

Contributions to the 2030 Agenda for Sustainable Development

ECOSOC functional commissions and other intergovernmental bodies and forums, are invited to share relevant input and deliberations as to how they address goals and targets from the perspective of "Ensuring that no one is left behind".

Inputs could follow the following template, inspired by the report of the Secretary-General on Critical milestones towards coherent, efficient and inclusive follow-up and review at the global level (A/70/684).

Submissions will be publicly posted online at the United Nations Sustainable Development Knowledge Platform, at sustainabledevelopment.un.org, as input to the 2016 meeting of the High-level Political Forum on Sustainable Development.

Please send the completed form no later than **16 May 2016** to the Secretariat's e-mail pietracci@un.org

Submission Form

1. An assessment of the situation regarding the principle of "ensuring that no one is left behind" at the global level:

The WHO Framework Convention on Tobacco Control is one of the most rapid embracing international treaties in the UN history.

In its preamble, the treaty expresses the specific needs of "vulnerable populations". It includes references to the needs of the poor, women and young girls and youth in general.

Parties of the Convention committed themselves to give priority to their right to protect public health. In its Guiding principles, the treaty addresses the specific needs to promote the participation of indigenous individuals and communities, to address gender-specific risks when developing tobacco control strategies and includes provisions on sales to and by minors.

The Conference of the Parties (COP) is the governing body of the WHO FCTC and is comprised of all Parties to the Convention. It keeps under regular review the implementation of the Convention and takes the decisions necessary to promote its effective implementation, and may also adopt protocols, annexes and amendments to the Convention according to its priorities and ensuring the Guiding principles are addressed in its decisions.

The Convention Secretariat is established by COP and is hosted by WHO. It provides secretariat support to the activities of the governing bodies and assists Parties in complying with the WHO FCTC, its protocols and guidelines and works to ensure that vulnerable groups according to the treaty preamble and guiding principles are covered by the different measures implemented by Parties.

The Convention currently has **180 Parties** which covers more than 90% of the global population.



The Conference of the Parties has 27 International Intergovernmental Organizations and 20 Nongovernmental Organizations accredited as observers. Observers may also participate in the work of the COP. State No-Parties are also invited to attend the COP as observers.

After becoming Parties to the Convention, states have engaged in their implementation work. Evidence primarily deriving from Parties' reports to the COP as well as from other relevant research indicates that the Convention has made a powerful contribution to tobacco control and reducing smoking globally. Parties that have implemented strong FCTC policies have on average experienced greater reductions in smoking prevalence and thus will experience future reductions in smoking-related mortality and morbidity. After the entry into force of the Convention, more than 80% of its Parties have adopted new or have amended their existing comprehensive tobacco control legislations to bring them in line with their obligations under the Convention. Although various articles to the Convention have attracted diverse reported implementation rates, measures to ensure smoke-free environments, effective packaging and labelling of tobacco packs and communication programmes and banning sales to minors have been implemented by more than two-thirds of the Parties. Measures such as plain packaging of tobacco products, extending smoke-free regulations to cover outdoor areas and private cars, banning displays of tobacco products at the points of sale resulted from Parties coordinated efforts to engage in strong measures and innovative approaches in tobacco control.

COP established a mechanism of assistance to ensure that all Parties have access to assistance in their implementation work, upon their request. In the eleven years of existence, around 40 Parties have been supported with joint needs assessments to address the needs and gaps from Parties in implementation of the WHO FCTC. Additionally, as part of the global network who supports the Parties in their implementation work six global knowledge hubs have been established and are functional in the six WHO regions. Five observatories to monitor tobacco industry strategies have also been established to monitor tobacco industry strategies and their efforts to interfere with public health policy development and implementation; these observatories will serve as sentinels of a global platform to address tobacco industry interference in line with Article 5.3 of the Convention, one of its key cross-cutting measures.

2. The identification of gaps, areas requiring urgent attention, risks and challenges:

The implementation of the treaty has increased thoroughly and steadily. Nevertheless, a number of challenges have been reported by Parties as part of their mandatory biannual reporting cycle. Among the biggest challenges reported some were particularly common:

- 1. Tobacco industry's interference with the policy making and legislation process is reported as the #1 challenge. The industry promotes its deadly products through aggressive tobacco advertisement, promotion and sponsorship, targeting women and girls and vulnerable groups.
- 2. Parties, particularly the developing country Parties and Parties with economic in transition report a lack of financial resources to implement the WHO FCTC. Eleven (11) years after the Convention entered into force, some Parties still do not have designated tobacco control programme and budget in the Ministry of Health to implement the Convention.
- 3. Multisectoral coordination at the national level to meet the obligation under the WHO FCTC remains a challenge as the treaty implementation work still relies very much on the leadership of the health sector.

3. Valuable lessons learned on ensuring that no one is left behind:

One strength of the development of the Convention has been its inclusiveness approach and the evidence-based characteristic of the treaty.



The guidelines and policy options and recommendations are developed through a wide consultative and intergovernmental process established by the Conference of the Parties (COP) and is acknowledged by the Parties as a valuable tool in setting standards for implementation of the Convention.

Eight guidelines have been adopted so far by the COP covering the provisions of nine articles of the Convention: Articles 5.3, 6, 8, 9 and 10, 11, 12, 13 and 14. The COP also adopted at its sixth session (2014) a set of policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC).

Furthermore, the Protocol to Eliminate Illicit Trade in Tobacco Products was adopted by COP5 and has now 16 Parties, still missing 24 Parties to enter into force when it will become a treaty at its own.

All Parties have the opportunity to participate in the process either through virtual involvement, directly joining the working groups established by the COP or contributing to the deliberations at COPs.

Observers accredited to the COP provide relevant expertise and input on a number of working groups and expert groups and provide invaluable contribution to ensure the reality in the ground is contemplated through the negotiation process.

In all the groups discussions, the specific interests and needs of the groups listed in the preamble and guiding principles of the treaty are taken into consideration. The media is accredited to COPs and reports to the public the different decisions taken.

4. Emerging issues likely to affect the realization of this principle:

Globally emerging tobacco products such as waterpipe tobacco products and electronic nicotine delivery systems and electronic non-nicotine delivery systems are expanding in all regions and affect different population groups.

Urgent actions need to be taken to tackle these emerging tobacco products and to work on tools to promote the control of such products on specific groups.

Moreover, there is a need to ensure the tobacco industry reduces its interference in the implementation of the treaty and is prevented from using marketing strategies that focus on women, youth and the poor.

5. Areas where political guidance by the High-level Political Forum on Sustainable Development is required:

The fact that the implementation of the WHO FCTC has been included as target 3.a of the health and wellbeing goal of the SDGs provides a historical momentum to increase the commitment of Parties on thia public health menace.

However, more important is that the High Level Political Forum could encourage all Parties to include 3.a into the national plans to implement the SDGs. So far this has not been happening at the country level. This target is also closely linked to the majority of other goals and targets.

It's also important that when addressing governance aspects of tobacco control, policies should be put into place to prevent tobacco industry interference at national, regional and global levels in line with article 5.3 of the treaty and Guidelines.

Moreover, the UN system and intergovernmental organizations should act in the spirit of the treaty and promote a model policy in order to limit interactions with the tobacco industry and prevent their interference in their framework of action.



6. Policy recommendations on ways to accelerate progress for those at risk of being left behind:

The seventh session of the Conference of the Parties will take place on 7 to 12 November 2016 in India. Implementation of the 2030 Agenda for Sustainable Development will be discussed under the scope of international cooperation for implementation of the WHO FCTC.

The COP is expected to provide further guidance to achieve the target 3.a. Cooperation with UN system to support Parties in integrating the implementation of the WHO FCTC into the national development agenda and UNDAFs will be further strengthened including strong partnering with UNDP. COP7 agenda items include also gender and human health aspects as cross cutting issues in the treaty implementation. The Convention Secretariat workplan proposed for the biennium 2018-2019 also proposes specific activities addressing indigenous populations needs.

The COP will also continue its discussion to address global NCD target under the same international cooperation agenda in strong cooperation with WHO. The COP will also review the Convention Secretariat's fund raising strategy to move forward in reducing the funding gap to address these risks.

The decisions of the COP adopted by consensus by all Parties reflect the needs of and provide guidance to all Parties in their implementation work irrespective of the stage of implementation of the convention of the individual Party.

New mechanisms of assistance developed by COP should also address the different needs and emerging issues in strengthening the implementation of the Convention.

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