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Ad Hoc Inter-Agency Task Force on Tobacco Control

Report of the Secretary-General

Summary

The present report is submitted pursuant to 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 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 Framework Convention on Tobacco Control.

The report reviews the work of the Task Force to date, provides a thorough overview of the main provisions of the Convention and highlights areas of collaboration among the various agencies. All members of the Task Force have a continuing role to play by working towards the goals of the Convention that relate to members’ expertise, resource endowments and comparative advantage. A United Nations 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, especially in the context of the prevention and control of non-communicable diseases. The 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 non-communicable disease control.

* E/2012/100.
I. Introduction

1. The challenges related to tobacco control have been high on the agenda of the Economic and Social Council for the past two decades, especially with the growth of the tobacco epidemic in developing countries. Successive reports to the Council have highlighted the multisectoral challenges related to tobacco control and evidence of tobacco use and its link to poverty. Non-communicable diseases related to tobacco use are adding an enormous burden to 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 non-communicable diseases.

2. The World Health Organization (WHO) Framework Convention on Tobacco Control, 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 that 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 and its members. Such multisectoral assistance, which by nature is specialized, requires close collaboration and coordination, with shared objectives, among the members of the Task Force. The urgency for successful implementation of the Convention was renewed in September 2011, when the General Assembly, at its High-level Meeting on Non-communicable Diseases, called for the comprehensive and effective implementation of the Convention as one of the key instruments to combat the global epidemic of non-communicable diseases. This was only the second high-level meeting on a health issue ever to be held by the Assembly, the first being on HIV/AIDS in 2000, and thus demonstrates the political momentum and interest in combating non-communicable diseases.

3. The Convention also provides a legal and regulatory framework to the parties for responding to the multisectoral challenges associated with its implementation, including the requirement that Governments set up multisectoral coordination mechanisms across ministries or departments. This particular obligation under the Convention has the potential to translate the “whole-of-Government approach” into national health and development policies and programmes that will serve to successfully align and harmonize implementation of the Convention.

4. According to the implementation reports of the parties, the major barriers to effective implementation of the WHO Convention in low- and middle-income countries include:

   - Lack of public and Government awareness about the burden posed by non-communicable diseases and tobacco use and about the potential global good of the Convention for public health
   - Lack of prioritization of tobacco control issues at the 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 deficits at the administrative and technical levels.
5. The sections below describe the multisectoral challenges involved in implementation of the Convention and the willingness and proactive approach by the members of the Task Force to address the 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 implementation of the Convention indicates that it is utilizing existing resources and mechanisms. The harmonization and alignment of its implementation within national development health plans and programmes and the strategic direction of its further integration under United Nations Development Assistance Frameworks at the 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. Ad Hoc Inter-Agency Task Force on Tobacco Control and its achievements

7. The United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control was established by the Secretary-General in 1999, pursuant to Economic and Social Council resolution 1999/56, to coordinate the tobacco control work being carried out by various United Nations system agencies. The Task Force is chaired by WHO through its Tobacco Free Initiative department. The purpose of establishing the 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 system.1 Since 2000, the Secretary-General has been reporting biannually to the Council at its substantive session on progress made by the Task Force to implement multisectoral collaboration on tobacco and health.

8. Since 1999, the Task Force has met nine times. The most recent meeting, held on 27 and 28 February 2012 at WHO headquarters in Geneva, focused on implementation of the Convention, pursuant to the action recommended by the Secretary-General in his report (E/2010/55 and Corr.1, para. 20) and to resolution 2010/8 of the Economic and Social Council. Participants included the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO), the secretariat of the WHO Framework Convention on Tobacco Control, the United Nations Development Programme (UNDP), the United Nations Conference on Trade and Development (UNCTAD), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the World Bank, the World Customs Organization, WHO, the World Intellectual Property Organization (WIPO) and the World Trade Organization, and the United Nations Environment Programme (UNEP) provided a written contribution. The Executive Office of the Secretary-General was represented in observer status.

9. Throughout the years, the work of the Task Force towards strengthening multisectoral collaboration on tobacco control has led to many outcomes, including:

1 The members of the Task Force are listed in the annex to the present report.
(a) 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 Convention. In particular, the FAO study entitled “Projections of tobacco production, consumption and trade to the year 2010” helped to 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;

(b) In the context of the Task Force work, WHO undertook a study in 2001 with input from the World Trade Organization on the impact of trade liberalization on tobacco. The study, in addition to modelling the impact of trade openness on tobacco use globally and in developing countries, mapped out in detail the public health impact of different trade agreements within the World Trade Organization and their link to tobacco control. This review served as an important background for the Convention negotiations during discussions on this issue;

(c) Following submission of the report of the Secretary-General on the activities of the Task Force in 2004 (E/2004/55), the Economic and Social Council adopted resolution 2004/62 on tobacco control, in which the Council recognized, among other things, the adverse impact of tobacco consumption on efforts towards poverty alleviation. That resolution has often been used in discussions with agencies and countries on recognizing the link between tobacco and poverty. WHO then produced the well-received publication entitled The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership, linking the contribution of tobacco control to the achievement of each of the eight Goals;

(d) Following the reports of the Secretary-General (E/2006/62 and E/2008/59) recommending that United Nations premises become smoke-free and the call for the same by the Council in its resolution 2006/42, the General Assembly adopted resolution 63/8 on smoke-free United Nations premises. As a result of that resolution, the United Nations was finally able to implement smoke-free premises in New York and in such other offices as the United Nations Office at Geneva;

(e) Following the presentation of the report of the Secretary-General on the activities of the Task Force in 2010 (E/2010/55 and Corr.1), the Council adopted resolution 2010/8 on tobacco use and maternal and child health. In the resolution, the Council 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. Importantly, the resolution recognizes the link between tobacco control and Goals 4 (reduce child mortality) and 5 (improve maternal health) of the Millennium Development Goals;

(f) The 2010 report also raised the issue of tobacco use among indigenous people. Consequently, the 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. The theme of the meeting was “Indigenous peoples’ health”;

(g) The Council, in its resolution 2010/8, requested the convening of a session focusing on multisectoral collaboration for the implementation of the Convention, referring to the 2010 report on the Task Force (E/2010/55 and Corr.1);

(h) Finally, members of the Task Force actively contributed to the work mandated by the Conference of the Parties in recent years through their observer status to the Conference of the Parties. 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 (World Customs Organization, United Nations Office on Drugs and Crime, ILO, World Bank, World Trade Organization, WHO); the intergovernmental working groups to elaborate guidelines on different articles of the Convention (FAO, ILO, World Bank, World Trade Organization, WHO, UNEP); the intergovernmental seminar on trade-related aspects of implementation of the WHO Convention (WIPO, World Trade Organization, WHO, UNCTAD); the regional workshops on the implementation of the Convention (World Bank, WHO, UNDP); needs assessments in lower resource countries (United Nations/UNDP country offices, WHO); as well as the sessions of the Conference of the Parties (ILO, World Bank, WHO, World Trade Organization, UNDP, Department of Economic and Social Affairs of the United Nations Secretariat). The input provided by the agencies was vital in achieving progress in respective treaty events and processes.

III. World Health Organization Framework Convention on Tobacco Control

10. The Convention is an evidence-based tool to save lives with the objective 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 (art. 3). The main provisions of the Convention include two critical areas, the reduction of demand for, and supply of, tobacco and the provisions covering multisectoral mechanisms, international cooperation and reporting on implementation of the Convention.

11. Within the Convention, there are two treaty bodies, the Conference of the Parties and the Convention secretariat. The Conference of the Parties is the governing body of the Convention 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 Conference of the Parties from 2006 to 2010. The fifth session will be held in November 2012 in Seoul. The Convention secretariat serves the Conference of the Parties and its subsidiary bodies. It supports the parties in fulfilling their obligations under the Convention, and ensures the necessary coordination with relevant international organizations under the guidance of the Conference of the Parties. The secretariat is responsible for implementation of the workplan adopted by the Conference of the Parties and is mandated by it for raising resources and mobilizing the relevant mechanisms to fulfil the activities under the workplan, with a particular focus on the needs of developing country parties and parties with economies in transition. The Convention secretariat performs its
functions in collaboration with the WHO Tobacco Free Initiative and other relevant offices of WHO and international partners.

IV. **Synopsis of experiences, needs and outstanding issues with regard to the objectives of the Convention and its implementation**

A. **Demand-side measures of the Convention**

12. Article 6 (Price and tax measures to reduce the demand for tobacco) 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. 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 to implement it. Draft guidelines are expected to be presented to the next meeting of the Conference of the Parties, in November 2012.

13. The following are key points of the guidelines related to article 6:

   • Measures on taxation, including regular and above inflation increases in taxation levels need to be strengthened.

   • Meaningful dialogue needs to be pursued and understanding promoted 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 per cent smoke-free). Guidelines for this measure have already been developed and adopted by the Conference of the Parties.

15. The following are key points of the guidelines related to article 8:

   • Protection from tobacco smoke needs to be extended to cover the whole population by creating 100 per cent 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.

   • The capacity to enforce appropriate measures already in place needs to be strengthened.

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 Conference of the Parties adopted partial guidelines on articles 9 and 10 in 2010, with further work in progress by its working group on guidelines. The WHO Tobacco Free Initiative is
the secretariat and coordinating body of the WHO Study Group on Tobacco Product Regulation and the WHO Tobacco Laboratory Network. The Study Group advises WHO on scientifically sound possible recommendations to member States that address effective and evidence-based means in order to fill the regulatory gaps in tobacco control and achieve a coordinated regulatory framework for tobacco products. The Network brings together laboratories from around the world to match the tobacco industry’s expertise in product-testing capabilities. Both the Study Group and the Network, through the Tobacco Free Initiative, have been working with the Conference of the Parties working group on articles 9 and 10 on guidelines for the implementation of those articles (partial guidelines have been adopted by the Conference of the Parties).

17. The following are key points of the guidelines related to articles 9 and 10:
   • Use of ingredients aimed at increasing the attractiveness of tobacco products needs to be banned or restricted.
   • Independent (non-tobacco industry run or influenced) testing facilities or laboratories within countries are either unavailable or countries lack access to another country’s testing facilities. There is a lack of legislation on this matter and a need to disclose such information to the public.
   • There is a clear and demonstrated need to build capacity at the regional level to verify the claims made by the tobacco industry; there is also a need to promote capacity-building and the sharing of best practices in order to strengthen regulatory mechanisms at the country level.

18. Under the provisions of article 11 (Packaging and labelling of tobacco products), parties are required to regulate the labelling and packaging of tobacco products, to include strong health warnings about the dangers of tobacco use as well as ban 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 such as “light”, “mild”, etc.). The guidelines adopted by the Conference of the Parties are available.

19. The following are the key points of the guidelines related to article 11:
   • 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, delays in the application of policies and filing of legal actions against the country.
   • Technical assistance, if needed, should be provided and best practices within and across regions and in line with the guidelines should be shared.

20. Article 12 (Education, communication, training and public awareness) relates to raising public awareness of tobacco control issues through all available communications tools, such as campaigns, educational programmes and trainings. Guidelines on article 12 to help parties in implementing this measure have also been adopted.

21. The following are the key points of the guidelines related to article 12:
   • There is insufficient public and media awareness about the specific harmful effects of tobacco use. Educational programmes, especially public awareness
campaigns, are resource intensive and thus may not be available. Sustained programmes are needed for greater impact.

• Public awareness campaigns that focus on gender issues in relation to tobacco, such as the 2010 World No Tobacco Day campaign carried out by WHO, which emphasized marketing directed at women, need to be implemented. The public needs to be educated about gender-specific marketing tactics employed by the tobacco industry in order to address how gender identity and gendered roles are manipulated by the industry.

• Technical assistance to parties needs to be promoted and provided in order to devise and implement a comprehensive communications strategy in line with the guidelines; sharing and access to educational campaign materials should be facilitated through various United Nations system agencies.

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

23. The following are key points of the guidelines related to article 13:

• The tobacco industry attempts to delay the introduction of, and circumvents, effective legislation; difficulties in tackling cross-border forms of advertising, with special regard to the Internet.

• There is a need for greater action on the part of Governments to mobilize support for appropriate measures and to provide technical assistance, where appropriate, and to share and promote good international practices, with special regard to curbing cross-border advertising at the 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 counselling, 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 support services. Guidelines to implement this article have also been adopted.

25. The following are key points of the guidelines related to article 14:

• There is a lack of integrated strategies at the national level, national-level guidelines for the integration of cessation strategies into primary health-care systems and training and counselling facilities.

• Countries should be assisted in developing appropriate national strategies to implement provisions relating to cessation support; and cessation services should be integrated into various levels of their health-care infrastructure.
B. Supply-side measures of the Convention

26. Article 15 (Illicit trade in tobacco products) addresses the commitment of parties to implement measures aimed at eliminating all forms of illicit trade in tobacco products. A protocol on illicit trade in tobacco products is currently being negotiated by the parties to the Convention. 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 most recent round of negotiations, which finalized a draft text for the Conference of the Parties at its fifth session, was held in Geneva from 29 March to 4 April 2012.

27. The key point to be made in respect of article 15 is that appropriate inter-agency support is needed in order to reinforce capacity for effective implementation, particularly at the developing country level and at the 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. The following are key points on implementation issues related to article 16:
   • Effective enforcement, with a particular focus on adequate capacity for monitoring implementation, is needed; attention should also be given to the enforcement of laws against the sale of tobacco products by minors.
   • Special attention should be paid to protecting minors in the implementation strategy, through appropriate communications and behavioural interventions.

30. Article 17 (Provision of support for economically viable alternative activities) aims to ensure the 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 article 17 and article 18 (Protection of the environment and the health of persons) has been set up and is currently developing policy options and recommendations that will be presented at the fifth session of the Conference of the Parties for possible adoption by the parties.

31. The following are key points on implementation issues related to articles 17 and 18:
   • Draft policy options and recommendations are being prepared for submission to the Conference of the Parties at its fifth session. Follow-up on the technical issues relating to framework and methodology is to be carried out with inter-agency partners.
   • Special attention will be paid to protecting policies aimed at creating alternatives to tobacco growing from being dismantled by the tobacco industry.
C. 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. With regard to 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 to measure the consequences of tobacco use and exposure to tobacco smoke. This is a key provision for building evidence in the decision-making process. The regular reports of the parties on implementation include information on any national surveillance and research programmes. At present, the information generated at the country level is not always of sufficient quality or comparable across countries. The Conference of the Parties has therefore called for the harmonization of the data collection and surveillance activities currently under implementation at the country level.

33. The following are key points on implementation issues related to article 20:

- There is limited national research and basic information (including prevalence data); sufficient national capacity and funding for research, monitoring and evaluation is lacking.
- There is a need to build technical capacity in research and establish surveillance programmes at the national, regional and global levels.
- Given that the guiding principles (art. 4) refer to the need to “take measures to address gender-specific risks when developing tobacco control strategies”, it would be important to ensure that a gender analysis is undertaken as part of the planning for strengthening a multisectoral and inter-agency response to implementation of the Convention and for integrating it into the United Nations Development Assistance Frameworks.

34. Article 21 (Reporting and exchange of information) highlights the importance of the reporting and exchange of information. Parties are required to report periodically on the implementation of the treaty (every two years, as decided by the Conference of the Parties). 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 the request of a party. Based on a decision by the Conference of the Parties, 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 issued as biennial reports thereafter. The next report will be submitted to Conference of the Parties at its fifth session. More than 70 per cent of the parties have submitted their implementation reports, observing the timeline adopted by the Conference of the Parties.

35. The following are key points on implementation issues related to article 21:

- Timely reporting by the parties is essential.

2 All reports are available from the WHO Convention secretariat website: http://apps.who.int/fctc/reporting/database.
• Capacity-building, through training and integration of reporting and exchange of information, needs to be promoted in national health information systems in order to ensure sustainability.

36. With regard to article 22 (Cooperation in scientific, technical and legal fields and provision of related expertise), less than half of the parties, overall, indicated any kind of assistance received or provided for any treaty-related activity. On the one hand, most of the assistance received or provided was in the area of establishing and strengthening national tobacco control strategies, plans and programmes. On the other hand, the least amount of international cooperation occurred in the area of tobacco-use cessation.

37. The following are key points on implementation issues related to article 22:

• Further facilitation of information sharing may improve cooperation in relation to compliance with various requirements of the Convention and may strengthen platforms for international cooperation.

• Such cooperation should be promoted through existing global, regional and subregional mechanisms.

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

38. General obligations under the Convention state that each party should develop, implement and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. The challenges that the parties face at the national level relate to the 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 the taxation of tobacco, education, broadcasting, combating illicit trade and so forth 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.

39. Regarding article 4 (Guiding principles) and article 5 (General obligations), 59 per cent of the parties reported that they had developed and implemented comprehensive and multisectoral national tobacco-control strategies, plans and programmes (art. 5 (1)). A national multisectoral coordinating mechanism exists in 68 per cent of the parties (art. 5 (2) (a)). In relation to article 5 (2) (b), 95 parties (66 per cent) 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 per cent) that 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. Fifty-one per cent of parties reported having taken action to protect their tobacco-control policies from the interests of the tobacco industry (art. 5 (3)).
40. The following are key points on implementation issues related to articles 4 and 5:

- Adequate technical and financial resources and capacities for tobacco control are lacking; effective national legislation on tobacco control is lacking; the tactics of the tobacco industry hinder the effective implementation of legislation or interfere with the development of such legislation; there is either a lack of or insufficient political will or intersectoral cooperation in tobacco control; tobacco control should be made a priority for non-health sectors.

- National multisectoral coordination mechanisms need to be strengthened. This could be accomplished jointly under the United Nations coordination framework at the country level.

41. The 2008 report of the Secretary-General (E/2008/59) identified the multisectoral challenges associated with the treaty as crucial for the implementation of the Convention. Additionally, the report highlighted the fact that the 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 the United Nations Conference on Sustainable Development (Rio+20).

42. Tobacco and poverty are closely associated. Tobacco prevalence is higher among the poor, and the income spent on tobacco often comes at high opportunity costs, with important resources being steered away from essential needs such as education and health, especially in the light of the limited resources of the poor. The WHO Tobacco Free Initiative provided more evidence on the link in two of its publications, *The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership* and *Systematic Review of the Link Between Tobacco and Poverty*.

43. More recently, the 2010 report of the Secretary-General (E/2010/55) called again for inter-agency support for the implementation of the Convention and recommended that the implementation should be integrated under the United Nations Development Assistance Framework as a single United Nations strategy at the country level.

44. At its fourth session, in November 2010, the Conference of the Parties took note of the above-mentioned report of the Secretary-General and emphasized, among other issues, the need to urge the Task Force to support multisectoral and inter-agency coordination for the strengthening of the implementation of the Convention within the whole United Nations system.

45. At that session, the Conference also took note of the action points, contained in the report, on the implementation of the Convention under the United Nations Development Assistance Frameworks. The session reaffirmed that the implementation of the Convention under the Frameworks is a strategic approach ensuring long-term and sustainable implementation, monitoring and evaluation of the implementation progress for developing country parties and parties with economies in transition, and it encouraged those parties to utilize the opportunities for assistance under the Frameworks.

46. Also at the fourth session, the Conference of the Parties decided to call upon parties, in particular the developed country parties, to include support to the implementation of the Convention as an eligible area of bilateral assistance programmes, provided that this assistance could 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 with WHO regional and country offices. The need to harmonize and align the implementation of the Convention with existing operating frameworks, such as the national health and development plans, and instruments, such as United Nations Development Assistance Frameworks, was highlighted. The joint needs assessment missions, in particular, involved interaction with the Resident Coordinator with a view to facilitating the inclusion of treaty implementation under the United Nations Development Assistance Framework, once the request was made.

48. In this context, the role of the United Nations system is very important because it can assist countries, in particular developing countries, in meeting their international obligations. On health issues such as tobacco control, WHO plays a prominent role but it needs support from other agencies at the country level.

49. It is also important to note that tobacco control is a key component of the control of non-communicable diseases. The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases showed the commitment of the global community to take serious actions to tackle non-communicable diseases. There was a clear consensus that non-communicable diseases 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 had not yet done so to consider acceding to the Convention.

50. In the Declaration, special assignments were also given to WHO, in coordination with other United Nations system agencies, to support national efforts for non-communicable disease prevention and control. WHO will need to exercise a coordinating role within the United Nations system in promoting and monitoring global action against non-communicable diseases. An important element of this work will be to develop joint programmes at the country level, including the implementation of the Convention under the United Nations Development Assistance Framework, which will help to integrate non-communicable diseases 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 United Nations country teams in March 2012 on how to integrate the commitments of the Political Declaration on non-communicable diseases into the United Nations Development Assistance Framework design processes and implementation.

51. 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 the normative, technical and operational levels. This synergy is reflected in the decisions of the respective bodies which make references to the strengthening of multisectoral collaboration, inter-agency support and the implementation integration of the Convention under the United Nations Development Assistance Frameworks. This synergy has the potential to bring greater dividends in the context of the global response to non-communicable diseases.
Trade-related issues

52. In the preamble to the Convention, the 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 the implementation of the Convention.

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 favourable to public health. In their decisions, courts have often used the Convention 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 World Trade Organization law and international investment agreements; however, these challenges are against forceful, good faith efforts by States to reduce tobacco use in line with the provisions of the Convention and its guidelines.

55. International investment agreements include bilateral investment treaties and regional or bilateral trade agreements with investment provisions. Such agreements are concluded between States to protect investors from one State that invests in the other, with the purpose of attracting development and enhancing foreign investment. International investment agreements have increased exponentially in number over the past 20 years, with the result that almost every State, including parties to the Convention, have signed at least one such agreement. The agreements represent a potential risk to the parties to the Convention since they can be used to challenge the parties’ national tobacco control measures. In order to address this potential problem, States could consider negotiating more sustainable development-friendly international investment agreements in the future, renegotiating or amending existing agreements or using interpretative or other means to clarify the legal interaction between the agreements and tobacco-control measures, including through decisions of the Conference of the Parties. It is important that States have the technical and substantive capacity for all of this.

56. With regard to trade issues, WHO undertook a study in 2001, with input from the World Trade Organization, on the impact of trade liberalization on tobacco use. The recent update of that study is entitled “Confronting the tobacco epidemic in a new era of trade and investment liberalization”. WHO and the Convention secretariat are following closely current World Trade Organization discussions on the Trade-Related Aspects of Intellectual Property Rights and the Agreement on Technical Barriers to Trade relating to the measures taken by the World Trade Organization members/parties to the Convention in respect of additives to and plain packaging of tobacco products. There is also a WHO in-house task force, comprising members of the Department of Public Health, Innovation and Intellectual Property, the Department of the Tobacco Free Initiative and the Convention secretariat, to examine the relationship between public health and trade, in particular with regard to tobacco-control issues. In addition, with regard to existing disputes involving bilateral investment treaties, the WHO Director General has reiterated the support of WHO to the countries facing such disputes.
57. Following a decision by the Conference of the Parties at its fourth session (FCTC/COP4(18)), WHO and the Convention secretariat are developing, with input from the World Trade Organization, a comprehensive report for presentation to the Conference of the Parties at its fifth session that explores options for cooperation with the World Trade Organization on trade-related tobacco control issues as a means of strengthening the 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 the parties on trade-related aspects of tobacco control, which has commenced with the holding of an intergovernmental workshop for health and trade representatives, with the participation of WHO, WIPO, the World Trade Organization and UNCTAD.

58. The following are key points on trade-related issues:

- It should be clarified at global trade forums that World Trade Organization agreements and implementation of the Convention are not incompatible as long as the Convention is implemented in a non-discriminatory fashion and for reasons of public health.
- Countries should be provided with “toolboxes” for use by their Governments to ensure that effective tobacco control and trade and investment measures are implemented synergistically.

E. General action points

59. Participants at the special meeting of the Task Force were in agreement that the implementation of the Convention at the country level needed multisectoral input and that therefore inter-agency collaboration to support the implementation was crucial. This can be done through:

- Providing expert input and advice on specific areas of implementation of the Convention, which are within the respective mandate and competencies of Task Force members.
- Creating an effective assistance mechanism at the national level, in particular through integration of Convention implementation in United Nations Development Assistance Frameworks, especially in the context of non-communicable disease prevention and control.
- Giving confidence to developing countries, in particular the least developed countries, on the availability of institutional support.
- Harnessing the good will of line ministries at the country level by the respective Task Force member agencies in their respective domains.
- Promoting the “whole-of-Government approach” and multisectoral collaboration in a meaningful and effective manner.
V. **Areas of collaboration among agencies for the implementation of the Convention**

60. Pursuant to the thrust of the report of the Secretary-General (E/2010/55 and Corr.1) and the mandate of Economic and Social Council resolution 2010/8, WHO will continue to coordinate and participate actively in the multisectoral response and assistance received from the members of the Task Force and in the work undertaken towards maximizing the efforts of the Task Force in respect of implementation of the Convention and the decisions of the Conference of Parties across regions and countries. It will do this through the work and mandates of the Convention 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 the parties in strengthening their capacity to implement specific provisions of the Convention, the areas of collaboration indicated by other Task Force members to help to facilitate the implementation of the Convention under the relevant articles, based on their expertise, resource endowment and comparative advantage, are set out below.

<table>
<thead>
<tr>
<th>Article of the Convention</th>
<th>Agency</th>
<th>Specific action</th>
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<tbody>
<tr>
<td>Article 5 (General obligations)</td>
<td>UNDP</td>
<td>Take into account requirements of article 5 in the UNDP country-level role as convener and coordinator, where appropriate and under its governance programmes</td>
</tr>
<tr>
<td>Article 6 (Price and tax measures to reduce the demand for tobacco)</td>
<td>World Bank</td>
<td>– Support countries with the design, implementation and evaluation of tobacco tax policies, upon countries’ demand. This effort would complement ongoing efforts by WHO Tobacco Free Initiative in this area</td>
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<td></td>
<td>– Collaborate with the Convention secretariat to assess the possibility of having joint needs assessment missions with regard to article 6 issues</td>
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<td></td>
<td>– Conduct research to assess the potential regressivity of tobacco taxes as well as the impact of tobacco use in poverty</td>
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<tr>
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<td></td>
<td>– Conduct research on the effects of tax in cases on tobacco economic agents, in particular farmers, as well as illicit tobacco trade</td>
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<tr>
<td>Article 8 (Protection from exposure to tobacco smoke)</td>
<td>ILO</td>
<td>Implement the ILO SOLVE programme (an interactive educational programme designed to assist in the development of policy and action to address health promotion issues at the workplace) to promote smoke-free workplaces</td>
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<tr>
<td>Article of the Convention</td>
<td>Agency</td>
<td>Specific action</td>
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| Article 12 (Education, communication, training and public awareness) | United Nations Educational, Scientific and Cultural Organization (International Bureau of Education) | – Include tobacco awareness in school curriculums and teacher trainings  
– Promote smoke-free schools |
| Article 15 (Illicit trade in tobacco products) | World Customs Organization, World Trade Organization | Provide support to the future implementation of the Protocol to eliminate illicit trade in tobacco products |
| Article 17 (Provision of support for economically viable alternative activities) | FAO (Agriculture Department) | 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) | Provide updates on world tobacco production and market situation (subject to funding: minimum budget required $50,000) |
| | UNCTAD | – Collaborate with key partners, including international agencies to conduct research and analysis of the tobacco supply chain “from the farm to the cigarette”  
– Conduct a policy review of tobacco-producing developing countries (including diversification options) |
| | ILO | – Expert input to the Convention working group on articles 17 and 18  
– Update a 2003 study on the state of employment in the tobacco sector globally (forthcoming November 2012 report)  
– Develop an economic and labour market analysis; a toolkit on agricultural cooperatives; training materials for establishing small enterprises and for local development; value chain development tools (rural) and rural skills development tools  
– 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 |
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<th>Specific action</th>
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<tr>
<td><strong>UNEP</strong></td>
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<td>Promote a green economy framework for economically viable alternatives for tobacco growers and workers</td>
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<tr>
<td><strong>WIPO</strong></td>
<td></td>
<td>While not specific to the implementation of the Convention, WIPO provides technical assistance and capacity-building support to actions by Governments and institutions to help farmers to add value to their crops and agribusinesses using branding and intellectual property tools</td>
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**Article 18**  
(Protection of the environment and the health of persons)  

- UNEP  
  Provide technical assistance related to:  
  - Sound management of chemicals in tobacco growing  
  - Environment audits, impact assessments of tobacco growing  
  - Integrating tobacco-related issues within national environmental protection programmes |

**Articles 20, 21 and 22**  
(Research, surveillance and exchange of information; Reporting and exchange of information; and Cooperation in the scientific, technical and legal fields and provision of related expertise)  

- UNCTAD  
  Share databases and information on:  
  - Developing trade information systems on tobacco jointly with WHO  
  - Trade indicators such as export revenue  
  - Trade data (all bilateral official trade data)  
  - Border measures, including import tariffs, tariff-rate quotas  
  - Non-tariff measures |

- UNDP  
  Integrate Convention/Non-communicable diseases reporting into the *Human Development Report* |

- World Bank  
  - Cooperate with WHO for harmonizing surveys on tobacco, such as the Living Standards Measurement Study, and provide input in respect of existing questions on tobacco in WHO surveys  
  - Cooperate with the Convention secretariat to analyse data collected from the reporting instrument |

- ILO  
  Information/knowledge-sharing on:  
  - Databases on labour market indicators, including employment data in the tobacco sector  
  - Occupational injuries statistics from household surveys  
  - Databases on labour standards |
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<td></td>
<td>– Databases on child labour</td>
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<td></td>
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<td>– Decent work country profiles and programmes</td>
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**Cross cutting issues**

**Development**

**UNDP**

– Integrate issues related to the Convention/non-communicable diseases into discussions held at Rio+20 and into post-Millennium Development Goals discussions

– Incorporate issues related to the Convention/non-communicable diseases into the Millennium Development Goals acceleration framework (focus on Goals 4 and 5)

– Integrate issues related to the Convention/non-communicable diseases into United Nations Development Assistance Framework processes/guidelines/policy coherence

– Support operational research to ensure that development instruments (e.g., social protection) do not negatively impact progress in combating non-communicable diseases

**UN-Women**

– Advocate for the inclusion of gender advocates and women’s organizations at all levels of policymaking and the implementation of the Convention

– Advocate for the elimination of the targeted marketing of tobacco products towards women, particularly young women, and support the promotion of gender-specific tobacco control strategies that have an impact on women’s health

**UNCTAD**

– Raise awareness among developing country policymakers about the possible interaction between international investment agreements and the Convention

– Assist in providing sustainable approaches to the (re)negotiation and interpretation of international investment agreements

**Trade (and investment)**

**UNCTAD**

Promote coherence between international investment agreements and other public policies/bodies of international law (e.g., the Convention)

**UNCTAD and World Trade Organization**

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 the Conference of the Parties at its fifth session.
VI. Conclusions and recommendations

A. Conclusions

62. The following conclusions can be drawn from the present report:

- Effective implementation of the Convention 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 interactions.
- The Task Force can play a key role to ensure policy and programme coherence at both the multilateral and national levels to avoid overlap and to build strategies on existing policy frameworks and tools.
- Task Force gatherings should be organized at shorter intervals in order to be able to be aligned with the international dialogue held in the context of Rio+20, the follow-up to the High-level Forum on Aid Effectiveness, held in Busan, Republic of Korea, in 2011, the post-2015 development agenda, the sessions of the Economic and Social Council and developments related to the “Delivering as one” trust fund.

B. Recommendations

63. The following recommendations are submitted to the Economic and Social Council:

At the political level and on general directions

- Commitment is needed from agencies at the highest levels and the approach needs to be United Nations-wide. This commitment should be translated into concrete action to extend support, particularly to the developing countries.
- The Convention should be promoted by means of a whole-of-Government approach.
- Communication on tobacco control should be expanded to reach out to a larger audience, beyond that of tobacco control/health professionals, by highlighting the tobacco control efforts within the context of the prevention and control of non-communicable diseases.
• Expertise should be brought in to translate tobacco control initiatives into economic gains in order to promote decision-making at the policy level.

• The work of the United Nations as a whole should be protected from the interference of the tobacco industry.

At the technical level

Each member of the Task Force has a particular contribution to make in order to facilitate implementation of the Convention, corresponding with the specific activities contained in the text and table of section IV above.

At the operational level

Members of the Task Force are encouraged to:

• Create an effective assistance mechanism at the national level, in particular through integration of Convention implementation in United Nations Development Assistance Frameworks.

• Create a “One United Nations” coordinated approach to the implementation of the Convention.

• Integrate the Convention within the future work to be carried out on non-communicable disease control, in view of the fact that tobacco is also a precursor to other risk factors for non-communicable diseases.

• Ensure that there is policy coherence at both the national and international levels when developing action plans on Convention implementation at the country level.

• Take advantage of existing tools within different organizations to strengthen inter-agency collaboration with regard to the implementation of the Convention, including the organization of joint missions, resource mobilization efforts and intersectoral support.
Annex

Members of the Ad Hoc Inter-Agency Task Force on Tobacco Control

Department of Economic and Social Affairs
Food and Agriculture Organization of the United Nations
International Civil Aviation Organization
International Labour Organization
International Monetary Fund
Office of the United Nations High Commissioner for Human Rights
Secretariat of the Permanent Forum on Indigenous Issues
Secretariat of the World Health Organization Framework Convention on Tobacco Control
United Nations Children’s Fund
United Nations Conference on Trade and Development
United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women)
United Nations Development Programme
United Nations Educational, Scientific and Cultural Organization
United Nations Environment Programme
United Nations Fund for International Partnerships
United Nations Office on Drugs and Crime
United Nations Population Fund
World Bank
World Customs Organization
World Health Organization
World Intellectual Property Organization
World Trade Organization