

ASSESSING THE NATIONAL CAPACITY
TO IMPLEMENT EFFECTIVE
TOBACCO CONTROL POLICIES

Operational Manual

on planning, conduct and follow-up
of joint national capacity assessments



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Introduction

Tobacco is a risk factor for six of the eight leading causes of death throughout the world and will threaten the lives of one billion people during the current century. This was recognized by World Health Organization (WHO) Member States and has resulted in the negotiation and adoption at the 56th World Health Assembly in May 2003 of the WHO Framework Convention on Tobacco Control (WHO FCTC), the first public health treaty negotiated under the auspices of WHO. As of November 2012, 175 countries and the European Union have become Parties to the WHO FCTC.

The core provisions of the WHO FCTC, aimed at reducing demand for tobacco products, are as follows.¹

- Price and tax measures to reduce the demand for tobacco.
- Non-price measures to reduce the demand for tobacco, namely:
 - protection from exposure to tobacco smoke
 - regulation of the contents of tobacco products
 - regulation of tobacco product disclosures
 - packaging and labelling of tobacco products
 - education, communication, training and public awareness
 - tobacco advertising, promotion and sponsorship
 - demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC apply to the following areas:²

- Illicit trade in tobacco products
- Sales to and by minors
- Provision of support for economically viable alternative activities.

The WHO FCTC and its guidelines provide the foundation for countries to implement and manage tobacco control. To help countries fulfil their WHO FCTC obligations, in 2008 WHO introduced the MPOWER package of six evidence-based tobacco control measures that are proven to reduce tobacco use and save lives. The MPOWER measures provide practical assistance with country-level implementation of effective policies to reduce the demand for tobacco. The MPOWER measures focus on demand reduction, although WHO also recognizes the importance of, and is committed to, implementing the supply-side measures contained in the WHO FCTC.

These measures are the best-buy and good-buy interventions [5] for substantially reducing tobacco use and scaling up the fight against noncommunicable diseases.

Each of the MPOWER measures corresponds to at least one demand-reduction provision of the WHO FCTC and forms an integral part of the WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, endorsed at the 61st World Health Assembly in 2008. These best-buy/good-buy measures to reduce tobacco use are:

- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, promotion and sponsorship
- **R**aise taxes on tobacco.

1 WHO FCTC Arts. 6-14.

2 WHO FCTC Arts. 15-17.

The *WHO report on the global tobacco epidemic* (2008, 2009, 2011) (6, 7, 8) provides a stark reminder that only a small percentage of the global population is fully protected by these tobacco control measures. The vast majority of the world's population is not protected from the harm done by tobacco by effective demand reduction measures. There is, therefore, an urgent need for each country to assess its capacity to develop, implement and enforce effective measures to reduce the use of tobacco.

This publication describes a methodology for use by governments and civil society to assess a country's capacity to implement tobacco control policies effectively.

The assessment will provide the answer to two fundamental questions, namely:

- which policy areas require immediate attention³ to reduce tobacco use in a given country?
- what can be done, and how, to strengthen capacity to support the implementation of the policy areas identified?

Governments will decide whether to carry out an assessment of national capacity for tobacco control and will also lead the process. WHO⁴ will work with a national Government to coordinate, support and carry out the practical steps of the assessment.

All countries can benefit from a capacity assessment, but the process may be most beneficial and urgent in countries in which:

- the prevalence of tobacco use is high or the nature of the epidemic is worsening;
- there is a high burden of disease attributable to tobacco use;
- there are challenges in implementing specific measures of the WHO FCTC with defined deadlines, or
- one or more tobacco control interventions have been implemented and the time has come to evaluate progress and consider next steps.

This document describes the basic elements of a capacity assessment. It is intended for use both by governments and by civil society, as well as by WHO and other partners. The document answers such questions as: why a capacity assessment should be conducted; who should do it and how; and what methodology should be used.

The document has three main sections:

- Section 1 Rationale – introduces the rationale for conducting an assessment of national capacity to implement effective tobacco control policies, and describes the main elements to be assessed.
- Section 2 Practical steps – outlines how to prepare and conduct a capacity assessment, including detailed steps on what to do before and during the assessment exercise; and also how to deal with the post-assessment period and guide the post-assessment follow-up.
- Section 3 Tools – provides specific tools that are useful for planning and conducting the assessment, as well as for the post-assessment phase and follow-up.

³ Including "quick wins".

⁴ "WHO" refers to all levels of the World Health Organization (i.e. headquarters, regional offices, country offices). Specific roles and responsibilities within the Organization will be defined internally for each capacity assessment, as required.

Section 1 Rationale

This section provides the rationale for assessing national capacity for tobacco control to implement effective tobacco control policies, and describes the main elements to be assessed.

1.1 What is a national capacity assessment?

A national capacity assessment is a joint exercise between a Government and WHO, with the participation of national and international partners, to guide a country in the implementation of specific tobacco control measures by identifying its capacity (with its strengths and opportunities, as well as barriers and obstacles) for the implementation of these measures.

The assessment includes an analysis of the commitment and the organizational structure available to implement selected demand-reduction measures of the WHO FCTC (MPOWER measures) as best-buy interventions (5) for substantially reducing tobacco consumption and scaling up the fight against noncommunicable diseases. The assessment also examines the partnerships (within the Government and between the Government and other interested parties); human and financial resources and needs; and the technical, managerial and political processes indispensable for implementing the policies effectively. Countries may also wish to assess the implementation of other specific tobacco control measures, according to national circumstances and priorities and in the context of their obligations under the WHO FCTC: therefore, at countries' request, these additional measures may be included in the assessment exercise, bearing in mind the additional time and resources that this may entail.

Because a capacity assessment is mainly intended to guide Government policy, assessments may be conducted every five years, if necessary.

1.2 What is the end-product of the assessment?

The end-product of the assessment is a set of recommendations with potential actions to guide government and civil society at any stage in the process of developing, implementing or evaluating their approach to tobacco control (joint assessment report). This report is prepared jointly by the assessment team, in agreement with WHO and the host Government. The report may result in statements of national policy and priorities as a basis for the country's medium-term plan for tobacco control.

1.3 Benefits of assessing national capacity

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