GOOD PRACTICES IN DATA COLLECTION, PREPARATION AND SUBMISSION OF FCTC IMPLEMENTATION REPORTS

Executive Summary

The WHO Framework Convention on Tobacco Control (WHO FCTC) requires Parties to submit periodic reports on treaty implementation to the Conference of Parties through the Convention Secretariat. The fourth session of the Conference of Parties (COP 4) in 2010 adopted a biennial reporting cycle synchronized with the regular COP sessions and a revised reporting instrument.

Several Parties have developed innovative systems and practices to improve the quality and utility of their implementation reports. This report is based on surveys, written submissions and interviews with key informants in 11 participating Parties from six WHO regions, and is aimed to describe good practices in WHO FCTC reporting. The report is expected to inform data collection and preparation of official FCTC implementation reports by Parties in the coming years.

The report presents four broad areas of practices that could contribute to strengthened Party reporting:
1. Improving data quality
2. Developing systems and processes for intersectoral coordination
3. Human and financial resources for reporting
4. Use of reports

1. Improving data quality

Most of the Parties that participated in this exercise have implemented tobacco-specific prevalence studies, such as the Global Adult Tobacco Survey and Global Youth Tobacco Survey to measure tobacco use. Panama reported that it is developing a comprehensive surveillance system for FCTC reporting. Some Parties use the WHO STEPS survey or have integrated tobacco-related questions into national health, consumer and behavioral surveys. Hungary managed to negotiate additional questions on tobacco prevalence in the regional European Health Interview Survey in 2014.

Parties like Bhutan, Iran and Kenya have also inspired non-health ministries to set up systems to collect data on tobacco agriculture, illicit trade and taxes. Canada actively engages subnational jurisdictions to gather a holistic picture of treaty implementation across the country.

Palau and Thailand drew on civil society expertise to enhance data for reporting. Almost all Parties worked with WHO data collection tools. Ghana received data inputs from the United Nations Development Programme as well. Development partners were involved in providing support for Pakistan’s data collection.

2. Developing mechanisms, processes and tools for intersectoral coordination

Most key informants reported having started preparing their implementation reports a month before the WHO FCTC deadline for submission. In most Parties, the FCTC Focal Point had set up mechanisms to get inputs from their counterparts in other contributing ministries. Sending official communication highlighting the reporting obligations and explaining what information is expected
from each agency was reported to have elicited better response from the contributing ministries.

Hungary developed reporting schedules with clear deadlines for various steps of information collation, including deadlines for the contributing ministries. Canada uses a reporting work plan and activity sheets to track progress. Some Parties have developed data templates that enable gathering information from different ministries. These are then collated by the FCTC focal point. Bhutan, Ghana and Iran, have effectively engaged their national coordination mechanisms for tobacco control to coordinate data collection and prepare the implementation report.

Bhutan and Turkey organize dedicated meetings with contributing agencies to draft the implementation reports. Kenya facilitated exposure of relevant sectors to international FCTC events, which improved sectoral contributions to reporting.

3. Human and financial resources for reporting

Dedicated human and financial resources in the coordinating and contributing ministries are important to produce quality implementation reports. Nine of the 11 Parties that contributed to this exercise said that complying with the reporting requirements take the equivalent of 15 full days of the focal point’s time; two Parties said 10 days or less. Often the focal points visit the contributing ministries to orient or motivate them to contribute to the FCTC report.

Most Parties spent upwards of USD 2000 in basic coordination of FCTC reporting. In Panama, short compliance study cost around US$ 15 000, and population-level studies such as the GATS incur around US$ 700 000. Parties managed cost effective data collection by integrating tobacco questions in related surveys or securing international resources.

4. In-country use of reports

World No Tobacco Day is seen as key opportunity that Parties could use to disseminate the findings of their implementation reports. Panama disseminates its findings through the media, others use it for sensitization of legislators and of other sectors. Panama encourages public access to the report via the Internet, while Ghana disseminates the national report to all stakeholders in the country. In Pakistan, WHO FCTC reports have consistently informed judicial action that advanced tobacco control efforts.

Outcomes of WHO FCTC reporting

Implementation reports have helped Parties in a variety of ways. These include development of data systems (Panama), policy advocacy (Canada, Kenya), improvements in the national tobacco control programme (Turkey), inspiring civil society advocacy (Pakistan, Palau), resource mobilization (Ghana) and improved multisectoral coordination (Iran).

Challenges in reporting

Linguistic barriers, poor online connectivity, lack of access to previously submitted data in the reporting data base and difficulty in accessing the online reporting tool across contributing sectors challenge some of the Parties. Parties expect any future review of the FCTC reporting mechanism to
address these concerns. Innovations shared between Parties and technical support from the Convention Secretariat will help overcome these difficulties and produce high-quality, useful reports.