

**FCTC**WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL**Conference of the Parties to the  
WHO Framework Convention  
on Tobacco Control**Seventh session  
Delhi, India, 7–12 November 2016  
Provisional agenda item 5.2**FCTC/COP/7/6**  
**27 July 2016****Impact assessment of the WHO FCTC:****Report by the Expert Group**

*“FCTC is a beautiful treaty because it outlines what everyone is supposed to do and has guidelines that help them to do it.”*

*“Without effective implementation of FCTC at all levels and sectors of government it is unlikely that all these tobacco control measures would have taken place in such a comprehensive, coordinated, and effective manner.”*

**INTRODUCTION**

1. At its fifth session (Seoul, Republic of Korea, 12–17 November 2012), the Conference of the Parties (COP) acknowledged the need to conduct an overall assessment and analysis of the effectiveness of implementation of the WHO FCTC. At its sixth session (Moscow, Russia, 13–18 October 2014) the COP adopted the decision FCTC/COP6(13), entitled “Impact assessment of the WHO FCTC”, to proceed with the impact assessment.
2. In accordance with decision FCTC/COP6(13), the Bureau of the COP selected seven independent experts from nominations sent by Parties and observers to establish the impact assessment group<sup>1</sup>.
3. This report summarizes the findings of the Impact Assessment by the Expert Group.

**METHODOLOGY**

4. The Expert Group met three times, and developed methods to collect, analyse and interpret relevant evidence in a systematic and transparent way, recognising the need to discern the FCTC’s<sup>2</sup> impact from possible other causes, and whether particular tobacco control developments would have happened as quickly, as strongly, or at all without it.
5. In consultation with the Bureau the Expert Group selected 12 Parties, three from each of the income groups classified by the World Bank and two from each of the WHO regions, to be visited as part of the impact assessment. The Group is grateful to these Parties for their help and support.

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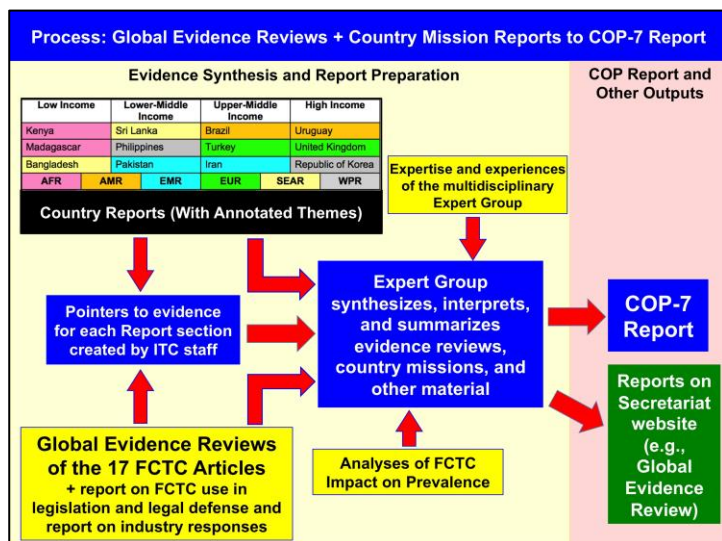
<sup>1</sup> The Expert Group wishes to acknowledge the excellent support received from the Convention Secretariat and the ITC Project team at the University of Waterloo.

<sup>2</sup> Consistent with general usage, this report generally refers to the WHO FCTC as the FCTC.

6. There were three main evidence sources for this Report: 1) a global evidence review of scientific studies by the International Tobacco Control (ITC) Project; 2) commissioned reports, government documents, and other relevant literature; and 3) missions to the 12 selected countries by Expert Group members; these included meetings with a broad range of stakeholders, including ministers, government departments, parliamentarians, civil society, academic experts, media and others.

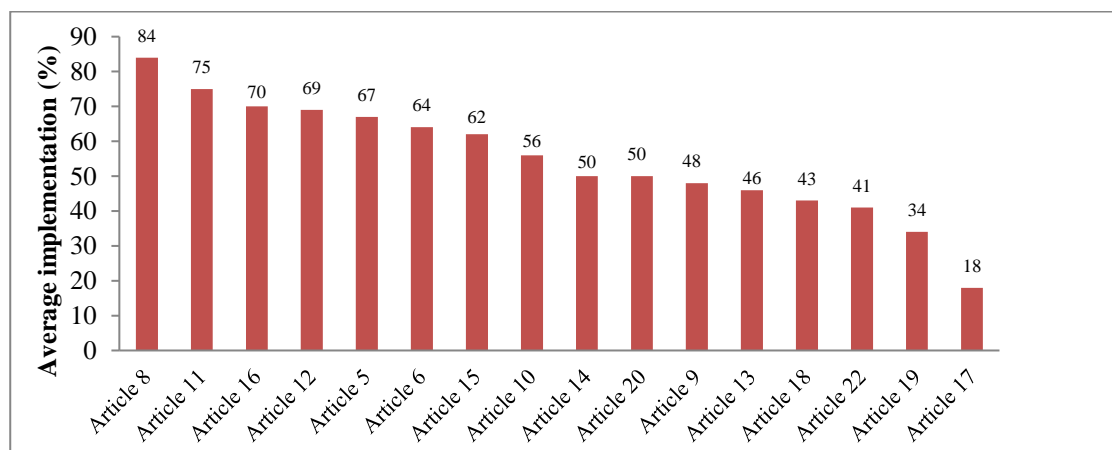
7. **Figure 1** depicts the Expert Group’s process in preparing this Report. The Group’s method of work and the materials produced, including a global evidence review, are available on the web<sup>3</sup>.

**Figure 1**



8. The Sixth Global Progress Report was in preparation while this report was being finalised. **Figure 2** presents implementation rates for each Article as at 24 May 2016, based on Parties’ self-reported implementation (but not strength of implementation) from 133 out of 180 Parties<sup>4</sup>.

**Figure 2. Average implementation rates of substantive articles in 2016**



<sup>3</sup> <http://www.who.int/fctc/implementation/impact/>

<sup>4</sup> Document FCTC/COP/7/4.

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## IMPACT OF THE FCTC

### Findings from the Global Evidence Review

9. Since the FCTC came into force, there have been significant gains in tobacco control action, notwithstanding variability across countries and policy domains.

- The FCTC has contributed to significant and rapid progress in: protection from exposure to tobacco smoke (Article 8); packaging and labelling of tobacco products (Article 11); education, communication, training and public awareness (Article 12); sales to and by minors (Article 16); and reporting and exchange of information (Article 21).
- The FCTC has contributed to progress in: price and tax measures (Article 6); regulation of product disclosures (Article 10); advertising, promotion and sponsorship (Article 13); dependence and cessation (Article 14); illicit trade (Article 15); and research, surveillance, and information exchange (Article 20), although for these measures the overall rate of progress has been slower and advances have often been partial.
- There is widespread awareness of Article 5.3 (industry interference), which several Parties have sought to implement with varying degrees of success. The tobacco industry continues in many ways to resist the FCTC and its Articles, and to oppose, undermine and delay implementation of all measures that may reduce its sales and promotional activities.
- The FCTC has generated momentum for action on: regulation of the contents of tobacco products (Article 9); economically viable alternatives (Article 17); protection of the environment and health of persons (Article 18); liability (Article 19); and international cooperation (Article 22). While there is evidence of recent achievements in some countries, overall progress has been relatively slow.
- Research consistently shows that tobacco control measures by Parties are most effective when they align with the FCTC and its Guidelines.
- The treaty text and Guidelines have been cited explicitly in many countries to support new tobacco control measures and to defend measures in domestic and international legal challenges.

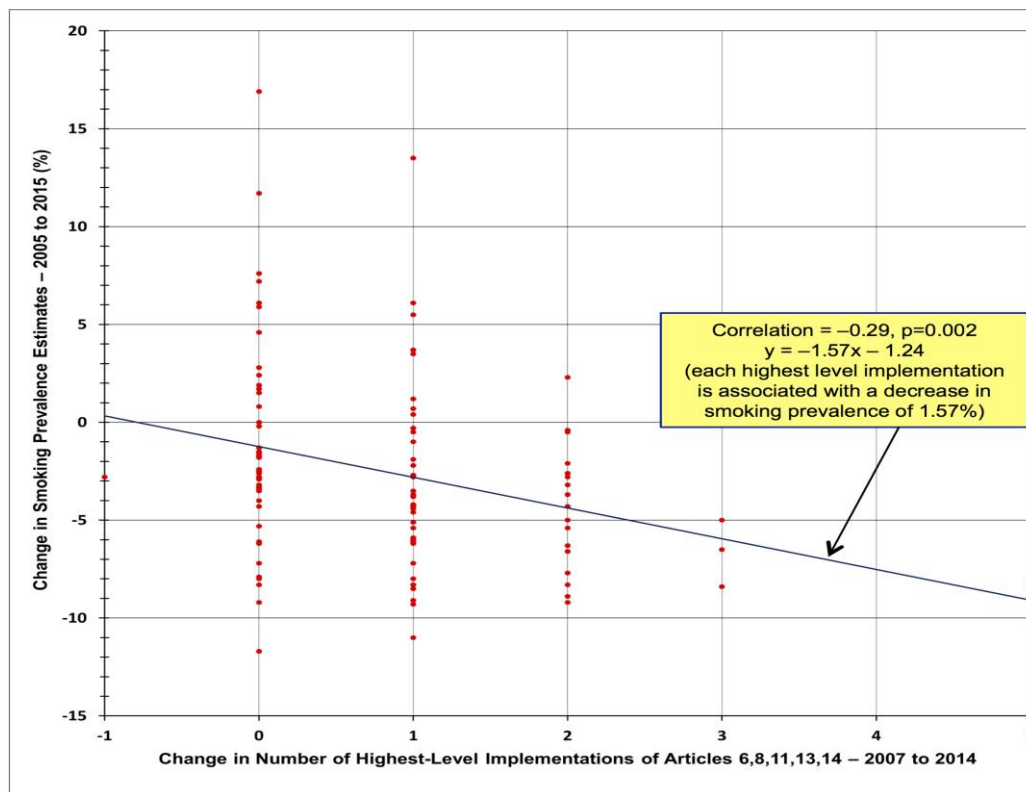
### Impact of the FCTC on Smoking Prevalence

10. A new analysis<sup>5</sup> across 107 Parties with available data examined the relationship between strengthening implementation of the FCTC among key demand reduction domains (Articles 6, 8, 11, 13, 14) between 2007 and 2014 and changes in smoking prevalence between 2005 and 2015. This analysis shows that there was an overall decline in smoking prevalence and that Parties implementing a greater number of these articles at the highest level experienced a significantly greater decrease (**Figure 3**). Each additional measure implemented at the highest level among these five key domains was associated with an average decrease in smoking prevalence of 1.57 percentage points.

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<sup>5</sup> Gravely et al. (2016). *The association between increasing strong implementation of the WHO FCTC and reductions in smoking prevalence over the first ten years of the Treaty*. Manuscript in preparation, University of Waterloo.

FIGURE 3



11. FCTC implementation at high levels has been and will be associated with reductions in tobacco use, undoubtedly contributing to reductions in tobacco related morbidity and mortality and its economic and societal burdens.

#### FINDINGS FROM COUNTRY MISSIONS AND OTHER SOURCES.

12. The Expert Group country missions found strong affirmation of the importance and use of the FCTC and its Guidelines in providing an agenda for action, a supportive context, a tool for governments in developing and implementing policies and programs, and broadening support for tobacco control across the governmental and political spectrum. These missions provided an invaluable source of information, and a strong basis for the Group's conclusions.

13. Whereas previously tobacco control policy was regarded as a Health Ministry function, the FCTC made it the collective responsibility of all sectors of government. Based on Articles 5.1 and 5.2, many countries have created coordinating and collaborating structures with a multi-sectoral approach to tobacco control.

14. Through Article 4.7 the FCTC has provided formal recognition of NGO coalitions and broader civil society, also providing an influential basis from which to press governments to act and a focus for mobilising community support.

15. There is significant evidence that the FCTC is having an impact on the business prospects of tobacco firms. Mandatory securities disclosure documents filed by tobacco companies reveal their concern that strong FCTC implementation would negatively affect their incomes. There is also evidence of growing moves towards disinvestment from tobacco companies.

16. Article 5.3 has been important in resisting tobacco industry efforts to undermine tobacco control and FCTC implementation. Nonetheless, the role and activities of the global tobacco industry remain by far the most important obstacle to action across all aspects of the FCTC.

17. As a consequence of the FCTC, and as noted also both from country visits and in a paper prepared for the Expert Group<sup>6</sup>, the tobacco industry appears to have intensified its opposition to tobacco control with even more aggressive approaches. There has been a noticeable increase in:

- Use of third party and front groups and “socially responsible” activities.
- Litigation and other legal measures to oppose and delay evidence-based measures
- Use of international trade and related agreements to oppose regulatory approaches
- Efforts to present the industry as a partner, particularly through new product strategies

18. While all countries have placed greater emphasis on cigarettes, there is increasing recognition of the need to regulate the growing prevalence of smokeless and waterpipe tobacco use in several countries. Lax controls and social acceptance of waterpipe and smokeless tobacco use have increased initiation risks, particularly for vulnerable groups. Gaps in control measures have only recently been recognized, leading as part of implementation of the Convention to some stronger regulations such as banning importation of smokeless tobacco, warning labels, and reinforcing indoor clean air legislation to include waterpipe use, along with curbs on sales to minors and point-of-sale advertisements. There is also increasing education and awareness about the use of smokeless tobacco and waterpipes.

19. However, sale of individual cigarettes is common in some countries, which impedes effective control measures; and despite tax increases across all tobacco products, smokeless tobacco, waterpipe tobacco products and bidi remain affordable to low socioeconomic groups, and in most taxation systems are subjected to a lower tax amount than cigarettes.

20. There is compelling evidence that the Convention has had an impact on a range of global governance institutions and agendas, especially the global non-communicable disease (NCD) agenda, and the 2030 Sustainable Development Agenda. The Convention has been the basis for the engagement of other UN system members in tobacco control through the UN Interagency Task Force, through collaborative initiatives with UNODC and with UNDP to promote national development strategies including tobacco control.

21. Overall, the FCTC has created an impact in international cooperation, collaboration and linkages between countries and international agencies for tobacco control which should also be important for prevention and control of NCDs. The FCTC has strengthened information sharing internationally and built global momentum towards policy action and has created forums for sharing best practices and successes regionally and internationally.

## CONCLUSIONS

### Main findings

22. The ten years since the FCTC entered into force have seen some remarkable developments in global tobacco control. While it will never be possible to identify precisely how many measures are directly or indirectly attributable to the Convention, and inevitably the extent of implementation has

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<sup>6</sup> The impact of implementation of the WHO FCTC on the tobacco industry’s behaviour », Paper by Stella Bialous commissioned by the FCTC Secretariat, May 2016.

been uneven across the Parties, with partial implementation of some Articles, the FCTC has undoubtedly played a critical role as an authoritative and agreed catalyst and framework for action.

23. Evidence from the scholarly literature, reports from Parties, WHO and other health authorities, and further sources show that the FCTC has made a powerful contribution to tobacco control policy development and implementation, strengthening existing strategies, and contributing to denormalising smoking.

24. Further, Parties that have implemented FCTC policies at high levels have generally experienced greater reductions in smoking prevalence.

25. In particular, the FCTC has:

- Provided a roadmap for policies and a catalyst for action and effective tobacco control;
- Played a pivotal role in countries where effective tobacco control measures were not previously in place and strengthened policies in countries where they were in place before ratification;
- Contributed to reductions in smoking prevalence among those Parties that have implemented FCTC policies at high levels, thus contributing to reductions in mortality and morbidity caused by smoking;
- Helped to engage governmental sectors outside health;
- Served as an important support and reference for governments in legal defences against tobacco industry challenges;
- Supported the non-government sector to press for action and mobilise community support;
- Fostered collaboration between governments, NGOs and civil society;
- Increased awareness of tobacco industry interference, prompted action to resist it, and influenced the global operations of the industry;
- Catalyzed activities across the UN system and otherwise at the global and national levels; and generated regional collaborations.

## **OBSTACLES**

26. In spite of encouraging progress in implementation of the FCTC, remaining obstacles include:

- Aggressive action by the global tobacco industry to oppose tobacco control measures and to undermine Article 5.3;
- Need for continuing recognition of the urgency to act by all stakeholders, with a focus on measures that will have most population-level impact;
- There is still often not full recognition that the Convention applies to all sectors of government, not only health departments;
- Insufficient support for low and middle-income countries;
- Insufficient special action on vulnerable groups, which are often specifically targeted by the tobacco industry;
- Exploitation by the tobacco industry of concerns about growers' livelihoods;
- Lack of sustainable national tobacco control surveillance systems;

- Little research examining the FCTC's impact by gender and among disadvantaged groups;
- Low awareness that non-cigarette tobacco products should also be a priority for action by governments.

## **RECOMMENDATIONS**

27. Recognising that despite many challenges the WHO FCTC has made a critical contribution to global tobacco control, the Independent Expert Group recommends that the Parties should strongly support action towards swifter and stronger implementation, with continuing recognition that tobacco use continues to be a public health priority.

28. Recognising the importance of Article 5.3, the COP and individual Parties are encouraged to ensure that Article 5.3 and its guidelines are fully observed by all sectors of government. Strong, coordinated and transparent application of Article 5.3 across all levels of government is the highest priority for progress in implementation.

29. Noting that increasing excise tax is the single most effective tobacco control measure, Parties are encouraged to ensure continuous and substantial tax increases, aligning their excise tax structures and levels to the Article 6 Guidelines.

30. Individual Parties should enhance coordination of tobacco control policies between the various sectors and levels of government.

31. Parties should develop national surveillance systems to assess trends, evaluate the impact of tobacco control measures, and make full use of that information.

32. There remains a need for continuing research to evaluate the impact of tobacco control policies.

33. Individual countries, especially LMICs, should be provided with more technical support by the Convention Secretariat, WHO and relevant International Governmental Organization (IGO) observers to COP, to implement the FCTC in key areas (e.g. taxation), and to respond to emerging challenges (e.g. non-cigarette and new tobacco products).

34. The Convention Secretariat should support NGO networks and civil society to play a stronger role in encouraging their governments to implement tobacco control measures in accordance with the Convention and to keep governments accountable.

35. Impact assessments on the FCTC should be conducted periodically to systematically track progress and identify challenges to the Treaty, with consideration of further processes to assist with impact assessment on request by Parties.

## **ACTION BY THE CONFERENCE OF THE PARTIES**

36. The COP is invited to note this report and provide further guidance, including on next steps and on the continuation of dissemination of findings of the impact assessment exercise and the lessons learned (e.g. a special issue of a peer reviewed journal, an e-tool on impact assessment, support to additional Parties that wish to undertake an impact assessment, retaining the functions of the expert group by a panel of experts that could be mobilized upon request by Parties).