South-south and Triangular cooperation

Report by the Convention Secretariat

INTRODUCTION

1. South-south and triangular cooperation, as an overarching tool to support Parties in the implementation of the Convention, has become increasingly important. Since the first session of the Conference of the Parties (COP1), Parties have been giving attention to financial resources and mechanisms of assistance. COP1 requested that the Convention Secretariat promote south–south cooperation and this was included in the workplan adopted by the COP at its third session (Durban, South Africa, 17–22 November 2008) as part of the Convention Secretariat’s activities for the biennium. At its fourth session (Punta del Este, Uruguay, 15–20 November 2010), the COP took note of the Convention Secretariat’s report which recommended, inter alia, a meeting of experts to promote implementation of the Convention through south-south and triangular cooperation and re-emphasized the multidimensional nature of the treaty. It also requested that the Convention Secretariat continue its work in this area and report on the progress made. This mandate has been undertaken in a variety of ways.

2. At the its sixth session (Moscow, Russia, 13–18 October 2014), the COP adopted decision FCTC/COP6(27) entitled “Workplan and budget for the financial period 2016–2017” and requested the Convention Secretariat to work on the promotion of south-south cooperation in the exchange of scientific, technical and legal expertise relevant to the implementation of the Convention, and to submit a progress report to COP7.

3. This report examines the progress made and aims to discuss the importance of south-south and triangular cooperation for implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).

4. South-south and triangular cooperation are essential elements of international cooperation for development. As set out in the Nairobi outcome document of the High-level United Nations Conference on South-South Cooperation, it rests upon the principles of respect for national sovereignty, national ownership and independence, equality, non-conditionality, non-interference in domestic affairs, and mutual benefit; as well as upon the following operational guiding principles: mutual accountability and transparency, development effectiveness, coordination of projects and programmes, evidence- and result-based programmes, and a multi-stakeholder approach.

5. South-south cooperation mobilizes additional resources for the promotion of development, but it is not a substitute for north-south cooperation, or for the commitments made by developed countries, such as allocating 0.7% of GDP to official development assistance (ODA).
6. The emergence and dynamism of south-south and triangular cooperation is also a result of evolving international cooperation whereby developing countries demand greater participation in the definition of the international cooperation agenda and its criteria.

7. Even though international cooperation is still linked to GDP per capita, a new and more comprehensive paradigm to access cooperation and to measure development is required, taking into account the need to address key structural vulnerabilities that persist despite economic growth. In this regard, south-south and triangular cooperation are important tools to achieve development from a holistic perspective, leaving no one behind.

8. Measures required for implementation of the WHO FCTC are opportunities to demonstrate the shift from traditional development and cooperation concepts. The challenges faced by Parties with the implementation of the Convention are very similar, which makes this a promising topic for south-south and triangular cooperation, since identification of best practice and peer support become more relevant than traditional aid practices. The Convention Secretariat has made the promotion of south-south and triangular cooperation one of the key pillars for strengthening implementation of the Convention.

9. The new universal development agenda “Transforming our world: the 2030 Agenda for Sustainable Development”, adopted in September 2015, calls for strengthened implementation of the WHO FCTC in all countries, under Target 3.a. It also aims to reduce by one third premature mortality from non-communicable diseases by 2030. Implementation of the Convention plays a major role in the achievement of this goal.

10. Implementing the WHO FCTC will also contribute to the achievement of other Sustainable Development Goals (SDGs) since tobacco use is a major impediment to both health and development. The inclusion of a specific target regarding implementation of the WHO FCTC in the UN Development Agenda is of particular relevance, since it underlines the development dimension of tobacco control.

THE WHO FCTC AND SOUTH-SOUTH AND TRIANGULAR COOPERATION

11. Evidence shows that non-communicable diseases, of which tobacco use is one of the major risk factors, disproportionally affect poor populations in developing countries. Public health responses are often inadequate in developing countries due to factors including underfunding and understaffed health systems.

12. An efficient response to the tobacco epidemic entails implementation of a set of comprehensive measures, enshrined in the WHO FCTC, covering demand and supply. These measures often need or benefit from international cooperation.

13. The WHO FCTC recognizes the importance of international cooperation in assisting developing countries and countries with economies in transition to carry out tobacco control activities. It also recognizes the need for technical and financial assistance to countries to support implementation of national strategies for sustainable development.

14. The Convention contains several provisions for scientific and technical cooperation and communication of information. Under Article 20, Parties undertake to develop and promote national research and to coordinate research programmes internationally, as well as to establish and strengthen surveillance for tobacco control and to promote exchanges of information in relevant fields. Article 22 requires Parties to cooperate directly or through competent international bodies to strengthen their capacity for implementing obligations arising from the Convention.
MEETINGS ON SOUTH-SOUTH AND TRIANGULAR COOPERATION

15. The Convention Secretariat convened an experts’ meeting in south-south and triangular cooperation in Geneva in June 2012. It identified emerging challenges for implementation of the Convention in the south-south cooperation context, as well as potential areas of cooperation.

16. Later, the Convention Secretariat of WHO FCTC and the United Nations Development Programme (UNDP) jointly organized a south-south and triangular cooperation meeting in Montevideo, Uruguay on 29 September-1 October 2015 which was kindly hosted by the Government of Uruguay and funded by the European Union grant.

17. The objective of the meeting was to identify south-south and triangular cooperation for tobacco control, based on the needs assessment exercises, matching potential partners on a range of tobacco control measures and to foster project proposals for collaborative initiatives to promote fuller implementation of the Convention.

18. The meeting brought together Parties who provided and/or requested support depending on the Article of the treaty being addressed. Triangular cooperation support was provided by intergovernmental organizations (IGOs), non-governmental organizations (NGOs), Knowledge Hubs of the Convention Secretariat and developed country Parties. The meeting allowed the sharing of best practice, experience and current activities for legislation, law enforcement, national coordination mechanisms, industry interference, trade and litigation, taxation, illicit trade, packaging and pictorial health warnings and plain packaging, product regulation and disclosure, cessation, alternative livelihoods, shisha and smokeless tobacco.

19. Representatives from 22 Parties from all six WHO Regions, NGOs, UN Agencies, and established and planned Knowledge Hubs of the Convention Secretariat from Australia, Finland, India, Lebanon, the Republic of Korea, South Africa and Uruguay participated in this exercise.

20. A third meeting, similar to the previous one, is planned in early 2017, with the dual aims of taking stock on south-south and triangular cooperation projects resulting from the Uruguay meeting and integrating new Parties into these efforts to strengthen the implementation of the WHO FCTC.

21. In addition, the next Global South-South Development Expo (GSSD Expo) to be held in Dubai, United Arab Emirates, on 30 October–3 November 2016, will include a forum to present results from the joint efforts of the Convention Secretariat and UNDP to promote south-south and triangular cooperation. The session will also examine the potential to scale up initial work to support tobacco control and to advance health, health equity and sustainable development more broadly. Other global health challenges, including non-communicable diseases and global health crises, would benefit from the currently untapped potential of strong information exchange platforms.

22. The session will consider results from south-south and triangular cooperation as a valuable means to implement Agenda 2030; and strengthen support and partnerships for the implementation of the WHO FCTC, as well as non-communicable disease prevention and control. Expected outcomes include higher awareness and strengthened support and partnerships, and an agreed path on how best to utilize south-south and triangular cooperation for other global health challenges.

SOUTH-SOUTH AND TRIANGULAR DEMONSTRATION PROJECTS

1 Details of these projects can be found in the Convention Secretariat webpage http://www.who.int/entity/fctc/implementation/cooperation/south_south_projects/en/index.html
23. As a result of the meeting in Montevideo, eight south-south and triangular cooperation projects were proposed, on topics ranging from graphic warnings on packages, to tobacco taxation and alternative livelihoods for tobacco growers, to strengthening countries’ capacity to withstand lawsuits and other forms of tobacco industry interference in policy-making, including strengthened multisectoral coordination. The Convention Secretariat agreed to provide seed funding for these projects which are meant to foster longer-term collaboration.

24. Of the eight south-south and triangular cooperation projects identified during the meeting in Uruguay, six have been consolidated:

- Article 17: Study visit to examine alternative livelihood experiences
- Article 5.2: A national coordinating mechanism
- Article 11: Technical assistance on packaging and labelling
- Article 14: Training workshop in implementing guidelines to promote cessation of tobacco use and adequate treatment for tobacco dependence
- Article 5.3: Industry interference - community of practice
- Article 6: Enhanced tobacco taxation

25. One of the projects identified aims to design action plans for recipient countries to develop programmes on alternative livelihoods to tobacco farming. Brazil was identified as the country provider of assistance and agreed to share experience with Jamaica, the Philippines and Uruguay on its National Diversification Programme. In March 2016, a study visit to Brazil was organized. Prior to the visit, each recipient country reported on its tobacco growing sector, social programmes that might work as recipients of food and existing relevant agricultural programmes, among other aspects related to the implementation of Articles 17 and 18. A collaborative platform was also set up and Brazil shared background material including case studies and technical manuals.

26. In May 2016, UNDP and the Convention Secretariat hosted a webinar on south-south and triangular cooperation for tobacco control governance. During the webinar, Brazil, the Islamic Republic of Iran and the Republic of Moldova shared experiences and successes in establishing tobacco control focal points and national coordinating mechanisms, in line with Article 5.2(a) of the WHO FCTC. The webinar built upon the lessons and recommendations from the 2016 Convention Secretariat-UNDP Discussion Paper on Tobacco Control Governance.

27. A training workshop on guidelines to promote cessation of tobacco use and adequate treatment for tobacco dependence is planned in Panama in September. The first meeting of the community of practice on Article 5.3 is planned in Brazil in November. Panama and Uruguay are also planning to undertake missions to Colombia, Guatemala, the Republic of Moldova and Senegal in order to provide support on packaging and labelling of tobacco products. All other projects are planned to take place by the end of 2016 and a progress report will be published in 2017.

KNOWLEDGE HUB OF THE CONVENTION SECRETARIAT ON SOUTH-SOUTH AND TRIANGULAR COOPERATION

28. Knowledge Hubs of the Convention Secretariat have been established in each of the six WHO Regions, in order to analyse, synthesize and disseminate to the Parties knowledge and information relating to matters under their expertise in relation to the Convention, in accordance with Article 22: Cooperation in the scientific, technical and legal fields and provision of related expertise.

---

2 The projects are financially supported by the Convention Secretariat with funds from the European Union grant.
29. The Knowledge Hubs are based in Australia, Finland, India, Lebanon, South Africa and Uruguay. The Knowledge Hub in Uruguay is based on expertise in south-south and triangular cooperation. The CCICT (Centro de Cooperación Internacional para el Control del Tabaco) has been very active in the organization of the south-south and triangular cooperation meeting in Uruguay and is currently involved in several south-south projects that emerged from that meeting. The other Knowledge Hubs have also been actively involved as the triangular component of these projects and are an integral part of the activities of the Secretariat in this work.

WORKING GROUP ON SUSTAINABLE MEASURES TO STRENGTHEN IMPLEMENTATION OF THE CONVENTION

30. The working group was created at the fifth session of the COP in 2012, and was mandated, among other things, to review existing tools and mechanisms of assistance, identify and recommend best practice to access international resources through bilateral and multilateral cooperation and other opportunities in development cooperation, and to provide recommendations to strengthen south-south and triangular cooperation.

31. One of the main findings of the working group is a fragmentation in information on available mechanisms of assistance and resources, as well as a need for further resource mobilization.

32. In order to address these issues, the working group recommended, in document FCTC/COP/7/8, a coordination platform bringing together providers of assistance, including the Convention Secretariat, WHO, relevant UN agencies, the Knowledge Hubs, Observatories, IGOs and NGOs. The coordination platform should also provide information on the needs of the Parties, promoting a better match between the needs identified and the assistance offered.

33. The working group also recommended a detailed plan of action for assistance implementation, building on the strategic directions provided.

CHALLENGES IN TREATY IMPLEMENTATION IN THE SOUTH-SOUTH AND TRIANGULAR COOPERATION CONTEXT

34. The major barriers to implementation of the Convention, particularly in the context of south-south and triangular cooperation are:

35. Interference by the tobacco industry: Parties have reported that they still consider tobacco industry interference with public policy on tobacco control to be the most important barrier faced in treaty implementation. Weak legislation or loopholes in existing legislation provide clear opportunities for interference. The tobacco industry has also used the threat of legal challenges to legislation and regulations to prevent, delay or weaken implementation of tobacco-control measures, especially in countries that plan to implement strong or innovative measures (in the areas of packaging and labelling, promotion of tobacco products, regulation of flavours and additives in tobacco products, etc.).

36. Insufficient political support: It is very difficult for Parties to prioritize tobacco control over other public health issues. In addition, it is difficult to engage the different sectors of government, other than the health sector, in tobacco control. The lack of strong political support has negative consequences for resource allocation for tobacco control activities, and even for prioritizing the health perspective over other interests, such as the tobacco industry’s commercial interests.

37. Weak intersectoral coordination: Many Parties have reported weaknesses in intersectoral coordination. The implementation of Article 5.2 remains one of the areas where deficiencies are identified and assistance is often requested.
38. Insufficient resources to meet the needs of the Parties: Parties face significant challenges in accessing finance for enhanced implementation of the WHO FCTC, particularly long-term and sustainable financing.

POSSIBLE WAYS FORWARD

39. The requirements of Article 22 of the Convention, i.e. the need for cooperation in the scientific, technical and legal fields and provision of related expertise, is a key and distinctive feature of the WHO FCTC. Mechanisms of international cooperation, including south-south and triangular cooperation, are key to promoting implementation of the WHO FCTC. Through them, Parties could engage in the exchange of knowledge and the transfer of technology, skills, capabilities and expertise related to tobacco control, resulting in mutual benefits for both the donor and recipient Parties. It is therefore of concern that Article 22, according to the implementation reports of the Parties received in the 2016 reporting cycle, remains underutilized (and sometimes, under-reported), as an information and knowledge transfer mechanism. The average self-reported implementation rate of measures under this article was 41% in 2016, indicating a slight increase since 2014. The summary of observations from the 2016 reports\(^3\), as well as the 2016 Global Progress Report\(^4\), provide examples of such collaboration.

40. Although mechanisms of assistance and resources are available, these are often insufficient, or hard to access. There should be greater efforts to ensure that the assistance provided meets the needs of the Parties. In this sense, better coordination is needed, as well as prioritization of areas of assistance and a better understanding of the needs of the Parties.

41. South-south and triangular cooperation meetings convened by the Convention Secretariat have proved very effective in advancing implementation of the WHO FCTC. Such meetings should be held on a periodic basis.

42. The Convention Secretariat is working on the development of an interactive communication platform with a section on assistance to Parties, where Parties in need of support can post their requests and other Parties can offer assistance, thus promoting south-south cooperation.

43. In addition, the Convention Secretariat could convene meetings with key stakeholders for the provision of assistance, as recommended by the Working Group on Sustainable Measures.

44. Finally, resource mobilization strategies should be strengthened in order to increase efforts to ensure that the needs of the Parties are met.

ACTION BY THE CONFERENCE OF THE PARTIES

45. The COP is invited to note this report and provide further guidance.

---

\(^3\) Document FCTC/COP/7/4.

\(^4\) http://www.who.int/fctc/reporting/summary_analysis/