturing, marketing, sale, use and disposal.

This does not mean, however, that a single regulatory framework for e-cigarettes is achievable or even desirable. Given significant differences in Parties' legal systems, smoking prevalence, the state of tobacco control, the market penetration of e-cigarettes within their borders, and the resources and technical expertise they can devote to regulating the product, a one-size-fits-all regulatory framework for e-cigarettes will not work. Parties are currently regulating e-cigarettes as medicines (therapeutic products), as tobacco products, as general consumer products and as prohibited products.

This does not mean, however, that COP6 should be silent on e-cigarettes. We believe that it may be possible for this COP to achieve agreement on a set of underlying principles that would serve as the foundation for the regulation of ENDS by the Parties. Although the Framework Convention Alliance (FCA), with some 500 member organisations worldwide, struggled greatly with the e-cigarette issue over the past few months, we were successful in reaching consensus on seven broad principles:

1. The global burden of disease and death from tobacco is primarily caused by smoking.
2. While quitting tobacco use is paramount, quitting nicotine use altogether is the best option.
3. For those unable to quit, switching to alternative sources of nicotine that are less harmful than tobacco can reduce, often very substantially, the harm that smoking causes to the individual.
4. The benefits of such an approach would be maximised if uptake were limited to existing smokers who are unable to quit.

5. The risks of such an approach would be minimised by limiting uptake by never-smokers, especially youth, and by taking measures to protect non-users and discourage long-term dual use.

6. There could be negative unintended consequences from over-regulation, just as there could be from under-regulation.

7. The involvement of tobacco companies in the production and marketing of e-cigarettes is a matter of particular concern as there is an irreconcilable conflict of interest between public health and those profiting from the sale of tobacco.

FCA likewise believes that it would be premature for Parties to debate specific regulatory measures to control e-cigarettes. At present, there are relatively few high-quality scientific studies on e-cigarettes; as well, the wide variation in product characteristics, including nicotine delivery and emissions, means that it is not possible to draw definitive conclusions about the health and safety risks of using e-cigarettes, about the possible risks to others from inhaling the vapour or through exposure to nicotine in the e-liquid, and about the effectiveness of these products as aids to quitting smoking. Moreover, there is very little experience at national level in regulating these products. The FCTC is a compendium of best practices in tobacco control that is based on a significant body of scientific research and was developed after decades of experience among Parties in regulating tobacco products and tobacco use.

FCA thus believes that COP should not attempt to define regulations for ENDS until a much larger body of robust scientific research provides greater clarity on the risks and benefits of e-cigarettes, and until the lessons learned from the experience of Parties in regulating ENDS can be taken into account. To this end, FCA recommends that COP approve the establishment of an expert group, with a broad range of relevant expertise, including toxicology, addiction, behavioural sciences, marketing, and tobacco industry practices, that would consider all available evidence and report back to COP7.

And finally, FCA urges Parties not to spend undue time at COP6 debating an issue on which consensus is not yet possible.

Melodie Tilson
Non-Smokers' Rights Association

“ WE BELIEVE THAT IT MAY BE POSSIBLE FOR THIS COP TO ACHIEVE AGREEMENT ON A SET OF UNDERLYING PRINCIPLES THAT WOULD SERVE AS THE FOUNDATION FOR THE REGULATION OF ENDS BY THE PARTIES ”

LARGER PICTURE HEALTH WARNINGS: THE GROWING WORLDWIDE TREND

An up-to-date international report on cigarette package health warnings was formally released Monday at COP6. This new report - Cigarette Package Health Warnings: International Status Report - provides an overview ranking 198 countries/jurisdictions based on warning size, and lists those that have finalised requirements for picture warnings. Regional breakdowns are also included.

Copies of the report are available at the FCA table. Delegates are welcome to take as many copies of the report as they would like for use in their home countries.

Fully 77 countries/jurisdictions - covering 49 percent of the world's population - have now finalised requirements for picture warnings, and many more countries are in the process of doing so. The total of 77 is an increase from the 55 countries that had implemented picture warnings by 2012.

For size, Thailand is the new world leader with warnings that cover 85 percent of the package front and back, surpassing Australia - the previous leader - at 82.5 percent (75 percent front, 90 percent back).



WORLD LEADERS

85%	THAILAND (85% OF FRONT, 85% OF BACK)
82.5%	AUSTRALIA (75%, 90%)
80%	URUGUAY (80%, 80%)
75%	CANADA (75%, 75%)
75%	BRUNEI (75%, 75%)
75%	NEPAL (75%, 75%)
65%	TOGO (65%, 65%)
65%	TURKEY (65%, 65%)
65%	TURKMENISTAN (65%, 65%)
65%	MAURITIUS (60%, 70%)
65%	MEXICO (30%, 100%)
65%	VENEZUELA (30%, 100%)

There are now 60 countries/jurisdictions (up from 46 in 2012) requiring warnings to cover at least 50 percent (on average) of the package front and back, and at least 134 requiring a minimum size (on average) of at least 30 percent.

Enormous progress continues to be made around the world. As an illustration, the cover of the report features the front of Australian plain packages, including the 75 percent size picture warnings. The report back cover features the new 85 percent picture warnings in Thailand.

Well-designed package warnings are a highly cost-effective means to increase awareness of the health effects and to reduce tobacco use. Picture-based messages are far more effective than a text-only message. Indeed, a picture says a thousand words. Pictures attract more attention, and reach individuals who are illiterate or who cannot read the national language(s). For size, the effectiveness of warnings increases with size.

Larger ones allow for bigger and better pictures, additional information and/or a larger font size.

The report also documents how plain packaging is gaining important global momentum. Under plain packaging, health warnings remain on packages, but the package shape is standardised and tobacco brand colours, logos and graphic designs are prohibited on packaging. Australia implemented plain packaging in 2012, and now Ireland, United Kingdom, New Zealand and France are in the process of doing so.

The new report, currently available in English and French, was prepared by the Canadian Cancer Society, in collaboration with the Framework Convention Alliance. The Campaign for Tobacco-Free Kids is assisting with translations for Arabic, Chinese, Portuguese, Russian and Spanish.

Rob Cunningham and Jocelyne Koepke
Canadian Cancer Society

IMPUESTO SELECTIVO AL CONSUMO DE TABACO, UNA HERRAMIENTA EFICAZ

Los ataques de la industria tabacalera contra las medidas fiscales destinadas a reducir el consumo de tabaco, asumen todas las formas posibles, incluido utilizar a funcionarios gubernamentales y de organismos internacionales, para desvirtuar los beneficios económicos y sanitarios de las mismas.

La mención de que el 84% del comercio de cigarrillos en Panamá es ilícito, en un artículo publicado el 10 de marzo de 2014 en Capital Financiero, deja en claro tales intenciones de la industria tabacalera.

Estos hechos se vienen repitiendo y tratan de invalidar el impacto del incremento del impuesto selectivo al tabaco, a lo que el Ministerio de Economía y Finanzas respondió que dichas afirmaciones eran equivocadas y pretendían desinformar a la población, y que los objetivos del gobierno tanto reducir el daño causado por el tabaco como aumentar los ingresos del Estado, se han cumplido. La recaudación aumentó en 130% y cumplió con creces las expectativas y se acompañó de un descenso significativo en la prevalencia de consumo.

No menos importante, es señalar que de la recaudación del impuesto selectivo al consumo de tabaco y otros productos derivados del tabaco, se destina el 10% a la Autoridad Nacional de Aduanas para el combate del contrabando, un 20% al Ministerio de Salud y otro 20% al Instituto Oncológico Nacional, como una forma de mitigar las externalidades negativas que genera en nuestro país el flagelo de la adicción al tabaco.

De acuerdo a los resultados de la encuesta de marcas realizada por el Instituto Conmemorativo Gorgas de Estudios de la Salud para los distritos de Panamá, San Miguelito, Colón y David, en 2012 y financiada por el IDRC de Canadá, el porcentaje de comercio ilícito estimado fue de 28% y la evasión fiscal estimada por sub declaración de ventas fue de 30%, muy lejos del mencionado 84%. La pregunta es, ¿Quién es responsable de la evasión fiscal por sub declaración de las ventas?

La Encuesta de Tabaco en Adultos (GATS) en Panamá (realizada conjuntamente con el Ministerio de Salud, el CDC de Atlanta y la OPS en 2013), permitió estimar una prevalencia de consumo de tabaco fumado en el país de 6.1%, la más baja de toda nuestra región y una de las más bajas del mundo, que ha hecho merecedora a Panamá de un reconocimiento internacional

recientemente, el Premio Especial de la Directora General de OMS otorgado con motivo de la conmemoración del Día Mundial de No Fumar, al Ministerio de Salud por su liderazgo sin precedentes en la promoción de la creación de capacidad regional para el control del tabaco en las Américas y por sus logros en el ámbito fiscal del tabaco, que fue el eje de la campaña del Día Mundial sin Tabaco para este año.

Adicionalmente, la GATS permitió estimar que el comercio ilícito del tabaco fue estimado en 36%, y por lo tanto, muy lejos del 84% mencionado. Es bueno mencionar, que los documentos secretos de la industria tabacalera indican que el comercio ilegal de tabaco es funcional a la industria.

Queremos también destacar, que el tabaquismo le cuesta al Ministerio de Salud de Panamá, más de USD 150 Millones al año (MNSA-2010), sin considerar las muertes y discapacidad y el gasto que tienen las familias panameñas para poder atender a las víctimas de la industria tabacalera. Las medidas de control de tabaco integrales que ha aplicado Panamá y que explican la caída vertiginosa en las importaciones legales desde el 2000 a la fecha y la caída en la prevalencia, así como el incremento de la recaudación fiscal que pasó de 11 millones en 2009 a más de 24 millones en 2013.

Las evidencias son contundentes, y refuerza también por diversos estudios multicéntricos realizados por cerca de 10 años, publicados en la página web del ICGES, del MNSA, CDC, OPS y en la revista PLOS ONE, donde recientemente se publicó un artículo de investigadores panameños, intitolado "The Association of Tobacco Control Policies and the Risk of Acute Myocardial Infarction Using Hospital Admissions Data", en el cual se demuestra la caída en el riesgo relativo de Infarto Agudo de Miocardio en Panamá, a partir de la entrada en vigencia del incremento del Impuesto Selectivo al Consumo de Cigarrillos y otros productos derivados del tabaco a finales de 2009, como refuerzo a las medidas no fiscales que entraron en vigencia con la Ley 13 de 2008.

Por lo tanto, los mencionados artículos son sencillamente falsos y constituyen un ataque abierto de la industria tabacalera a un país que está defendiendo la salud de sus habitantes.

Victor Hugo Herrera Ballesteros
Economista

Reina Roa Rodríguez-Médica
Epidemióloga

HIGHER TOBACCO TAXES IN THE PHILIPPINES: WIN-WIN FOR HEALTH AND REVENUES

Soon after COP5 adopted the Set of Guiding Principles and Recommendations for implementation of the WHO Framework Convention on Tobacco Control (FCTC) Article 6, the Philippines passed its landmark Sin Tax Reform Law (RA 10375), which simplified a complex tobacco excise structure and increased excise rates by around 340 percent for premium brands and to 820 percent for low-priced brands.

Effective on 1 January 2013, the tax reforms were packaged primarily as a public health measure with revenue implications, based on the fact that annual tobacco-related government losses were at least PHP177 billion (US\$4.19 billion), compared to annual tobacco excise revenues of PHP23 billion.

Prior to the law's passage, tobacco excise revenues were projected at PHP52.0 billion, but in 2013 actual excise collections amounted to PHP70.4 billion, an increase of 111 percent in the law's first year of implementation. Of this amount, actual incremental/additional revenues were PHP41.8 billion, far exceeding the projected incremental revenue target of PHP23.4 billion.

A recent survey shows that overall smoking prevalence decreased from 28.3 percent to 26 percent, with the largest declines in prevalence among the very poor (from 38.0 percent in December 2012 to 25.0 percent in March 2014) and among youths aged 18 to 24 years (from 35.0 percent in December 2012 to 18.0 percent in March 2014).

In addition, because of the earmarking of incremental revenues, tobacco excise taxes have become a sustainable financing source for universal health coverage, with health insurance premiums paid for about 14.7 million poor families in 2014 from only 5.2 million families in 2013.

Ulysses Dorotheo
Southeast Asia Tobacco Control Alliance

AS BIG TOBACCO'S TACTICS EVOLVE, SO MUST THE RESPONSE



The inclusion of Article 5.3 in the WHO Framework Convention on Tobacco Control (FCTC) and the adoption of its guidelines are two of the most important milestones for tobacco control globally.

Parties incorporated Article 5.3 into the FCTC because they recognised that in order for FCTC implementation and tobacco control to succeed globally, there needed to be clear safeguards between health policy-makers and Big Tobacco's representatives. The Article's guidelines are evidence-based: the result of decades of documentation (including through internal tobacco industry documents) of the tobacco industry's aggressive and coordinated tactics to block, weaken, and delay the life-saving measures of the FCTC.

Five years after the Article 5.3 guidelines were adopted, countries are translating them into real policies. This has taken the form of transparency measures in Australia, codes of conduct for the national tobacco control coordinating committee in Brazil, or, in the case of the Philippines, the adoption of almost all of the guidelines through an

administrative policy that even includes an enforcement and accountability mechanism.

But implementation has been slower than expected and sporadic—a transparency measure here, a policy to prevent revolving doors there. Most agencies outside of health are unaware of Article 5.3, its guidelines or tobacco industry tactics – like front groups and junk science – to undermine health policies. It is clear that now is the time for Parties to put their heads together, assemble best practices, identify barriers, and come up with a plan to accelerate the implementation of this bold and cross-cutting Article.

Big Tobacco's tactics, though relatively predictable at the national level, have evolved at the international level, implicating intergovernmental organisations. For example, the international programme on the elimination of child labour (IPEC), the single largest operational programme of the International Labour Organization (ILO – which has the overall goal of the progressive elimination of child labour – lists a transnational tobacco companies as one of its donors, according to

the ILO website. This programme currently operates in 88 countries. In addition, ILO participates as an advisor, through a representative of IPEC, to the Board of the Elimination of Child Labour in Tobacco Foundation (ECLT), which is funded purely by tobacco companies.

Thailand has put forward a proposal to address both of these issues and more:

1. How to accelerate national-level implementation of the guidelines;
2. How to address tobacco interference in intergovernmental organisations that are not Party to the FCTC,
3. How to address the co-opting by the tobacco industry of foreign emissaries to challenge tobacco control policies.

The work will be divided between the Secretariat and a group of experts on tobacco industry strategies to undermine health, and will be convened between now and COP7.

Let us heed the call of WHO Director-General Margaret Chan: "Unfortunately, this is where the balance no longer tips so strongly in our favour. The enemy, the tobacco industry, has changed its face and its tactics. The wolf is no longer in sheep's clothing, and its teeth are bared. Tactics aimed at undermining anti-tobacco campaigns, and subverting the Framework Convention, are no longer covert or cloaked by an image of corporate social responsibility. They are out in the open and they are extremely aggressive."

We know what the problem is, and we cannot afford to wait. As the tobacco industry evolves, let us evolve in kind, and support Thailand's bold proposal.

John Stewart
Challenge Big Tobacco campaign
Corporate Accountability International

MOVE 5.3 UP THE AGENDA!

As DG Margaret Chan mentioned on Monday, tobacco industry interference continues to be the greatest threat to FCTC implementation. Parties should support Thailand's proposal to move the agenda item on Article 5.3 up the agenda so that Parties have adequate time to discuss this critical issue.

MONITORING THE IMPACT OF POLICY MEASURES

The WHO Framework Convention on Tobacco Control (FCTC) identifies a set of policy measures designed to reduce tobacco consumption and, by doing so, reduce disease and save lives.

Various surveys exist that provide information on what is happening in the real world, most notably the Global Adult Tobacco Survey (GATS), the WHO Report on the Global Tobacco Epidemic (GTE), the International Legal Consortium (ILC) Tobacco Control Law database and the International Tobacco Control Evaluation Project (ITC). Each survey provides valuable information on what is happening in countries.

GATS is important in offering a standard method to measure prevalence, essential if we are to understand what is happening to tobacco use around the world. GTE provides a useful (albeit broad brush) overview of what policies countries have implemented. This is extremely useful even when acknowledging the difficulty of measuring how well policies are implemented and not just what has been legislated. The ILC database provides access to information about tobacco control legislation and litigation worldwide. And finally the ITC explores smokers' responses to tobacco control policies in countries around the world.

The FCTC then has its own system, the Party reporting system, in which Parties complete periodic reports of what they have done. When the system was set up by the Parties it was set up as a reporting system, rather than a monitoring system. The Party reporting system is important, and unique because it is obligatory, and thus potentially offers information from all Parties. However, there seems to be broad agreement that it does not function optimally at the moment.

Although obligatory, not all Parties submit reports, and among those that do many submit very late. There is a lack of consistency in the reporting that may derive from changes in the offices or officials completing reports over time, and possibly completion by offices or staff with limited knowledge of the issues. The questions can be complicated and long, and the questionnaire is long. Finally, there is no clear mechanism ensuring how the reports are used, including, for example, giving feedback to Parties.

Having said all this however, and having acknowledged that the Party reports represent a unique source of information, the



Tobacco industry insiders gather outside the plenary room Monday 14 October after the meeting was closed to the public

how to make the process rewarding to governments, perhaps by providing feedback on the results that could help move their tobacco control work forward.

As far as the instrument is concerned, after 10 years of reporting we could determine a core set of reporting needs that will enable Parties to document success and identify needed improvements. This may necessitate a trade-off between the quantity and complexity of the information requested with the need for timely, accurate data.

We believe it would be worth reviewing all these valuable sources of information, in order to determine what each contributes, how each might they be used better, and what

“ THERE IS NO DOUBT THAT THE FCTC HAS HAD A RADICAL IMPACT ON TOBACCO CONTROL IN MANY PARTS OF THE WORLD.

” further information or systems (if any) might help us improve our understanding of how the FCTC works, and how its implementation could be made even better.

HOW MIGHT THE PARTY REPORTING SYSTEM BE IMPROVED?

There is no doubt that the FCTC has had a radical impact on tobacco control in many parts of the world. The challenge in demonstrating this is not so much in higher income countries, which have the data needed, but in those countries that are now doing much more on tobacco control as a result of the FCTC, but which do not have as good data.

We hope that between COP6 and COP7 there will be further examination of the options for assessing impact and using data to drive implementation improvements, including using the existing, excellent data sources, and asking searching questions about how assessment could be improved, without reinventing the wheel.

Jo Birckmayer
Campaign for Tobacco-Free Kids

Martin Raw
University of Nottingham and Federal University

FCTC IS INCLUDED IN GLOBAL NCD DISCUSSIONS: WILL COP RECIPROCATATE AND ADDRESS THE GLOBAL NCD AGENDA TOO?

Tobacco use is one of the major risk factors driving the global epidemic of non-communicable diseases (NCD)—mainly cancer, cardiovascular disease, chronic respiratory diseases and diabetes. NCDs are a major challenge to health and development in the 21st century. They are the leading cause of death and disability worldwide, exacting a heavy and growing toll on the physical health and economic security of all countries, particularly low and middle-income countries (LMICs). Over five million deaths are attributable to tobacco use every year worldwide. Without interruption of current trends, this number will rise to eight million deaths annually by 2030. Consequently, tobacco control is widely recognised as a key strategy to address the NCD epidemic, and the WHO Framework Convention on Tobacco Control (FCTC) is a cornerstone of the political response. As a result, the FCTC offers a key opportunity for COP6 to take a leading role in the NCD response.

Ministers of Health gathered in Moscow three years ago for the Global Ministerial Conference on NCDs, which was the first time tobacco control and FCTC implementation were recognised as crucial components of the NCD response. The Global Ministerial Conference was rapidly succeeded by the UN High-level Meeting in September 2011, a watershed moment which culminated in the adoption of the first UN Political Declaration. It includes a set of action-oriented commitments covering the spectrum of NCD prevention, care, health systems, research and development, monitoring and resourcing. Tobacco use is highlighted as a leading risk factor for NCDs, with the Political Declaration calling for accelerated implementation of the WHO FCTC.

Significant progress has been made in the three years since these landmark events, with NCDs elevated onto the global health and development agenda, incorporating prevention and tobacco control as a core pillar. UN Member States have adopted the three pillars of the global architecture for NCDs – accountability, action and coordination:

- **Accountability:** The first-ever WHO global monitoring framework (GMF) for NCDs, with a set of nine voluntary targets and 25 indicators, was adopted in May 2013. This includes the “25 by 25” NCD mortality target, and a target of

30 percent relative reduction in prevalence of current tobacco use by 2025.

- **Action:** The WHO Global NCD Action Plan (GAP) for 2013-2020 was endorsed by Member States in May 2013, providing an ambitious roadmap for action. The GAP has six objectives, including objective three on prevention, and recommends all countries accelerate full implementation of the WHO FCTC. It also has a menu of policy options, including implementation of MPOWER, and highlights the effectiveness of tobacco taxation.
- **Coordination:** Recognising the urgent need to strengthen and facilitate global multisectoral action on NCDs, Member States have agreed the formation of a UN Interagency Task Force (IATF) on NCDs and a global coordination mechanism (GCM) for NCDs. The IATF evolved from the UN Interagency Task Force on Tobacco Control, and the GCM coordinates UN agencies, governments, and non-state actors in the NCD response.

“ IT WOULD BE TIMELY FOR THE COP TO REINFORCE ITS COMMITMENT TO SUPPORTING AND ALIGNING ITSELF BEHIND THE NCD AGENDA.

” More recently, in July 2014, Member States returned to the UN General Assembly for a UN High-level Review on NCDs, where a new Outcome Document was adopted. New commitments for action included reiterating the call to accelerate implementation of the FCTC, and agreeing to another UN High-level Review on NCDs in 2018. Furthermore, NCDs are increasingly recognised as a priority for the successor framework to the Millennium Development Goals (MDGs) – known as the Post-2015 Development Agenda. All official UN reports on Post-2015 to date have recognised NCDs

as a priority health issue, and the recent Open Working Group on Sustainable Development report includes the WHO FCTC as a means of implementation. The inclusion of NCDs and tobacco control in Post-2015 will have significant implications for maintaining its political priority and increasing resources in LMICs.

NCDs are undoubtedly on the global health and development agenda, and they are here to stay. With leading advocates and policy makers returning once again to Moscow, it would be timely for the COP to reinforce its commitment to supporting and aligning itself behind the NCD agenda.

By doing so, it would support three mutually beneficial objectives:

- 1) Enable the COP and the FCTC Secretariat to more boldly champion tobacco control strategies within the NCD response, ensuring it remains central on both global and national NCD agendas (including national NCD plans, UN development assistance frameworks etc.);
- 2) Leverage the COP's extensive knowledge and expertise for the broader NCD agenda, particularly in terms of innovative financing mechanisms such as tobacco taxation (which is being prioritised within universal health coverage schemes), and the legal enabling environment for prevention;
- 3) Provide a forum for monitoring progress against the tobacco use prevalence target in the WHO Global Monitoring Framework.

Katie Dain
NCD Alliance



DIRTY ASHTRAY AWARD

To all Parties that have industry people in their delegations – we know who you are.



ORCHID AWARD

To the region of South-East Asia, for backing full travel support for low-resource parties.



The Framework Convention Alliance (FCA) is a global alliance of NGOs working to achieve the strongest possible Framework Convention on Tobacco Control. Views expressed in the Alliance Bulletin are those of the writers and do not necessarily represent those of the sponsors.

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A SYSTEMATIC APPROACH TO IMPROVING IMPLEMENTATION

Ten years after the WHO Framework Convention on Tobacco Control (FCTC) entered into force, major progress has been made in all regions of the world. However, too many countries have not yet achieved the level of implementation that is needed to deliver all that the Convention offers. Now that most of the guidelines are finalised, the Parties can fully focus on how to strengthen and accelerate implementation of the FCTC.



WE NEED A
SYSTEMATIC APPROACH
TO STRENGTHENING FCTC
IMPLEMENTATION.



Several major initiatives are in progress that relate to this mission to improve implementation, and it is of critical importance that the linkages between these undertakings and existing tools are well understood. They must be designed and developed in such a way as to ensure they work in synergy.

We need a systematic approach to strengthening FCTC implementation.

The building blocks of this system include:

- **High-quality Party Reports** – central to the system, they provide critical data on implementation progress, challenges and needs in each Party;
- **Needs Assessments** – targeted exercises conducted by the Secretariat to identify the progress, challenges and needs in select Parties;
- **Implementation Review Mechanism** – the proposed mechanism to review Party progress to determine progress, challenges and needs, both within and across all Parties;
- **Sustainable Measures** – the Working Group on Sustainable Measures to Strengthen Implementation of the Treaty was tasked with determining how all Parties can sustain long-term implementation through mutual assistance;
- **Impact Assessment** – a new initiative designed to identify the overall impact of the Treaty after 10 years to help guide future implementation.

Currently, these different tools and initiatives are being considered through different processes and structures and by different COP committees; thus, there is the risk that they will be developed and/or delivered in a piecemeal fashion without taking advantage of the synergies that exist. In addition, there is a wealth of other sources of data, new evidence, expert advice and country case studies that Parties and the Secretariat can and do use to support improved implementation.

To work in synergy, the Parties must ensure that these components are seen as parts of a whole, with all geared towards the shared goal of improving FCTC implementation. This means good coordination between the Parties and partners working on these different measures and any structures created (e.g. expert groups, work groups, etc.) and budget allocations must be designed in such a way to facilitate this coordination.

The working group on sustainable measures may provide a useful forum for discussing how the various components work together.

Geoffrey T. Fong
International Tobacco Control Policy Evaluation Project

Judith Watt
Framework Convention Alliance Board Member

Jo Birckmayer
Campaign for Tobacco-Free Kids