

**Economic and Social Council**

Distr.: General

May 2012

Original: English

Substantive session of 2012**New York, 2 – 27 July 2012**

Item 7 (g) of the provisional agenda

Ad Hoc Inter-Agency Task Force on Tobacco Control**Report of the Secretary-General***Summary*

This report is presented in pursuance of Economic and Social Council resolution E/2010/8, in which the Council requested the Secretary-General to report to it at its substantive session of 2012 on the work of the WHO chaired ad hoc Inter-Agency Task Force on Tobacco Control and on the outcome of a special meeting of the Task Force that explored the possibility of further strengthening multisectoral and inter-agency response to the needs related to global implementation of the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC).

The report reviews the work of the Task Force to date, provides a thorough overview of the WHO FCTC main provisions and highlights areas of collaboration among the different agencies. All members of the Task Force have a continuing role to play by working toward the goals of the Convention that relate to members' expertise, resource endowments and comparative advantage. A UN system-wide, multisectoral and whole of government approach will be most effective for the successful implementation of the Convention. This includes utilizing the existing tools and expertise of each of the different agencies. Progress will depend on full implementation at the country level through integration with coordinating mechanisms such as the United Nations' Development Assistance Frameworks (UNDAFs), especially in the context of noncommunicable diseases (NCDs) prevention and control. Commitment of agencies at the highest level will be critical in facilitating this process. The report highlights three required levels of interventions for tobacco control – political, technical and operational – and the need to make the link to NCDs control.

I. Introduction

1. Challenges related to tobacco control have been high on the agenda of the Economic and Social Council (ECOSOC) for the last two decades, especially with the growth of the tobacco epidemic in developing countries. Successive reports to ECOSOC have highlighted the multisectoral challenges related to tobacco control and evidence of tobacco use and its link to poverty. Noncommunicable diseases (NCDs) related to tobacco use are adding an enormous burden on the already fragile health systems of some developing countries. These countries are unable to cope with the existing demands of communicable diseases and tobacco use is one of the main risk factors for NCDs.

2. The World Health Organization's Framework Convention on Tobacco Control (WHO FCTC), an evidenced based treaty negotiated under the auspices of WHO, is a multilateral instrument, which provides a comprehensive response to the global tobacco epidemic. The 174 Parties which have signed on to the Convention and its obligations have a legitimate expectation for assistance from the Ad Hoc Inter-agency Task Force on Tobacco Control (Task Force) and its members. The multi-sectoral assistance, which by nature is specialized, requires a close collaboration and coordination, with shared objectives, among the members of the Task Force. The urgency of the need for successful implementation of the WHO FCTC was renewed in September 2011, when the General Assembly, at its High-level Meeting on Noncommunicable Diseases, called for comprehensive and effective implementation of the WHO FCTC as one of the key instruments to combat the global epidemic of NCDs. This was only the second High-level Meeting on a health issue ever to be held by the General Assembly, the first being on HIV/AIDS in 2000, and thus demonstrates the political momentum and interest in combating NCDs.

3. The treaty also provides a legal and regulatory framework to Parties on responding to the multisectoral challenges associated with its implementation. The multisectoral nature of the Convention and its implementation mechanism requires coordination across government ministries or departments as one of the primary requirements. This includes setting up a multi-sectoral coordination mechanism at the national level. This particular obligation under the Convention has the potential to translate the "whole of Government approach" towards successful alignment and harmonization of treaty implementation as part of national health and development policies and programmes.

4. According to the implementation reports of Parties, major barriers to effective implementation of the WHO FCTC in low- and middle-income countries are:

- lack of public and government awareness on the burden posed by noncommunicable diseases and tobacco use, and the potential global good of the WHO FCTC for public health;

- lack of prioritization of tobacco control issues at political level, often resulting in the absence of a legal framework on tobacco control and/or of effective implementation and enforcement mechanisms;
- lack of financial resources for the development of national mechanisms to implement tobacco control measures as required by the Convention;
- capacity deficit at administrative and technical level.

5. The following chapters demonstrate the multisectoral challenges and the willingness and proactive approach by Members of the Task Force to address these challenges in a systematic and sustained manner. The inter-agency mechanism has demonstrated that it is capable of providing sustained support to Member States.

6. Available evidence on the WHO FCTC implementation indicates that it is utilizing existing resources and mechanisms. Harmonization and alignment of its implementation within national development health plans and programmes and the strategic direction of its further integration under the United Nations Development Assistance Frameworks (UNDAFs) at country level, would bring added value to strengthen the United Nations' "delivering as one" agenda. The work of the Task Force Members has the potential to emerge as a "resource mechanism" for developing countries.

II. The Ad Hoc Inter-Agency Task Force on Tobacco Control and its achievements

7. The United Nations Ad Hoc Interagency Task Force on Tobacco Control (Task Force) was established by the Secretary-General in 1999 (ECOSOC Resolution 1999/56) to coordinate the tobacco control work being carried out by different UN agencies. The Task Force is chaired by WHO through its Tobacco Free Initiative department (TFI). The purpose of establishing this Task Force was to intensify a joint United Nations response and to galvanize global support for tobacco control. It comprises 22 Agencies of the United Nations system in addition to members from outside the UN system.¹ Since 2000 the Secretary-General has been reporting bi-annually to the Substantive Session of ECOSOC on progress made by the Task Force to implement multi-sectoral collaboration on tobacco and health.

8. Since 1999, the Task Force has met nine times. The last session took place on 27-28 February 2012 in the WHO Headquarters in Geneva, Switzerland. The Food and Agriculture Organization of the United Nations (FAO), International Labour Organization (ILO), Secretariat of the WHO Framework Convention on Tobacco Control, United Nations Development Programme (UNDP), United Nations Conference on Trade and Development (UNCTAD), UN Women, the World Bank, World Customs Organization (WCO), WHO, World Intellectual Property Organization (WIPO) and World Trade Organization (WTO) participated in the session and the United Nations Environment Programme (UNEP) provided written contribution. The Executive Office of the Secretary-General was represented in observer status. The session focused on the implementation of the FCTC. This was in response to Resolution E/2010/8 where the Secretary-General requested a special meeting of the Task Force to explore the possibility

¹ The Members of the Task force are listed in the Annex

of further strengthening multisectoral and inter-agency response to the needs related to its global implementation.

9. Throughout the years, the Task Force working towards strengthening multi-sectoral collaboration on tobacco control, led to many outcomes, including:

- During the first meeting of the Task Force in 1999, ILO, FAO and the World Bank committed to undertake a series of studies on the supply side of tobacco, for which almost no research had been done at that time. As a result, a series of publications were produced by the three agencies between 2000 and 2003. These studies have been very important in advancing knowledge on the supply of tobacco and were used as the basis for the few provisions addressing tobacco supply in the WHO FCTC. In particular, the FAO study "Projections of tobacco production, consumption and trade to the year 2010" helped provide additional evidence to deconstruct the myth diffused by the tobacco industry that tobacco control would shatter the livelihoods of individuals engaged in tobacco growing and trade.
- In the context of the Task Force work, WHO undertook in 2001 a study with input from the WTO on the impact of trade liberalization on tobacco. The study, in addition to modeling the impact of trade openness on tobacco use globally and in developing countries, mapped out in details the public health impact of different trade agreements within the WTO and their link with tobacco control. This review served as an important background for the WHO FCTC negotiations during discussions on this issue.
- Following the presentation of the report of the Secretary-General on the activities of the Task Force in 2004, ECOSOC adopted a resolution (2004/62) on tobacco control, which recognized, among others, the adverse impact of tobacco consumption on efforts towards poverty alleviation. This resolution has often been used in discussions with agencies and countries recognizing the link between tobacco and poverty. It was also following this work that WHO developed and published the well-received document "The Millennium development goals and tobacco control" linking tobacco control contribution to the achievement of each of the eight MDGs.
- Following the two Secretary-General's reports of 2006 and 2008 recommending the United Nations to become smoke-free and the ECOSOC resolution 2006/42 calling for the same, the General Assembly adopted resolution 63/8 on Smoke-free United Nations premises. It is based on this resolution that the UN was finally able to implement smoke-free premises in the New York office but also in other offices such as the office in Geneva.
- Following the presentation of the report of the Secretary-General on the activities of the Task Force in 2010, ECOSOC adopted a resolution (E/2010/8) on Tobacco use and maternal and child health. In the resolution, ECOSOC urged Member States "to consider the importance of tobacco control in improving maternal and child health as part of their public health policies and in their development cooperation programmes". This resolution is important as it recognized the link

- between tobacco control and MDG 4 (reduce child mortality) and MDG 5 (improve maternal health).
- The presentation of the report also raised the issue of tobacco use among indigenous people. Consequently, risks associated with tobacco use were highlighted during the Annual Meeting of the Inter-Agency Support Group on Indigenous Peoples' Issues held in September 2010 in Geneva, Switzerland. The theme of the meeting was "Indigenous Peoples' Health".
 - ECOSOC Resolution 2010/8 also requested the convening of a session focusing on multisectoral collaboration for the implementation of the WHO FCTC referring to the Secretary-General's Report to ECOSOC on the Ad Hoc Inter-Agency Task Force on Tobacco Control (E/2010/55).
 - Finally, members of the Task Force actively contributed to the work mandated by the Conference of the Parties (COP) in recent years through their Observer status to COP. Some key examples include: the participation and input to the work of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products (WCO, UNODC, ILO, WB, WTO, WHO); the intergovernmental working groups to elaborate guidelines on different Articles of the Convention (FAO, ILO, WB, WTO, WHO, UNEP); the intergovernmental seminar on trade-related aspects of implementation of the WHO FCTC (WIPO, WTO, WHO, UNCTAD); the regional workshops on FCTC implementation (WB, WHO, UNDP); needs assessments in lower resource countries (UN/UNDP country offices, WHO); as well as the sessions of the Conference of the Parties itself (ILO, WB, WHO, WTO, UNDP, UN DESA). Input provided by agencies was vital in achieving the progress in respective treaty events and processes.

III. The WHO Framework Convention on Tobacco Control²

10. The WHO FCTC is an evidence-based tool to save lives with the objectives of protecting the present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke, in addition to continually and substantially reducing the prevalence of tobacco use and exposure to tobacco smoke (Article 3). The main provisions of the WHO FCTC include two critical areas, the reduction of demand for tobacco and the reduction of supply for tobacco and the provisions covering multisectoral mechanisms, international cooperation and reporting on implementation of the Convention.

11. Within the WHO FCTC there are two treaty bodies, the Conference of the Parties (COP) and the Convention Secretariat. COP is the governing body of the WHO FCTC and comprises all Parties to the Convention. The Conference regularly reviews the implementation of the Convention and takes decisions necessary to promote its effective implementation. There have been four important sessions of the COP from 2006 to 2010. The fifth session (COP5), will take place in November 2012 in, Seoul, Republic of Korea. The Convention Secretariat, serves COP and its subsidiary bodies. It supports Parties in fulfilling their obligations under the Convention, and ensures the necessary coordination with relevant international organizations under COP guidance. The Secretariat is

² http://www.who.int/fctc/text_download/en/index.html

responsible for implementation of the work plan adopted by COP and is mandated by the COP for raising resources and mobilizing relevant mechanisms to fulfil the activities under the work plan, with a particular focus on the needs of developing country Parties and Parties with economy in transition. The WHO FCTC Secretariat performs its functions in collaboration with the WHO Tobacco Free Initiative (TFI) and other relevant offices of WHO and international partners.

IV. Synopsis of experiences, needs and outstanding issues with regards to the objectives of the WHO FCTC and its implementation

IV.1 Demand-side measures of the WHO FCTC

12. Article 6 (Price and tax measures) relates to tobacco taxation and pricing as an effective public health measure to reduce demand. Evidence has shown that increasing tobacco taxes is the most cost-effective policy in reducing consumption. The youth and the poor are particularly sensitive to tobacco tax increases. There is an intergovernmental Working Group currently working on draft guidelines to Article 6 to help Parties implement it. Draft guidelines are expected to be presented to the next meeting of the COP in November 2012.

13. *Key points*

- Need for strengthened measures on taxation, including regular and above the inflation increases in taxation levels.
- Need to create meaningful dialogue and understanding between health and finance ministries on progressive increases in tobacco taxes.

14. Article 8 (Protection from exposure to tobacco smoke) addresses the implementation of smoke-free areas in all public places regardless if they are indoor or outdoor. Effective measures to provide protection from exposure to tobacco smoke require the total elimination of smoking (100% smoke-free). Guidelines for this measure have already been developed and adopted by COP.

15. *Key points*

- Continue extending the protection from tobacco smoke to the whole population by creating 100% smoke free environments in all indoor workplaces, indoor public places, public transport, and as appropriate in other public places reinforcing legislative, administrative and regulatory capacity, in line with the guidelines.
- Strengthen capacity to enforce appropriate measures already in place.

16. Article 9 (Regulation of the contents of tobacco products) refers to the need for Parties to strongly regulate the content of tobacco products through testing and measuring and Article 10 (Regulation of tobacco product disclosure) refers to the regulation of

tobacco product disclosures. The purpose of testing and disclosing product information is to give regulators sufficient information to take action and to inform the public about the harmful effects of tobacco use. The COP adopted partial guidelines on Articles 9 and 10 in 2010, with further work in progress by the COP working group on guidelines.

WHO/TFI is the Secretariat and coordinating body of the WHO Study Group on Tobacco Product Regulation (TobReg) and the WHO Tobacco Laboratory Network (TobLabNet). TobReg advises WHO on scientifically sound possible recommendations to Member States that address effective and evidence-based means in order to fill regulatory gaps in tobacco control and achieve a coordinated regulatory framework for tobacco products. TobLabNet brings together laboratories from around the world to match the tobacco industry's expertise in product testing capabilities. Both TobReg and TobLabNet, through TFI, have been working with the COP Working Group on Articles 9 and 10 on guidelines for the implementation of those articles. (Partial guidelines have been adopted by COP).

17. *Key points*

- Need to ban or restrict the use of ingredients aimed at increasing the attractiveness of tobacco products.
- Unavailability of an independent (non-tobacco industry run or influenced) testing facilities or laboratories within countries or lack of access to another country's testing facilities. A lack of legislation on this matter and a need to disclose such information to the public.
- Clear and demonstrated need to build capacity at regional level to verify the claims made by the tobacco industry, need for building the capacity and sharing of best practices in order to strengthen regulatory mechanisms at country level.

18. Article 11 (Packaging and labeling of tobacco products); under this provision, Parties are required to regulate the labeling and packaging of tobacco products, to include strong health warnings about the dangers of tobacco use as well as banning the use of terms on packages that can be misleading and give the wrong impression that some products are less harmful than others (e.g. terms like "light", "mild" etc.). Guidelines adopted by COP are available.

19. *Key points*

- This is an area of great interest to the tobacco industry, and Parties face tactics such as interference with the development of legislation, efforts to weaken the legislation, delaying the application of policies and filing legal actions against the country.
- Provide technical assistance, if needed, share best practices within and across regions and in line with the guidelines.

20. Article 12 (Education, communication, training, and public awareness) relates to raising public awareness of tobacco control issues through all available communication

tools like for example, campaigns, educational programmes trainings etc. Guidelines on Article 12 to help Parties implement this measure have also been adopted.

21. *Key points*

- Insufficient public and media awareness on the specific harmful effects of tobacco use. Educational programmes, especially public awareness campaigns, are resource demanding and thus may not be available. Sustained programmes are needed for greater impact.
- Implementation of public awareness campaigns are needed to focus on gender issues in relation to tobacco, such as the 2010 World No Tobacco Day campaign carried out by WHO that emphasized ‘marketing to women’. The public needs to be educated about gender-specific marketing tactics employed by the tobacco industry to address how gender identity and gendered roles are manipulated by the industry.
- Promote and provide technical assistance to Parties to devise and implement a comprehensive communication strategy in line with the guidelines; sharing and access to educational campaign materials facilitated through various UN agencies.

22. Article 13 (Tobacco advertising, promotion and sponsorship) refers to banning tobacco advertising, promotion, and sponsorship in the country. The ban should be complete on all types of advertising promotion, and sponsorship conducted by the industry in order to be effective. Effective monitoring, enforcement and sanctions supported and facilitated by strong public education and community awareness programmes will facilitate its implementation. Guidelines adopted by COP for the implementation of this measure are available as well.

23. *Key points*

- The tobacco industry attempts to delay introduction of and circumvents effective legislation; difficulties in tackling cross-border forms of advertising, with special regard to the Internet.
- Need for greater action on part of governments: mobilize support for appropriate measures and provide technical assistance, where appropriate; share and promote good international practices, with special regard to curbing cross-border advertising at subregional, regional and global levels.

24. Article 14 (Demand reduction measures concerning tobacco dependence and cessation) relates to providing support to reduce tobacco dependence and encouraging cessation. This includes counseling, psychological support, nicotine replacement, and education programmes for youth. Parties are encouraged to strengthen a sustainable infrastructure which motivates attempts to quit and provides resources to ensure available supports. Guidelines to implement this Article have also been adopted.

25. *Key points*

- Lack of integrated strategy at national level, national level guidelines for integration of cessation strategies into primary health care system and training and counseling facilities.
- Assist countries develop appropriate national strategies to implement provisions relating to cessation support; and integrate cessation services into various levels of their health care infrastructure.

IV.2 Supply-side measures of the WHO FCTC

26. Article 15 (illicit trade in tobacco products) addresses the commitment of Parties to implement measures aiming at eliminating all forms of illicit trade in tobacco products. A Protocol on Illicit Trade in Tobacco Products is currently being negotiated by Parties to the WHO FCTC. The main elements of the Protocol may include provisions to enact an effective legislation to combat illicit trade, implement markings to determine the point of diversion, develop a tracking and tracing regime, develop measures to enable confiscation, require licensing for all bodies engaging in the tobacco sector, monitor the market, collect and exchange data and promote cooperation between national agencies and with relevant international organizations. The last round of negotiations took place in Geneva on 29 March - 4 April 2012 which finalized a draft text for COP5 in November 2012.

27. *Key point*

- Appropriate inter-agency support in order to reinforce capacity for effective implementation is needed particularly at the developing country level and at subregional/regional levels.

28. Article 16 (Sales to and by minors) requires Parties to implement measures to prohibit the sales of tobacco products to and by minors as defined by domestic law.

29. *Key points*

- Need for effective enforcement with particular focus on adequate capacity for monitoring implementation; attention also to enforcement of sales of tobacco products by minors.
- Special attention to be given to protect minors in implementation strategy through appropriate communication and behavioral interventions.

30. Article 17 (Provision of support for economically viable alternative activities) aims to ensure provision of support for economically viable alternative livelihoods to tobacco workers, growers, and even individual sellers and to protect them from an eventual loss of their livelihood from tobacco in the future. A Working Group on the implementation of Articles 17 and 18 (Protection of the environment and the health of

persons) has been set up and is currently developing policy options and recommendations which will be presented at COP5 for possible adoption by Parties.

31. *Key point*

- Draft policy options and recommendations are in the process of submission to the 5th session of the COP. Follow up on technical issues relating to framework and methodology are to be carried out with inter-agency partners.
- Special attention will be given to protect policies aimed at creating alternatives to tobacco growing from dismantling by the tobacco industry.

IV.3 Other areas covered by the implementation of the Convention

Surveillance and reporting of the implementation of the treaty and its impact on global health

32. Article 20: Research, surveillance and exchange of information: One aspect of surveillance and monitoring is to measure the magnitude, patterns and trends of the exposure to second hand smoke and tobacco consumption as well as measuring consequences of tobacco use and exposure to tobacco smoke. This is a key provision to build evidence for decision-making. The regular reports of the Parties on implementation include information on any national surveillance and research programmes. At present, the information generated at country level is not always of sufficient quality or comparable across countries. The COP has therefore called for harmonization of data collection and surveillance activities currently under implementation at country level.

33. *Key points*

- Limited national research and basic information (including prevalence data); lack of sufficient national capacity in and funding for research, monitoring and evaluation.
- Building technical capacity in research and establishment of surveillance programmes at national, regional and global levels through integration of tobacco surveillance into national health programmes.
- Given that the Guiding Principles (Article 4) refers to the need to “take measure to address gender-specific risks when developing tobacco control strategies”, it would be important to ensure a gender analysis is undertaken as part of the planning for the strengthening of a multi-sectoral and inter-agency response to the implementation of the Convention, and for integrating into UNDAFs.

34. Article 21 (Reporting and exchange of information) highlights the importance of reporting and exchange of information. Parties are required to report periodically on the implementation of the treaty (every two years, as decided by the COP). This includes information on tobacco use and related health, social and economic indicators, legislation, constraints and barriers, financial and technical assistance and surveillance and research.

Assistance in preparing the reports is also provided upon request of a Party³. Based on a decision by COP, the Secretariat is required to “provide an analysis of the progress being made internationally in implementation of the Convention”. Such reports were prepared annually between 2007 and 2010 and will be placed as biennial reports thereafter. The next report will be submitted to COP5 in November 2012. More than 70% of Parties have submitted their implementation reports observing the timeline adopted by COP.

35. *Key points*

- Timely reporting by the Parties; lack of capacity for the preparation of reports.
- Capacity building through training and integration of reporting and exchange of information into national health information systems needed to ensure sustainability.

36. Article 22 (Cooperation in scientific, technical and legal fields and provision of related expertise)

Overall, less than half of the Parties indicated any kind of assistance received or provided for any treaty related activity. The most assistance was received or provided in the area of establishing and strengthening national tobacco control strategies, plans and programmes. On the other end, the least international cooperation can be detected in the area of tobacco use cessation.

37. *Key points*

- Further facilitation of information sharing may improve cooperation in relation to complying with various requirements of the treaty; strengthening platforms for international cooperation.
- Promotion of such cooperation through existing global, regional, sub-regional mechanisms.

IV.4 Cross-cutting areas for multisectoral assistance at the global and country levels

38. General obligations under the Convention state that each Party shall develop, implement and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. The challenges Parties face at the national level are effective functioning of national coordination mechanisms, legislative, administrative and regulatory frameworks. This is particularly relevant when some of the important measures and provisions relating to tobacco taxation, education, broadcasting, combating illicit trade etc. are not within the realm of the health ministry. In addition, Article 4 of the Convention (Guiding principles), explicitly points out the need for comprehensive multisectoral mechanisms. Therefore, the challenges related to multisectoral coordination form the core of the implementation strategy.

³ All reports are available on the WHO FCTC Convention Secretariat website: <http://apps.who.int/fctc/reporting/database>

39. Article 4 (Guiding principles) and Article 5 of the Convention (General obligations)

Fifty-nine percent of Parties reported they had developed and implemented comprehensive and multisectoral national tobacco-control strategies, plans and programmes (Article 5.1 of the Convention). A national multisectoral coordinating mechanism exists in 68% of the Parties (Article 5.2(a)). In relation to article 5.2(b) of the Convention, 95 Parties (66%) reported having tobacco control legislation or a relatively comprehensive set of measures in place prior to ratification of the Convention. Of these 79 Parties strengthened their national legislation after ratifying the Convention. Of the 49 Parties (34%) which did not have legislation dating from prior to ratification of the Convention, 42 Parties adopted legislation after ratification, but in 7 Parties national legislation is still missing. 51% of Parties reported having taken action to protect their tobacco control policies from the interests of the tobacco industry (Article 5.3).

40. *Key points*

- Lack of adequate technical and financial resources and capacities for tobacco control; weakness or lack of effective national legislation on tobacco control; tactics of the tobacco industry in hindering effective implementation of legislation or interference in the development of such legislation; lack of or insufficient political will or inter-sectoral cooperation in tobacco control; making tobacco control a priority for non-health sectors.
- Need to strengthen national multi-sectoral coordination mechanisms. This could be accomplished jointly under the United Nations Coordination framework at country level.

41. The Secretary-General's report to the 2008 Substantive Session of the ECOSOC on the Ad Hoc Inter-Agency Task Force on Tobacco Control (E/2008/59) identified multi-sectoral challenges associated with the treaty as crucial for implementation of the Convention. Additionally, the report highlighted the fact that prevalence of tobacco use was included as an indicator of sustainable development by the Commission on Sustainable Development, a highly important development in the context of Rio+20.

42. Tobacco and poverty are closely associated. Tobacco prevalence is higher among the poor and income spent on tobacco often comes at high opportunity costs moving important resources away from essential needs such as education and health, especially in light of the limited resources of the poor. WHO/TFI provided more evidence on this link through two publications, one linking tobacco control to the eight UN Millennium Development Goals⁴ and the other which undertook a systematic review on the link between tobacco and poverty⁵.

⁴ Esson and Leeder (2004). The Millennium development goals and tobacco control, WHO. Link: http://www.who.int/tobacco/publications/economics/millennium_development_goals/en/index.html

⁵ WHO (2011). Systematic review of the link between tobacco and poverty. Link: http://www.who.int/tobacco/publications/economics/syst_rev_tobacco_poverty/en/index.html

43. More recently, the report of the Secretary-General to the 2010 Substantive Session of ECOSOC (E/2010/55) called again for inter-agency support to the implementation of the Convention and recommended to integrate the implementation under the United Nations Development Assistance Framework (UNDAF) as a single United Nations Strategy at country level.
44. The last session of the COP in November 2010 took note of the Report of the Secretary General and emphasized, among other issues, the need to urge the Task Force to support multisectoral and interagency coordination for the strengthening of the implementation of the WHO FCTC within the whole United Nations system.
45. This session took further note of the report's action points on implementation of the Convention under the UNDAFs. The session reaffirmed that implementation of the WHO FCTC under the UNDAFs is a strategic approach ensuring long-term and sustainable implementation, monitoring and evaluation of implementation progress for developing country Parties and Parties with economies in transition, and it encouraged these Parties to utilize the opportunities for assistance under the UNDAFs.
46. The Fourth session also decided to call upon Parties, particularly developed country Parties, to include support to the implementation of the WHO FCTC as an eligible area of bilateral assistance programmes provided this assistance can be eligible to official development assistance.
47. The decisions of the Conference of the Parties were based on the information on joint needs assessments conducted during the pilot phase with developing country Parties to the Convention (based on their request) in collaboration WHO regional and country offices. The need to harmonize and align WHO FCTC implementation with existing operating frameworks like the national health and development plans and instruments such as UNDAFs was highlighted. The joint needs assessment missions, in particular, involved interaction with the Resident Coordinator with a view to facilitate inclusion of treaty implementation under UNDAF, once the request was made.
48. In this context the role of the UN system is very important because it can assist countries, particularly developing countries, in meeting their international obligations. On health issues like tobacco control, WHO plays a prominent role but needs support from other agencies at country level.
49. It is also important to note that tobacco control is a key component of the control of NCDs. The political declaration of the High-level Meeting of the UN General Assembly on NCDs showed the commitment of the global community to take serious actions to tackle NCDs. There was a clear consensus that NCDs should be considered a priority within the development agenda. In the Political Declaration, Heads of States and representatives of States and Governments specifically committed to "accelerate [the] implementation by States parties of the WHO Framework Convention on Tobacco Control, recognizing the full range of measures, including measures to reduce consumption and availability, and encourage countries that have not yet done so to consider acceding to the Framework Convention on Tobacco..."

50. In the Declaration, special assignments were also given to WHO, in coordination with other UN Agencies, to support national efforts for NCD control. WHO will need to exercise a coordinating role within the UN System in promoting and monitoring global action against NCDs. An important element of this work will be to develop joint programmes at country level, including implementation of the WHO FCTC under the UNDAF that will help integrate NCDs and their modifiable risk factors. An important step forward is the joint letter sent by the Director-General of WHO and the Administrator of UNDP to UN Country Teams on March 2012 on how to integrate the commitments of the Political Declaration on NCDs into the UNDAF design processes and implementation.

51. *Key point*

The Reports of the Secretary General, the decisions of the Economic and Social Council and the decisions of the Conference of the Parties show a broad synergy at normative, technical and operational levels. This synergy is reflected in decisions of the respective bodies which make references to the strengthening of multi-sectoral collaboration, inter-agency support and the implementation integration of the Convention under the UNDAFs. This synergy has the potential to bring greater dividends in the context of the global response to NCDs.

Trade-related issues

52. In the preamble of the Convention, Parties express the importance of giving “priority to their right to protect public health”. This includes ensuring that threats of litigation cannot be used effectively to freeze or stop implementation of the WHO FCTC.

53. The tobacco industry has been challenging in domestic litigation the implementation of tobacco control policies. So far, most cases have been decided in a manner favorable to public health. In their decisions, courts have often used the WHO FCTC as an important argument to justify adoption of tobacco control measures.

54. At the international level, new dimensions to litigation against tobacco control policies have appeared in which trade liberalization and investment protection instruments have been used by the tobacco industry or tobacco exporting countries to challenge some States’ national tobacco control measures. Some cases are currently being adjudicated under WTO law and International Investment Agreements (IIAs); however, these challenges are against forceful, good faith efforts by States to reduce tobacco use in line with the provisions of the WHO FCTC and its guidelines.

55. IIAs include Bilateral Investment Treaties (BITs) and regional or bilateral trade agreements with investment provisions. IIAs are concluded between States to protect investors from one State that invest in the other, with the purpose of attracting development enhancing foreign investment. IIAs have increased exponentially in number over the last twenty years with the result that almost every State, including WHO FCTC Parties have signed at least one such agreement. IIAs represent a potential risk to WHO FCTC Parties since they can be used to challenge their national tobacco control measures.

In order to address this potential problem, States could consider negotiating more sustainable development-friendly IIAs in the future, re-negotiating or amending existing IIAs or using interpretative or other means to clarify the legal interaction between IIAs and tobacco control measures, including through decisions of the COP. It is important that States have the technical and substantial capacity for all of this.

56. With regards to trade issues, WHO undertook a study in 2001, with input from WTO, on the impact of trade liberalization on tobacco use. WHO has recently updated this document with the title “Confronting the tobacco epidemic in new era of trade and investment liberalization”. WHO and the Convention Secretariat are following closely current WTO discussions on TRIPS and TBT relating to the measures taken by WTO members/FCTC Parties in respect of additives to and plain packaging of tobacco products. There is also a WHO in-house task force between the Department of Public Health, Innovation and Intellectual Property, the Department of the Tobacco Free Initiative and the Convention Secretariat to look at the relation between public health and trade, in particular with regards to tobacco control issues. In addition, with regards to existing disputes involving bilateral investment treaties, WHO’s Director General has reiterated the Organization’s support to the countries facing the disputes mentioned above.

57. Following a decision by the Fourth session of the COP (FCTC/COP4(18)) WHO and the Convention Secretariat are developing, with input from the WTO, a comprehensive report for presentation to COP5 that explores options for cooperation with the WTO on trade-related tobacco control issues as a means of strengthening implementation of the Convention, and that makes recommendations on the feasibility of implementing the identified options. The Convention Secretariat was also requested to facilitate information sharing with and between Parties on trade related aspects of tobacco control which has commenced with conducting an inter-governmental workshop for health and trade representatives with participation of WHO, WIPO, WTO and UNCTAD.

58. *Key points*

- One important issue which needs to be clarified in the global trade fora is that the WTO Agreements and implementation of the WHO FCTC are not incompatible as long as the WHO FCTC is implemented in a non-discriminatory fashion and for public health.
- Assist countries in implementing strong tobacco control measures by providing a useful "toolbox" that governments can use to ensure that tobacco control and trade and investment measures are implemented synergistically.

IV.5 General Action Points

59. Participants to the special meeting of the Task Force are in agreement that the implementation of the WHO FCTC at country level needs multi-sectoral input and therefore interagency collaboration to support the implementation is crucial. This can be done through:

- Providing expert input and advice on specific areas of the treaty implementation, that are within the respective mandate and competencies of Task Force members,
- Creating an effective assistance mechanism at national level in particular through integration of WHO FCTC implementation in UNDAFs, especially in the context of NCDs prevention and control.
- Giving confidence to developing countries, particularly least developed countries, on availability of institutional support,
- Harnessing of the good will of line ministries at country level by respective Task Force member agencies in their respective domains,
- Promoting “whole of government approach” and multi sectoral collaboration in a meaningful and effective manner.

V. Areas of collaboration among agencies for the implementation of the Convention

60. WHO, in pursuance of the thrust of the UNSGs report E/2010/55 and ECOSOC resolution E/2010/8 will continue to coordinate and participate actively in the multi sectoral response and assistance from the members of the Task Force and work towards maximizing efforts of the Task Force for the implementation of the WHO FCTC and decisions of the Conference of Parties COP across regions and countries, through the respective work and mandates of the WHO FCTC Secretariat, the Tobacco Free Initiative department and other relevant WHO entities, in the spirit of a whole-of-WHO working approach.

61. In addition to the WHO contribution to assist Parties to strengthen their capacity to implement specific provisions of the treaty, the following areas of collaboration have been indicated by the other Task Force members to help facilitate the implementation of the Convention under the relevant Articles based on their expertise, resource endowment and comparative advantage.

Article of the WHO FCTC	Agency	Specific action
Article 5 (General obligations)	UNDP	- Take into account requirements of Article 5 in UNDP's country level role as convener and coordinator, where appropriate and under its governance programmes.
Article 6 (Price and tax measures)	World Bank	- Support countries with the design, implementation and evaluation of tobacco tax issues, upon countries' demand. This effort would complement ongoing efforts by WHO/TFI in this area. - Collaborate with the WHO FCTC secretariat to assess the possibility of having joint Needs Assessment missions with regards to Article 6 issues.

		<ul style="list-style-type: none"> - Research to assess the potential regression of tobacco taxes as well as the impact of tobacco use in poverty. - Research on the effects of tax incases on tobacco economic agents, particularly farmers as well as illicit tobacco trade.
Article 8 (Protection from exposure to tobacco smoke)	ILO	<ul style="list-style-type: none"> - Implement the ILO SOLVE programme (an interactive educational program designed to assist in the development of policy and action to address health promotion issues at the workplace) to promote smoke-free workplaces.
Article 12 (Education, communication, training, and public awareness)	UNESCO (International Bureau of Education)	<ul style="list-style-type: none"> - Include tobacco awareness in school curriculums and teacher trainings. - Promote smoke-free schools.
	World Bank	<ul style="list-style-type: none"> - Integrate tobacco control in education programmes within Trust Funds.
Article 15 (Illicit trade in tobacco products)	WCO, WTO	<ul style="list-style-type: none"> - Provide support to the future implementation of the Protocol on Illicit trade.
Article 17 (Support for economically viable alternative activities)	FAO (Agriculture Department)	<ul style="list-style-type: none"> - Provide technical support in tobacco growing areas for sustainable crop production intensification with the goal to diversify production, reduce environmental and health impact and reduce the risks of tobacco growers in depending on one single product (subject to funding).
	FAO (Economic and Social Development Department)	<ul style="list-style-type: none"> - Update of the world tobacco production and market situation; (subject to funding: minimum budget required 50,000\$).
	UNCTAD	<ul style="list-style-type: none"> - Collaborate with key partners including international agencies to conduct research and analysis of the tobacco supply chain from the 'farm to the cigarette'. - Policy review of tobacco producing developing countries (include diversification options).
	ILO	<ul style="list-style-type: none"> - Expert input to the WHO FCTC Working Group on Articles 17&18. - Updating a 2003 study on the state of employment in the tobacco sector globally (forthcoming November 2012 report). - Develop economic & labour market analysis; toolkit on agricultural cooperatives; training material for establishing small enterprises; local development; value chain development tools (rural): rural skills development

		<p>tools, etc.</p> <ul style="list-style-type: none"> - Develop research on diagnostic and scope studies on decent work, food security and alternatives for tobacco growers. - Promote social dialogue to support economically viable livelihoods for tobacco growers and workers
	UNEP	<ul style="list-style-type: none"> - Promote green economy framework for economically viable alternatives for tobacco growers and workers
	WIPO	<p>While not specific to the implementation of the WHO FCTC, WIPO provides technical assistance and capacity building support to actions by governments and institutions to help farmers to add value to their crops and agro-businesses using branding and intellectual property tools</p>
Article 18 (Protection of the environment and the health of persons)	UNEP	<p>Technical assistance related to :</p> <ul style="list-style-type: none"> - Sound management of chemicals in tobacco growing - Environment audit, impact assessment of tobacco growing - Integrating tobacco related issues within national environmental protection programmes
Articles 20, 21& 22 (Research, Surveillance and exchange of information) and (Reporting and exchange of information)	UNCTAD	<p>Share database and information to:</p> <ul style="list-style-type: none"> - Develop trade information system on tobacco jointly with WHO; - Trade indicators such as export revenue, consistency of data. - Trade data (all bilateral official trade data at HS-6 digit). - Border measures: import tariffs at 6-digit, tariff rate quota (TRQ) and other (e.g. domestic support). - Non-tariff measures.
	UNDP	<ul style="list-style-type: none"> - Integrate WHO FCTC/NCDs reporting into the Human Development Reports (HDR).
	World Bank	<ul style="list-style-type: none"> - Cooperate with WHO for harmonization of tobacco questions into surveys such as Living Standards Measurement Study (LSMS) and LSMS-like surveys and provide input to existing tobacco questions in the WHO surveys. - Cooperate also with the Convention Secretariat for analyzing the data collected from the reporting instrument.

	ILO	Information / knowledge sharing on : <ul style="list-style-type: none"> - Databases on labour market indicators, including employment data in the tobacco sector. - Occupational injuries statistics from household surveys. - Database on labour standards. - Database on child labour (SIMPOC). - Decent work country profiles and programmes.
<i>Cross cutting</i>		
Development	UNDP	<ul style="list-style-type: none"> - Integrate WHO FCTC/NCDs into Rio (+20) and post MDG discussions. - Incorporate WHO FCTC/NCDs into MDG acceleration Fund work (focus on MDGs 4 and 5). - Integrate WHO FCTC/NCDs into UNDAF processes/guidelines/policy coherence/multisector convening. - Support operation research to ensure development instruments (e.g. social protection) do not harm NCDs.
	UN Women	<ul style="list-style-type: none"> - Advocate for inclusion of gender advocates and women's organizations at all levels of policy-making and implementation of WHO FCTC - Advocate for the elimination of targeted marketing of tobacco products towards women, particularly young women and support the promotion of gender-specific tobacco control strategies that impact on women's health
	UNCTAD	<ul style="list-style-type: none"> - Raise awareness among developing countries' policy makers concerning the possible interaction between IIAs and the WHO FCTC, - Assist in sustainable friendly approaches to the (re)-negotiation and interpretation of IIAs.
Trade (and investment)	UNCTAD	<ul style="list-style-type: none"> - Promote coherence between IIAs and other public policies/bodies of international law (e.g. the WHO FCTC).
	UNCTAD and WTO	<ul style="list-style-type: none"> - Update analysis on trade and tobacco control (e.g. implications of existing and new agreements, regional blocks etc.). This will be in the report to COP5.
	World Bank	<ul style="list-style-type: none"> - Help facilitate an internal dialogue between World Bank colleagues working on trade and those working on public health to do work on trade and tobacco

		issues.
--	--	---------

VI. Conclusions and recommendations

62. *Conclusions*

- **Effective implementation of the WHO FCTC at the country level can only be successful through coordinated and complementary work among agencies, where each can bring in its own expertise and comparative advantage.**
- **Support of Task Force members needs to take into account the political, technical and operational dimensions of the work and their interaction.**
- **The Task Force can play a key role to ensure policy and program coherence both at multilateral and national levels to avoid overlap and to build strategies on existing policy frameworks and tools.**
- **Task Force gatherings should be organized with shorter intervals to be able to align with the international dialogue held in the context of Rio +20, the follow-up to Busan, the post 2015 development agenda, the ECOSOC sessions and developments related to the Delivering as One Trust Fund.**

63. *Recommendations:*

At the political level and on general directions;

- **Commitment is needed from agencies at the highest levels and the approach needs to be UN-wide. This commitment should be translated into concrete action to extend support, particularly to developing countries.**
- **The WHO FCTC should be promoted as a whole-of-government approach.**
- **Communication on tobacco control needs to be optimized to the world outside of tobacco control/health through highlighting the tobacco work within NCDs**
- **Expertise should be brought in to translate gains from tobacco control initiatives into economic gains for political buy-in.**
- **The work of the UN as a whole needs to be protected from the interference of the tobacco industry.**

At the technical level;

Each member of the Task Force has its own particular contribution to make in order to facilitate the treaty implementation, the contributions and corresponding specific activities as per the text and table of chapter IV.

At the operational level;

Members of the Task Force are encouraged to:

- **Create an effective assistance mechanism at national level in particular through integration of WHO FCTC implementation in UNDAFs.**
- **Create a One UN coordinated approach to the implementation of the WHO FCTC**
- **Integrate the WHO FCTC within the future work on NCD control in view of the fact that tobacco is also a precursor of other risk factors for NCDs.**
- **Ensure there is policy coherence both at the national and international levels when developing action plans on WHO FCTC implementation at the country level.**

- **Take advantage of existing tools within different organizations to strengthen interagency collaboration with regards to the implementation of the treaty, including the organization of joint missions, resource mobilization efforts and intersectoral support.**

Annex

United Nations Ad Hoc Interagency Task Force on Tobacco Control participating agencies

- World Health Organization (WHO)
- Secretariat of the WHO Framework Convention on Tobacco Control
- Department of Economic and Social Affairs
- Food and Agriculture Organization (FAO)
- International Civil Aviation Organization (ICAO)
- International Labour Organization (ILO)
- International Monetary Fund (IMF)
- Office of the High Commissioner for Human Rights (OHCHR)
- Secretariat of the Permanent Forum on Indigenous Issues
- United Nations Children's Fund (UNICEF)
- United Nations Conference on Trade and Development (UNCTAD)
- UN Entity for Gender Equality and the Empowerment of Women (UN Women)
- United Nations Development Programme (UNDP)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Environment Programme (UNEP)
- United Nations Fund for International Partnerships (UNFIP)
- United Nations Office on Drugs and Crime (UNODC)
- United Nations Population Fund (UNFPA)
- World Bank
- World Customs Organization (WCO)
- World Intellectual Property Organization (WIPO)
- World Trade Organization (WTO)