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TOBACCO CONTROL GOVERNANCE IN SUB-SAHARAN AFRICA

*Implementing Article 5.2(a) of
the World Health Organization
Framework Convention on
Tobacco Control*

DISCUSSION PAPER



FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

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TABLE OF CONTENTS

Acknowledgements.....	2
Abbreviations.....	3
Executive summary.....	4
Chapter 1 – Background.....	7
Tobacco is a significant health and development challenge.....	7
Sub-Saharan Africa is vulnerable to tobacco use and its consequences.....	7
The WHO FCTC requires a comprehensive and coordinated response.....	8
Chapter 2 – Focal points and national coordinating mechanisms.....	11
Tobacco control focal points.....	12
National coordinating mechanisms.....	12
Chapter 3 – Methodology.....	13
Chapter 4 – Findings and discussion	15
Chapter 5 – Recommendations	30
Recommendations for tobacco control focal points.....	30
Recommendations for national coordinating mechanisms.....	30
General recommendations for focal points and national coordinating mechanisms.....	32
Conclusion	33
Annex 1. Data points for analysing WHO FCTC Party reports.....	34
References	35



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ABBREVIATIONS

ANVISA	Agência Nacional de Vigilância Sanitária (National Health Surveillance Agency, Brazil)
CEDAW	The Convention on the Elimination of all Forms of Discrimination Against Women
CONICQ	National Commission for the Implementation of the WHO FCTC (Brazil)
COP	Conference of the Parties to the WHO FCTC
CSO	Civil society organization
CVD	Cardiovascular disease
DALY	Disability-adjusted life year
ECOSOC	UN Economic and Social Council
GDP	Gross domestic product
HIV	Human immunodeficiency virus
IAC-T	Inter-Agency Committee – Tobacco (Philippines)
INCA	National Cancer Institute (Brazil)
ITC	International Tobacco Control Policy Evaluation Project
LMICs	Low- and middle-income countries
MDGs	Millennium Development Goals
NCD	Non-communicable disease
NCM	National coordinating mechanism
NGO	Non-governmental organization
SDGs	Sustainable Development Goals
SSA	Sub-Saharan Africa
TB	Tuberculosis
UNDP	United Nations Development Programme
UNGA	United Nations General Assembly
WHO	World Health Organization
WHO AFRO	World Health Organization African Region
WHO FCTC	World Health Organization Framework Convention on Tobacco Control
YLDs	Years lived with disability
YLLs	Years of life lost

EXECUTIVE SUMMARY

Tobacco use is not just one of the world's largest, most pressing and most preventable health concerns, it is also a major barrier to sustainable development. Rooted in social inequities, tobacco use imposes significant social, economic and environmental harm on individuals, families and national economies. The causes and consequences of tobacco use are endemic to countries at all stages of development.

Sub-Saharan Africa (SSA), where tobacco use is increasing dramatically, is uniquely vulnerable. Most sub-Saharan African countries are in the early stages of the tobacco epidemic and have yet to endure the full consequences of tobacco-related death and disease. This situation is fast-changing. The region's rising incomes and young populations, among other factors, have made it a primary target of tobacco industry efforts to expand markets for its lethal products. Without urgent responses, hard-won development gains in sub-Saharan Africa are at risk of stagnation or reversal.

The recently endorsed 2030 Agenda for Sustainable Development sends a strong and clear message that current tobacco trends and sustainable development cannot coexist. Target 3.a. of the Sustainable Development Goals (SDGs) commits all countries to strengthen implementation of the main tool in the global fight against tobacco: the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). Strengthened implementation of the WHO FCTC, an international and legally binding treaty, with 180 Parties as of February 2016, is crucial to reduce premature mortality from non-communicable diseases (NCDs, target 3.4). Strengthened implementation would also deliver shared gains across the entire agenda, given the multidirectional relationship between tobacco, poverty, inequalities and other goals and targets.

The WHO FCTC acknowledges that most well-proven tobacco control measures require the meaningful engagement of sectors beyond health, such as finance, tax, justice, agriculture, trade, labour, education, youth and others. Taxation on tobacco products – by far one

WHO FCTC Article 5.2(a): Towards this end, each Party shall, in accordance with its capabilities: (a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control.

of the WHO FCTC's most effective demand reduction measures – is an example. Though health officials help to develop health-optimal frameworks for taxing tobacco products, the finance ministries and/or revenue authorities typically have core taxation responsibilities. Herein lies one of the greatest challenges that countries face in developing and maintaining a set of comprehensive tobacco control policies: establishing a governance framework, or leveraging an existing one, that can coordinate the complexities of tobacco control interventions while facilitating cooperation between sectors and administrative bodies.

WHO FCTC Article 5.2(a) addresses directly the complexities – and opportunities – of involving various government sectors in tobacco control. It obliges Parties to establish or reinforce, and then finance, a governance process for WHO FCTC implementation.

The two entities called for in Article 5.2(a) – tobacco control focal points and national coordinating mechanisms (NCMs) – are intended to serve different though related and mutually reinforcing functions. The focal point refers to a central contact person(s) or institution within government responsible for facilitating WHO FCTC implementation and communicating information about implementation within and outside the country. An NCM refers to the multisectoral institution established by the government to coordinate tobacco control within the country and with international entities such as the WHO FCTC Convention Secretariat, and to oversee general governance-related issues for tobacco control. Focal points and NCMs can both help manage intra-governmental conflicts, promote policy coherence, protect against tobacco industry

interference in policymaking, improve information sharing, and facilitate co-benefit analysis, planning and financing. Both are critical for tobacco control generally and WHO FCTC implementation specifically.

The United Nations Development Programme (UNDP) supports countries to implement the SDGs, including through mainstreaming, acceleration and policy support. With respect to tobacco control, UNDP leverages its core competencies in poverty and inequality reduction and multisectoral governance. UNDP's collaboration with the Secretariat for the WHO FCTC to help countries implement Article 5 of the Convention also contributes directly to its broader efforts in supporting countries to develop effective, accountable and transparent institutions. This report, jointly produced by UNDP and the Convention Secretariat, examines current and historical efforts across SSA to establish functioning tobacco control focal points and NCMs, in furtherance of Article 5.2(a). Based on an in-depth review of WHO FCTC Party reports, official needs assessments and internal government documents from select countries, as well as a wide set of key informant interviews with focal points, members of NCMs and civil society leaders, the report makes two main contributions in supporting WHO FCTC Parties to fulfil their Article 5.2(a) obligations. The first is a deep exploration of the lessons, experiences and good practices that have accrued amongst the now 43 SSA Parties since the treaty came into force in 2005. These are presented around six key areas for governments to consider with respect to focal points and in the design of their NCMs: (1) leadership; (2) composition, including size and membership; (3) lines of authority and statutory power; (4) funding; (5) international linkages; and (6) fitting within the broader NCD agenda.

The report's second main contribution is a set of pragmatic recommendations for policymakers to institutionalize well-functioning and reliably financed tobacco control focal points and NCMs. Key recommendations urge that these entities are established or reinforced with: clear and significant legitimacy; sufficient technical expertise in tobacco control; and the ability to coordinate and engage with key stakeholders, including possibly disputatious ones. Both entities must also prioritize transparent,

comprehensive and accurate reporting, particularly given the persistent threat of tobacco industry interference in policymaking. Above all, their functions, roles and responsibilities should at all times advance the overarching policy objectives of the WHO FCTC.

The report's intended audience is those involved in developing, implementing and strengthening intra-governmental mechanisms to implement the WHO FCTC. While the report is perhaps most relevant to policymakers and civil society organizations working on tobacco control in SSA, many of its reflections and recommendations are applicable to other contexts, and to multisectoral health and development issues beyond tobacco. The intention is that WHO FCTC Parties will use the report to realize the social, economic and environmental benefits of strengthened tobacco control governance.



Structure of the document

Background discusses the health and development dimensions of tobacco, the need for urgent action in SSA, and the WHO FCTC's coordinated, multisectoral approach to tobacco control.

CHAPTER

1

Findings and discussion

first provides an overview and analysis of key findings. It then offers a deep exploration of six key areas governments should consider routinely with respect to tobacco control focal points and in the design of their NCMs.

CHAPTER

4

Focal points and national coordinating mechanisms provides a conceptual discussion of the two governance entities called for in Article 5.2(a) of the WHO FCTC, noting their mutually reinforcing functions for tobacco control and treaty implementation.

CHAPTER

2

Recommendations

provides concrete suggestions, based on the analysis, for Parties seeking to institutionalize tobacco control focal points and NCMs in furtherance of WHO FCTC implementation.

CHAPTER

5

Methodology presents the study's research methodology, including its minor limitations.

CHAPTER

3

The conclusion recaps the paper's high-level messages and reiterates the importance of strong tobacco control governance in sub-Saharan Africa and beyond.



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