Sévith Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, 7-12 November 2016, New Delhi

FCA Policy Briefing
Kick-starting action on the 30 percent prevalence reduction target

Key Recommendations
- Agree on a vehicle (such as the FCTC reporting instrument) to collect information on national targets;
- Discuss experience with national target-setting and what technical assistance, if any, has been accessed for this task;
- Agree on a mechanism to ensure COP8 receives a full overview of global/regional progress towards the 30 percent target, of the establishment of national targets, and of what corrective action may be needed to improve the chances of hitting the target by 2025.

Why this is important
A recurring problem in tobacco control is lack of political will at the top level of government. Many prime ministers or even ministers of health fail to see the tobacco epidemic as a major public health crisis. They may be convinced from time to time to personally support limited tobacco control measures – for example, partially implementing Article 8 by extending smoke-free rules to more workplaces – but fail to give FCTC implementation the sustained attention it urgently requires.

Setting national targets to bring down tobacco use in a given timeframe is one of the ways to elevate the importance of tobacco control. Focusing on results – reducing death and diseases caused by tobacco – will emphasise the importance of FCTC implementation. As of 2014, the FCTC COP has a global target – a 30-percent relative reduction in tobacco prevalence between 2010 and 2025 – but further work is needed to make it effective.

To generate more political will for FCTC implementation, several elements are important:

1. Individual Parties need to commit, and commit publicly, to a corresponding national target;
2. Parties need to develop a plan and a timeline for implementing key measures in order to actually reach or exceed the national target;
3. Parties need timely information on whether they are on track to hit their targets.
Background

In 2013, the World Health Assembly adopted nine “voluntary global targets” dealing with non-communicable diseases, including one tobacco-specific target – a relative reduction of 30 percent in prevalence of tobacco use in persons 15 and older by 2025.

At COP6, a year later, the FCTC Conference of the Parties adopted the tobacco-specific target as its own, and agreed that Parties should have corresponding national targets and plans by 2015.

Since the COP6 decision (FCTC/COP6(16)), technical work on the tobacco target has been done by the World Health Organization (WHO) and others. In 2015, the Lancet published an extensive paper looking at global trends and projections for 1990 through 2025, co-authored by WHO staff. WHO also published a lengthy report on global smoking trends, providing individual trend and projection information for most countries, in the form of country-specific fact sheets. The conclusion of the Lancet paper was that, on present trends, only 35 countries are on track to hit the 30-percent reduction target. It is worth noting three things about these projections:

1. Where prevalence data is not available for a particular country or for the right period, the researchers estimated trends using existing data, including data from other countries in the same region. (The WHO report notes confidence intervals for its country projections wherever possible.);
2. A Party that drove down prevalence between 1990 and 2010 via the adoption of comprehensive tobacco control measures can’t simply rest on its laurels and assume prevalence will continue to drop until 2025. The projections are not intended to be forecasts of what happens if there is no further action;
3. Projections of prevalence trends cannot of course tell you what specifically a given Party needs to do in the coming years to improve its chances of hitting the 30-percent target. These projections are thus the first step in planning, not the end point.

FCA understands that the WHO has been working on a tool that will allow individual Parties to simulate the impact on prevalence of implementing key FCTC measures. This could be valuable both to develop credible national plans and to make the case for accelerating FCTC implementation, by demonstrating that slower implementation will result in failure to meet national targets.

To build on WHO’s work to date, COP7 should take the following steps:

1. Gather information on national targets for tobacco control;
2. Identify technical assistance available to Parties in setting and achieving national targets;
3. Request additional technical work to be done ahead of COP8.

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What needs to happen next

1. Gather information

The COP6 decision making the 30-percent reduction target an FCTC target called on Parties “by 2015, to consider setting a national target for 2025, for relative reduction of current tobacco use”.

The COP has little direct information on whether Parties have followed up on this call: the official reporting instrument captures this only if a Party chooses to mention it in response to general questions about implementation of FCTC Article 5.1 (see questions 3.1.1.5-3.1.1.7 of the official reporting instrument), which few do.

Some information is captured by WHO via its NCD Country Capacity Survey. The most recent report of 2015 survey results indicates that 60 percent of WHO member states have in fact set time-bound national targets in line with NCD (non-communicable disease) indicators.3 But this does not tell us whether there is a 2025 national target for smoking/tobacco use prevalence, nor what it might be.

**Recommendation:** Parties should agree on the best vehicle to collect this crucial information. For example, the COP could decide to amend the official reporting instrument to ask Parties whether they have adopted a time-bound national target for tobacco use prevalence, and collect data on both the time frame and actual target.

Further, a detailed overview of this information should be provided to COP8, either as a standalone report or a significant section of the Global Progress Report.

2. Discuss existing and feasible assistance arrangements for Parties wishing to set a national target and/or develop a national plan to hit an existing target

Any Party can of course simply adopt the global target of reducing prevalence by 30 percent by 2025 as their own national target. But if this is not tied to a realistic plan to get there, the target is likely to be largely symbolic and may not result in action.

As an extreme example, if a Party were to adopt a 30-percent target but not plan to do anything in the next five years except to add some discussion of the health hazards of smoking in school curricula, this would clearly offer little hope of hitting the target.

In other cases, the obstacle to getting widespread support for implementing a national plan may be a lack of information on the health and economic benefits of reducing prevalence, or unfounded concerns about the employment effects of rapid FCTC implementation.

There are various possible approaches to designing a credible national plan, depending on national circumstances. Some Parties may wish to calculate the impact of a specific policy (e.g. increasing tobacco taxes by a particular amount) or a mix of policies (e.g. smoke-free workplaces, combined with an advertising ban).

In each of these cases, there is considerable international expertise that can and should be mobilised. But it is not clear the extent to which Parties are aware of the variety of available

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approaches and tools, and whether they have access to timely assistance in choosing and applying them.

**Recommendation:** During discussion on agenda item 6.2, Parties should discuss their own experiences to date with national target-setting and seek information on what assistance and tools already exist that can make this process easier and more effective. If any gaps are identified in this discussion, the COP could request the Secretariat and WHO to develop further tools and/or modify existing ones.

3. Establish some form of expert-driven mechanism to compile information for COP8 on experience to date with national target-setting, progress toward achieving national goals and progress toward the global 30-percent tobacco prevalence reduction target.

COP8 will presumably take place in 2018, just seven years ahead of the deadline for achieving the agreed 30-percent reduction in tobacco use prevalence. In order for the COP to have detailed, informed discussions on progress towards the target by then, it needs not only to ensure that basic information (which Party has what target) is compiled by COP8, but also that relevant experts have had the opportunity to examine the experience to date and, should they be needed, suggest rapid and concrete adjustments.

While it is possible that WHO will be doing significant parts of this work as part of its overall effort on the NCD voluntary global targets, the FCTC COP, as the world’s specialized body on tobacco control, needs to take ownership of the tobacco target, in close co-operation with WHO technical experts.

The exact mechanism to carry out this work requires discussion amongst Parties, particularly because of the need to avoid multiple groups being mandated by the COP to execute overlapping tasks. For example, facilitating national target-setting and planning is (at least conceptually) linked to the work of the proposed Implementation Review Committee. Some of the issues around national target-setting and planning also came up in discussions of the Sustainable Measures Working Group.

**Recommendation:** Parties should ensure that a mechanism is established with a broad mandate to:

- Report back on progress to date in reaching the global 30-percent reduction target;
- Report back on the establishment of national targets and on progress in reaching national targets – with reports both from countries and from technical analyses of existing trend data across countries;
- Provide an analysis of whether the world/specific WHO regions are on track to achieve the 30-percent reduction by 2025;
- Provide an analysis of what level of corrective action might be needed to get back on track at the global level.