

Financing for treaty implementation: a longstanding problem in need of a solution

To date, more than 170 countries¹ have become Parties to the WHO FCTC. Moreover, the recent Political Declaration of the UN High-level Meeting on Non Communicable Diseases (NCDs) calls in unequivocal terms for the accelerated implementation of the Convention.² Yet continuing challenges to the FCTC's effective implementation, particularly the existing impasse between donor and recipient countries in resourcing tobacco control initiatives in developing countries, undermine the success achieved so far.

Concerns were loudly voiced during the Fourth Conference of the Parties (COP) in late 2010. At that meeting, Parties requested the Convention Secretariat to provide by the next COP a review with recommendations on how to break this impasse.³

Civil society fully supports the work that needs to be done to improve the FCTC's assistance framework and is committed to assisting this review process at every stage. With COP5 only a year away, we offer five suggestions to make this exercise a success:

- **Make the review of implementation assistance a priority for the work of the FCTC Bureau;**
- **Invite all relevant stakeholders to join the review process, including interested Parties and civil society;**
- **Focus on ongoing needs assessments and other assistance activities in 2011 and 2012;**
- **Expand the work and assess emerging trends and other opportunities to provide sustainable resources for FCTC implementation;**
- **Generate solutions and actionable recommendations to be discussed at COP5.**

A DECADE OF CALLS FOR HELP

2000 - 2005 – From the outset, treaty implementation financing has been one of the most difficult negotiating issues during the FCTC process. Most developing countries emphasized that they would not be able to implement the treaty unless additional resources were made available. They preferred a new mechanism of assistance to be established, such as a new global fund dedicated to tobacco control.⁴ At that time, most developed countries favoured channelling assistance through existing agencies or mechanisms, rather than supporting a new financial instrument.

In the end, it was agreed that donor countries would work to ensure that money was made available through existing financial instruments, and that the adequacy of these measures would be considered by Parties at their first Conference.⁵ At the same time, it was expected that the developing countries would prioritize tobacco control initiatives in their health and development strategies.

¹ WHO FCTC website http://www.who.int/fctc/signatories_parties/en/index.html.

² UN General Assembly, Resolution A/66/L.1, para 43c.

³ Decision FCTC/COP4(17) on Financial Resources and Mechanisms of Assistance.

⁴ See draft text of WHO FCTC as discussed in 2001 - Co-Chairs' working paper: Inventory of textual proposals made at the second session of the Intergovernmental Negotiating Body, merged with the Chair's Text, p. 17-18 at: <http://apps.who.int/gb/fctc/PDF/inb3/einb32c.pdf>.

⁵ Article 26 of WHO FCTC.

2006 – At the first session of the COP, participants were presented with a report on available resources for tobacco control.⁶ The report also recognized challenges in getting information from development partners and agencies.⁷ It concluded that it was not possible to assess whether or not general aid modalities could adequately provide assistance for treaty implementation, especially in the long term.⁸ Despite these inconclusive findings, COP1 decided against exploring new mechanisms of assistance.⁹ As a result, ideas such as mobilizing resources for tobacco control and creating a special fund to channel them directly to Parties were not explored further at that time.

2007 - 2009 – In subsequent years, low-resource Parties emphasized continuing difficulties in mobilizing resources for tobacco control.^{10 11 12 13} They repeatedly called for the establishment of a formal working group to discuss effective financing and support mechanisms, to no avail.^{14 15} Instead, more expectations were put upon the existing system, such as to expand the mandate of the Convention Secretariat to include assisting developing countries in accessing development resources for tobacco control. Yet, successive decisions to encourage the mobilization of funds through existing streams and to task the Convention secretariat to help identify needs and match them with available resources, were followed by successive failures to do so. A recent report on development assistance to tackle non-communicable diseases (NCDs) – for which tobacco use is a key risk factor – independently confirmed that development agencies provide virtually no support for prevention or control of NCDs.¹⁶

FCTC Parties must now face the reality that existing international funding systems have failed tobacco control. And the world is paying the price – NCDs have been ranked as one of the most serious threats to global stability.¹⁷

2010 – At COP4, recognizing the impasse in the mobilization of resources for FCTC implementation and the limited international assistance for national tobacco control programmes, Parties called for a performance review. By this decision, the Bureau was asked to oversee the production of a report by the Secretariat on “progress in the mobilization of resources and the performance of the mechanisms of assistance to support implementation of the WHO FCTC”.¹⁸ The report and recommendations must be presented at COP5.

⁶ Review of existing and potential sources and mechanisms of assistance A/FCTC/COP/1/4.

⁷ Ibid para 17 and para 18.

⁸ Ibid para 138.

⁹ Summary Reports for Committees – COP 1 p.74 – 79, available at:

http://apps.who.int/gb/fctc/PDF/cop1/cop1_06_cd_procesverbauxrapportscommissions-en.pdf.

¹⁰ Global Progress Reports 2007 para 44-45 at: http://www.who.int/fctc/reporting/summary_2007_document_cop_2_6.pdf.

¹¹ Global Progress Reports 2008 para 58 and 62 at:

http://www.who.int/fctc/reporting/summary_2008_document_cop_3_14.pdf.

¹² Global Progress Reports 2009 p. 24 at: <http://www.who.int/fctc/FCTC-2009-1-en.pdf>.

¹³ Global Progress Reports 2009 p. 38-39 at: http://www.who.int/fctc/reporting/progress_report_final.pdf.

¹⁴ COP-2 Summary Records from Committee B p. 69-70 in particular at:

http://apps.who.int/gb/fctc/PDF/cop2/COP2_07_CDSummaryrecords-en.pdf.

¹⁵ COP-4 Summary Records from Committee B p. 77 - 81 in particular at:

http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_REC3-en.pdf.

¹⁶ Nugent, R & Feigl, A, 2010. Where have all the donors gone? Scarce donor funding for noncommunicable diseases. Center for Global Development, Working Paper 228. Available at:

<http://www.cgdev.org/content/publications/detail/1424546>.

¹⁷ WEF, Global Risk Factors, Geneva, 2009; WEF, Global Risk Factors, Geneva, 2010; WEF, Global Risk Factors, Geneva, 2011.

¹⁸ FCTC/COP4(17) Financial resources, mechanisms of assistance and international cooperation

http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_REC1.pdf.

MOVING FORWARD

The success of the WHO FCTC ultimately lies in its implementation. When Parties acknowledge difficulties in doing so, the international community should effectively assist them. The performance review of existing mechanisms of assistance is a critical process to understand, assess and address the crisis which is hindering implementation of the Convention.

The Bureau, which was tasked with overseeing the process, should take the following five steps to ensure this review is successful:

- 1. Make the review a priority** – Nearly a year has passed since COP4 requested the Bureau to lead the assessment of mechanisms of assistance. This complex task requires time to ensure that all relevant data is fully analyzed and all opportunities fully assessed. The Bureau should review the progress on this issue at its October 2011 meeting, and prioritize the necessary actions for its progress.
- 2. Invite all relevant stakeholders** – With the world turning its attention to NCDs, the WHO FCTC, and global health challenges in general, now is the right time for the Bureau to invite all interested stakeholders – Parties, intergovernmental institutions, various WHO platforms, and civil society – to support and provide input into the review process. As required under the FCTC, the tobacco industry should be excluded from this process.
- 3. Focus on ongoing assistance activities in 2011 and 2012** – The current mechanisms of assistance include two components: the database of available resources and the needs assessment missions. The Bureau should ensure that the review focuses on the assistance efforts during 2011 and 2012 and assess whether they deliver the expected outcome: stimulation of development assistance for FCTC implementation from donor to recipient Parties.
- 4. Expand the work and assess emerging trends and other opportunities to provide sustainable resources for FCTC implementation** – The review of existing mechanisms of assistance is only the beginning. More needs to be done to provide Parties with a comprehensive assessment of the situation. The Bureau was tasked with overseeing the inter-sessional work on this issue; hence the Bureau may suggest that the review look at additional areas related to financial resources and mechanisms of assistance for FCTC implementation, such as the emerging trends on innovative financing for development or NCDs. The Bureau must provide COP5 with reasons to be confident that solutions to treaty implementation financing exist.
- 5. Generate a range of solutions and recommendations** – At COP5, it will be time to act. The Bureau must ensure that the report provides a good range of solutions and recommendations to be discussed there. Setting up a Working Group (WG) on this topic during COP5 would provide Parties an opportunity to intensively work on improving the situation and to develop an updated assistance framework for FCTC implementation.