STRATEGIES FOR ACCELERATED IMPLEMENTATION OF THE GLOBAL TOBACCO CONTROL TREATY:

WHAT LESSONS CAN WE LEARN FROM GLOBAL HEALTH INITIATIVES?

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Executive summary

FRAMEWORK CONVENTION ALLIANCE

Tobacco is projected to kill 1 billion people in the 21st century, unless strong tobacco control measures are put in place across the globe. The WHO Framework Convention on Tobacco Control (FCTC) is a legally binding agreement to curb the tobacco epidemic, representing the global consensus. Attaining the 30 percent reduction in adult prevalence of tobacco use by 2025 agreed to by WHO Member States in 2013 will require governments to scale up efforts and increase resources for tobacco control. This research examined the strategies that galvanised political and resource commitments to tackle public health concerns, such as AIDS, malaria, tuberculosis (TB) and maternal and child health, and draws lessons for tobacco control generally, and FCTC implementation in particular.

Identifying barriers, developing global and national strategies, campaigns, costed national plans, accountability mechanisms and broad-based alliances have helped other health concerns to gain political attention and resources. High-level political leadership and advocacy, coupled with longer-term strategies and multi-sectoral coordination, could significantly boost implementation of the WHO FCTC. The working group on sustainable FCTC implementation established by the FCTC Conference of the Parties (COP) in 2012 provides an ideal platform to review and recommend practical steps to generate global momentum and sufficient resources for treaty implementation.

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MOBILIZING GLOBAL SUPPORT FOR TOBACCO CONTROL

Because the tobacco epidemic threatens the health of millions of people and undermines the development of entire regions, the global community must respond with unprecedented speed and determination.

Several such health challenges have successfully attracted global attention in recent decades, while development assistance for health (DAH) grew by US$16.2 billion in real terms between 1990 and 2007[1]. Unfortunately, a similar determined effort to address the tobacco epidemic has yet to emerge.

The World Health Organization (WHO) predicts that by the end of the century the number of tobacco-related deaths will reach 1 billion[2], 80 percent of them in low- and middle-income countries. The Framework Convention on Tobacco Control (FCTC), adopted by WHO Member States in 2003, represents the global consensus on a road map for curbing the tobacco epidemic.

A decade after its adoption, a fair number of Parties[#] have begun to take measures to implement the treaty. Nevertheless, this work has yet to gain momentum, attract adequate resources, and attain sustainability in most jurisdictions, particularly in low-income countries[3]. In order to generate global momentum to curb the tobacco epidemic, the Conference of the Parties (COP), the governing body of the Convention, established a working group in 2012 to propose sustainable measures to strengthen implementation of the WHO FCTC[4].

This research examined strategies that have galvanised political will and resources to tackle public health concerns such as AIDS, malaria, tuberculosis (TB) and maternal and child health, and draws lessons for tobacco control generally, and FCTC implementation in particular. Its findings could provide important insights for the FCTC working group.

FACTORS THAT SPARKED GLOBAL SUPPORT FOR HEALTH CRISES

A number of factors seem to have led to increased political commitment and resources for the researched health concerns. Steep rises in death tolls[5] and the discovery of antiretroviral treatment[6] sparked global action on AIDS. For example, the number of people living with HIV infection increased from 7.6 million to 28.3 million between 1990 and 2000[7]. Social justice concerns around the disparity in access to treatment motivated influential philanthropists and development donors to channel resources to vaccination and AIDS initiatives[8,9].

In the case of malaria, the emergence of cost-effective interventions, such as insecticidal bed nets, made a focus on that disease appealing to the donor community. Similarly, vaccines, vitamin A supplementation and post-partum care made the funding of strategies for maternal and child survival more attractive. The potential re-emergence of tuberculosis in developed countries raised concerns[10], while the introduction of DOTS strategy in the mid-1990s presented a solution[11].

The research identified eight strategies that played an important role in attracting political and resource commitments for the public health challenges under discussion.

[#] WHO Member States that have signed, ratified/acceded to the treaty.

Demonstrating Evidence	The experiences of the AIDS, tuberculosis and malaria movements reveal that demonstrating the cost of action, inaction and the return on investment at the country and global levels was critical to eliciting interest among governments and international donors. These movements showcased the impact of diseases on poverty, productivity and countries' health care costs. They also highlighted the cost of interventions and the return on investment in terms of improvements in productivity and gross domestic product resulting from a decrease in prevalence[12,13].
Developing long-term strategy	Global and country strategies that included targets and timelines guided donor decisions regarding maternal and child health and tuberculosis. The Global Strategy for Women's and Children's Health attracted pledges of US$40 billion from developed and developing countries and other partners[14]. Similarly, within the first three years of the introduction of the Global Plan for TB Control 2006-2015, 155 countries reported national strategy plans and increased domestic and international financing for the disease[15].
Agreeing on messaging & communication	Research indicates that long-term strategy and targets need to be complemented by branding and strategic communication to enhance political advocacy. Messaging around human suffering, equity, social justice and economic consequences was instrumental in prompting action on maternal mortality, HIV infection, malaria and TB[16]. Advocacy around the plight of women and children propelled global action on maternal and child health and vaccination. The disparities in access to HIV drugs between developed and developing countries, driven by powerful images of African children who had lost their parents to AIDS, moved many donors. Equity concerns could also be a focus of tobacco control messaging in developing countries, where regulatory environments and capacity lag behind.
Focusing on the emerging epidemic	The malaria campaign's strategic focus on Africa at the start of the 21st century – in response to the high incidence of the disease on the continent – bore fruit in 2000. At the Abuja summit that year, African nations committed to halve malaria mortality by 2010 and called for US$1 billion per year to achieve the goals[17]. In the case of tobacco, political and financial capacity need to be enhanced in both low- and middle-income countries where tobacco prevalence is already high and is rapidly expanding, as well as in countries where smoking rates are currently low but where the tobacco industry is heavily promoting its products.
Actively seeking synergies	Malaria and tuberculosis initiatives were strengthened by linking them to rising global concerns about AIDS in the late 1990s, particularly to calls for improved prevention and treatment in developing countries. For instance, the malaria control community seized the opportunity of discussions on HIV/AIDS-related Millennium Development Goals (MDGs) to attract increased political and resource commitments to the disease[18]. In a similar vein, the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive contribute to achieving the health-related and gender-related MDGs synergistically while reducing maternal and child deaths from AIDS.
Promoting multi-sectoral engagement	Partnerships that actively engaged non-health sectors and multiple stakeholders were critical in raising the profile of all the researched concerns. For example, the Joint United Nations Programme on HIV/AIDS (UNAIDS) brought together 10 institutions from the UN system, while the Roll Back Malaria partnership has a Malaria Advocacy Support Group that mobilizes political support. A similar multi-sectoral approach at the country level, such as the Country Coordinating Mechanism for HIV/AIDS, facilitates local ownership and participatory decision-making[19].
Spearheading commitments through leadership	Advocacy by high-profile global leaders lent credibility and voice to many of the researched health concerns. In the case of HIV/AIDS, there were numerous champions. While former Brazilian President Fernando Enrique Cardoso's leadership ensured the early introduction of antiretroviral therapy in Brazil[20], Nigerian President Olusegun Obasanjo hosted a special summit of what was then the Organisation of African Unity, now the African Union[21]. Bill Gates has been the lead advocate and funder of immunization and polio elimination.
Supporting civil society activism	Civil society has played varied roles in capturing global attention across the various health challenges examined by this research. In the case of HIV/AIDS, activism by people living with HIV often drove national and global responses[22]. Civil society has also come to play a more direct role in policy setting and resource decisions, such as on the board of the Global Fund to Fight AIDS, Malaria and Tuberculosis in recent years[23].

STRATEGIES RELEVANT TO FCTC IMPLEMENTATION

The Working Group on sustainable measures to strengthen the implementation of the WHO FCTC has a unique opportunity to make strong recommendations to the next COP, in 2014, on steps to be taken to mobilise significant support for tobacco control. The following seven suggestions should inform the COP's work in this regard.

Identify barriers to treaty implementation: The history of all the researched health concerns that galvanised international support over the years is marked by an initial phase identifying challenges, followed by one seeking solutions and eventually by a period of advocating for increased political commitment, resources and action. Similarly, state and civil society actors need to first identify barriers to FCTC implementation at the country level. These barriers could include lack of public support or political will, absence of coordination among various government agencies, financial resource constraints amidst competing health and developmental priorities at country and global levels, lack of capacity to access existing public funding, extraneous influences on countries' trade and investment policies, and tobacco industry opposition to tobacco control measures.

Develop global strategy, costed plans & investment framework: Tobacco control interventions have been proven to reduce tobacco use while requiring minimal resources to set up. For instance, the cost of implementing just four of the proven tobacco control demand reductions measures required by the FCTC are US$0.40 per person per year in low- and lower-middle-income countries, and US$0.5-1.00 in upper-middle-income countries[24]. It is important that these figures are supplemented by costing for full, and effective, in-country implementation of the FCTC. A long-term global strategy for FCTC implementation, coupled with an investment framework, business plan and accountability mechanisms, are critical to informing the resource decisions of the COP and the donor community.

Advance FCTC implementation via discussions on NCDs and development: Tobacco control and non-communicable diseases (NCDs) should be included among the health priorities in the post-2015 development framework. It is important that countries seize the opportunity of the discussions around the future development agenda to ensure that FCTC implementation is well articulated, with tobacco-specific targets and indicators. The tobacco target and indicators agreed by WHO Member States within the NCD Global Monitoring Framework could inform these efforts at national and global levels.

Agree on an FCTC Countdown to 2025: A WHO global report released earlier this year indicates that 90 percent of the world's population continues to be unprotected from tobacco industry marketing, 92 percent lives in countries where taxes represented less than 75 percent of the retail cigarette price, and 84 percent of WHO member states lack high-level implementation of smoke-free policies[25]. Countries need to urgently accelerate their efforts at treaty implementation, including by increasing resources allocated to the treaty, in order to meet the tobacco-related targets for 2025 set out in the NCD Global Monitoring Framework. A *Countdown to 2025* campaign, similar to campaigns for maternal and child health challenges, could guide and accelerate country efforts in a time-bound manner. The campaign should be closely monitored and progress reported at regular intervals.

Develop a political strategy for advocacy: The work plans of the FCTC COP typically include awareness-raising activities[26]. These need to be augmented by active, Party-led advocacy and communication efforts, guided by a political strategy that would raise the profile of the treaty on global platforms and at international events. The COP should consider setting up an FCTC Advocacy Support Group (similar to the Malaria Advocacy Working Group of the Roll Back Malaria initiative) that would work with countries, the treaty secretariat and civil society to identify

and engage a broad range of strategies and opportunities for FCTC advocacy. Country leadership and advocacy by heads of states is critical to recruit support from domestic and international partners. Civil society action to generate public opinion, political will and donor interest, in addition to ensuring trans-parency and accountability, needs to be supported to enhance the advocacy outcomes.

Mobilise domestic & international commitment and resources: Domestic resources are essential for the long-term sustainability of tobacco control programmes in countries. Current developing country health spending exceeds aid by 18 to 1[27]. In the case of the tobacco epidemic, some of its control measures, such as tax increases and liability litigation, have the potential to generate revenue and support tobacco control[28]. Nevertheless, early external start-up support, mainly to establish mechanisms that would develop, defend, and fund tobacco control policies and programmes, can accelerate efforts to curb the tobacco epidemic, which is rapidly expanding in developing countries[29]. This could include support to assess country needs and barriers, develop and enact policies and tax plans, dedicate funding, and set up inter-sectoral coordination mechanisms for tobacco control, integrate tobacco control into countries' development plans, access development assistance, and build legal and technical capacity for defending tobacco control measures.

Set up a multi-sectoral alliance: The experiences of other public health concerns indicate that engaging a broad range of partners who are committed to the cause can help leverage an initiative's strengths and resources. An FCTC Article 26 coalition* could serve as a platform to enhance and defend the tobacco control programmes of Parties that are less resourced or vulnerable to tobacco industry attacks. Such networking could provide donors an opportunity to understand and streamline their responses to the challenges of less-resourced Parties. Clear terms of reference, immunity from tobacco industry influence and strong accountability mechanisms could make it a platform for both resourced and less-resourced Parties to propel FCTC implementation. At the country level, it is important that multi-sectoral coordination mechanisms are set up at the level of head of state, and that they include as partners the organisations and initiatives critical to advance tobacco control nationally.

CONCLUSION

The experiences of the researched public health concerns show that active mobilisation of political commitment and resources is both necessary and feasible to address the challenges facing FCTC implementation. The Conference of the Parties and the global tobacco control movement more broadly, need to learn from these strategies to design similar initiatives, be they high-level advocacy, long-term strategies or well-promoted studies on the economic advantages of tobacco control.

* FCTC Article 26 deals with financial and other resources for treaty implementation.

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