



Integration of WHO FCTC implementation with the control and prevention of noncommunicable diseases



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

S E C R E T A R I A T

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1. Introduction

The WHO Framework Convention on Tobacco Control (WHO FCTC) was developed to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.¹ Implementation of the WHO FCTC has a critical role in controlling and preventing noncommunicable diseases (NCDs). Tobacco use is a key risk factor for NCDs, and the WHO FCTC, if implemented fully and comprehensively, can help reduce premature mortality from NCDs. This relationship is reflected in the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs).² Under SDG Goal 3, target 3a – “strengthen the implementation of the WHO FCTC in all countries, as appropriate” – is a means of reaching target 3.4 – “by 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being”.³

Evidence shows that the WHO FCTC has spurred the development of the NCD agenda and has been a major element of the United Nations (UN) response to NCDs. This is promoted through, for instance, the operation of the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF) which is a successor to the Ad Hoc Inter-Agency Task Force on Tobacco Control.⁴

Special attention should be given to further strengthening the governance of global NCD actions. This could include – in line with the Global Strategy to Accelerate Tobacco Control: Advancing sustainable development through the implementation of the WHO FCTC 2019–2025 – safeguarding their governance from interference by the tobacco industry and providing sustainable funding for global NCD control.⁵

This report has been prepared to assist Parties to the Convention and others working on tobacco control and on the control and prevention of NCDs to create and capitalize on synergies between the implementation of the WHO FCTC and national NCD control efforts, in line with decisions of the Conference of the Parties (COP) and the Global Strategy to Accelerate Tobacco Control.

1 WHO Framework Convention on Tobacco Control. Overview (<https://fctc.who.int/who-fctc/overview>, accessed 6 November 2022).

2 Transforming our world: the 2030 Agenda for Sustainable Development. New York (NY): United Nations; 2015 (<https://sdgs.un.org/2030agenda>, accessed 6 November 2022).

3 Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages. New York (NY): United Nations (<https://sdgs.un.org/goals/goal3>, accessed 6 November 2022).

4 In 2013, the Economic and Social Council (ECOSOC) requested the Secretary-General to establish UNIATF by expanding the mandate of the existing Ad Hoc Inter-Agency Task Force on Tobacco Control. Support for the implementation of the Convention is included within the terms of reference of UNIATF and the Secretariat of the WHO FCTC is an independent member (<https://www.who.int/groups/un-inter-agency-task-force-on-NCDs/about>, accessed 6 November 2022).

5 Global Strategy to Accelerate Tobacco Control: Advancing sustainable development through the implementation of the WHO FCTC 2019–2025 (<https://fctc.who.int/who-fctc/overview/global-strategy-2025>, accessed 6 November 2022).

The Sixth and Seventh Sessions of the COP adopted decisions^{6,7} on the contribution that implementing the WHO FCTC would make to achieving the Global Action Plan for the Prevention and Control of NCDs 2013–2020 target on the reduction of tobacco use.⁸ These decisions called upon States Parties to set national targets on reducing tobacco use and to develop WHO FCTC implementation plans in line with the global voluntary NCD targets.

To promote this endeavour, the Secretariat of the WHO FCTC has strengthened its collaboration with WHO and other UN agencies at global, regional and national levels. This collaboration has subsequently led to the development of three technical reports on NCDs^{9,10,11} that have been submitted for consideration by the COP. These reports provided updates on the contribution and impact of implementing the WHO FCTC on achieving a reduction in the prevalence of current tobacco use and included estimates and projections on tobacco use and on tobacco-related mortality.

The Global Strategy to Accelerate Tobacco Control is the first strategic document to be developed under the auspices of the WHO FCTC. It was adopted at COP8 and aims to guide the implementation of the Convention by calling for collaborative efforts by all relevant stakeholders at national, regional and global levels. One of the specific objectives of the Global Strategy foresees the development of mutually reinforcing approaches to facilitate the implementation of the Global Action Plan for the Prevention and Control of NCDs 2013–2020.

The present report discusses WHO FCTC implementation and its integration into the control and prevention of NCDs.

The report first describes the global challenge of NCDs and draws attention to their health, economic and social impacts. This is followed by a discussion of global efforts to control and prevent NCDs. Second, global tobacco control efforts are discussed – specifically the implementation of the WHO FCTC and the work of WHO. Third, connections are described between tobacco control and the control of NCDs. Lastly, the report gives examples of the integration of NCD control and tobacco control in policy and programmatic areas, as well as in building partnerships.

- 6 Decision FCTC/COP6(16). Towards a stronger contribution of the Conference of the Parties to achieving the noncommunicable disease global target on reduction of tobacco use. Conference of the Parties to the Framework convention on Tobacco Control, Sixth session, Moscow, 13–18 October 2014 ([https://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6\(16\)-en.pdf](https://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6(16)-en.pdf), accessed 6 November 2022).
- 7 Decision FCTC/COP7(27). Contribution of the Conference of the Parties to achieving the noncommunicable disease global target on the reduction of tobacco use. Conference of the Parties to the Framework convention on Tobacco Control, Seventh session, Delhi, 7–12 November 2016 ([https://fctc.who.int/publications/m/item/fctc-cop7\(27\)-contribution-of-the-conference-of-the-parties-to-achieving-the-noncommunicable-disease-global-target-on-the-reduction-of-tobacco-use](https://fctc.who.int/publications/m/item/fctc-cop7(27)-contribution-of-the-conference-of-the-parties-to-achieving-the-noncommunicable-disease-global-target-on-the-reduction-of-tobacco-use), accessed 6 November 2022).
- 8 Global action plan for the prevention and control of noncommunicable diseases 2013–2020, Geneva: World Health Organization; 2013 (<https://www.who.int/publications/i/item/9789241506236>, accessed 6 November 2022).
- 9 Contribution and impact of implementing the WHO FCTC on achieving the noncommunicable disease global target on reduction of tobacco use. Report of the Secretariat of the WHO FCTC and WHO. Technical document. Geneva: 2016 (<https://fctc.who.int/publications/m/item/contribution-and-impact-of-implementing-the-who-fctc-on-achieving-the-noncommunicable-disease-global-target-on-reduction-of-tobacco-use--report-of-the-convention-secretariat-and-who>, accessed 6 November 2022).
- 10 Contribution and impact of implementing the WHO FCTC on achieving the noncommunicable disease global target on reduction of tobacco use. Technical document. Geneva: 2018 (<https://fctc.who.int/publications/m/item/contribution-and-impact-of-implementing-the-who-fctc-on-achieving-the-noncommunicable-disease-global-target-on-reduction-of-tobacco-use>, accessed 6 November 2022).
- 11 Contribution and impact of implementing the WHO FCTC on achieving the noncommunicable disease global target on the reduction of tobacco use. Report of the Secretariat of the WHO FCTC and WHO. Geneva: 2021 (https://untobaccocontrol.org/downloads/cop9/supplementary-information/COP9_Supplementary_information_Contribution_of_implementing_WHO_FCTC_on_NCD_target.pdf), accessed 6 November 2022).

2. Noncommunicable diseases

2.1 The global challenge of noncommunicable diseases

a. Health burdens (current and projected, with focus on low- and middle-income countries)

NCDs are by far the leading cause of death globally. They include cardiovascular diseases (17.9 million deaths); cancers (9.3 million); chronic respiratory diseases (4.1 million); and diabetes (1.5 million) – in 2019.¹² There has been a rapid decline in communicable diseases and attributable deaths compared to NCDs and injuries. With overall population ageing, NCDs are becoming the predominant health burden. Seven of the 10 leading causes of deaths in 2019 were NCDs. Globally, NCDs accounted for 60.8% of all deaths in 2000, rising to 73.6% in 2019, with nearly all the increase shifted from the percentage decline in communicable diseases.¹²

Every year, more than 15 million people between the ages 30 and 70 years die prematurely from an NCD and over 80% of these premature NCD deaths are caused by the four groups of diseases mentioned above. However, global premature NCD mortality – measured as the probability of dying from one of the four major NCDs between the ages of 30 and 70 years (also referred to as indicator 3.4.1 of the SDGs) – dropped over one fifth from 22.9% in 2000 to 17.8% in 2019,¹³ in part due to efforts to reduce tobacco use.

In 2019, over three quarters of NCD deaths – 31.4 million – occurred in LMICs, with about 46% of the deaths occurring below the age of 70 years in these countries.¹² In parallel, NCDs still accounted for 88% of total deaths in high-income countries (HICs).¹²

Over one quarter of the NCD deaths among men in 2019 were attributable to tobacco (27% to their own tobacco use and 2% to exposure to second-hand tobacco smoke). Over 10% of the NCD deaths among women were attributable to tobacco (almost 8% to their own tobacco use and 3% to exposure to second-hand tobacco smoke).¹⁴

¹² Global Health Estimates: leading causes of death. Cause-specific mortality, 2000–2019. Geneva: World Health Organization; 2020 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>, accessed 6 November 2022).

¹³ World Health Statistics 2021. Monitoring health for the SDGs. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/bitstream/handle/10665/342703/9789240027053-eng.pdf>, accessed 6 November 2022).

¹⁴ GBD Compare. Global Burden of Disease Study 2019 (GBD 2019) results. Seattle (WA): Institute for Health Metrics and Evaluation; 2020 (<https://vizhub.healthdata.org/gbd-compare/>, accessed 6 November 2022).

In their research on the interface between NCDs and their risk factors, Kontis and colleagues identified primary prevention as essential. They argued that, if the targets for risk factors in the Global Action Plan for the Prevention and Control of NCDs 2013–2020 are achieved, the premature mortality from NCDs will also decrease, with a higher impact in LMICs.¹⁵ They also recommend that a more ambitious target for tobacco (i.e. a 50% reduction in current tobacco use) should be required.¹⁵

Considering that tobacco-related deaths are completely avoidable, implementation of the WHO FCTC has the potential to avert over 8 million deaths every year. Implementation of WHO FCTC measures would lead to a reduction in the prevalence of tobacco use, as well as reducing the number of people suffering long-term illnesses as the result of tobacco use and exposure to tobacco smoke.¹¹

b. Economic and social costs

NCDs pose a substantial economic burden. In addition to the human toll, premature deaths caused by NCDs, particularly in LMICs, result in economic losses as the people affected are in their most economically productive years. The reduction in human capital decreases countries' productivity as increasing costs are associated with serious illness, disability and death. Additionally, NCDs cause lasting social and economic harm to individuals, their families, their caregivers and communities.^{16,17,18}

With respect to cardiovascular diseases, chronic respiratory diseases, cancer, diabetes and mental health, macroeconomic simulations project a cumulative output loss of US\$ 47 trillion over the next two decades. This loss is equivalent to 75% of global gross domestic product (GDP) in 2010 (US\$ 63 trillion). Furthermore, although HICs currently face the biggest economic burden of NCDs, developing countries (especially LMICs) are expected to deal with an even larger share as their economies and populations grow. It is noteworthy that cardiovascular diseases and mental health conditions are the dominant contributors to the global economic burden of NCDs (70%), with a loss of US\$ 16 trillion associated with mental disorders.¹⁹

The social costs of NCDs arise from the impact of premature deaths and prolonged disability on employment, productivity, family income and cascading effects on the ability to provide adequate nutrition and education to family members. Impoverishment due to tobacco-related NCDs is high and is especially severe in the most disadvantaged populations.^{20,21} Tobacco-related NCDs also place high demands on the health systems of LMICs, which face the challenges of multiple disease burdens amid the constraints of low financial and human resources.^{19,22}

15 Kontis V, Mathers CD, Rehm J, Stevens GA, Shield KD, Bonita R et al. Contribution of six risk factors to achieving the 25x25 non-communicable disease mortality reduction target: a modelling study. *Lancet*. 2014;384(9941):427–37 (<https://www.sciencedirect.com/science/article/pii/S0140673614606164>, accessed 18 February 2019).

16 Kankeu HT, Saksena P, Xu K, Evans DB. The financial burden from non-communicable diseases in low- and middle-income countries: a literature review. *Health Res Policy Sys*. 2013;11:31. <https://doi.org/10.1186/1478-4505-11-31>.

17 Kazibwe J, Tran PB, Annerstedt KS. The household financial burden of non-communicable diseases in low- and middle-income countries: a systematic review. *Health Res Policy Sys*. 2021;19:96. <https://doi.org/10.1186/s12961-021-00732-y>.

18 Saving lives, spending less: the case for investing in noncommunicable diseases. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240041059>, accessed 6 November 2022).

19 The global economic burden of non-communicable diseases. Geneva: World Economic Forum; 2011 (http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf, accessed 6 November 2022).

20 Discussion paper. Addressing the social determinants of noncommunicable diseases. New York (NY): United Nations Development Programme; 2013 (<https://www.undp.org/publications/discussion-paper-addressing-social-determinants-noncommunicable-diseases>, accessed 6 November 2022).

21 The NCDI (Noncommunicable diseases and injuries) Poverty Network. [website] (<http://www.ncdipoverty.org/>, accessed 6 November 2022).

22 Lozano R, Naghavi M, Foreman K, Lim SS, Shibuya K, Aboyans V et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2013;2095–128 (<https://www.sciencedirect.com/science/article/pii/S0140673612617280>, accessed 6 November 2022).



Tobacco use, as a major risk factor for NCDs, contributes substantially to the economic cost of these diseases. The amount of health-care expenditure due to smoking-attributable diseases totalled US\$ 467 billion purchasing power parity (PPP) (US\$ 422 billion) in 2012, or 5.7% of global health expenditure. The worldwide economic cost of tobacco use was estimated at US\$ 1852 billion PPP (US\$ 1436 billion) in 2012, including health expenditures and lost productivity, which is equivalent to 1.8% of global GDP. Almost 40% of this cost arose in developing countries, highlighting the substantial burden these countries suffer.²³

To deal with these associated costs, financing needs for tackling NCDs in LMICs have been calculated by WHO, which shows in particular that investing US\$ 1 in tobacco control can be translated into health and economic return worth US\$ 7.43 by 2030.¹⁸

c. Tobacco use as a major risk factor

The use of tobacco, in both its smoking and smokeless tobacco (SLT) forms, is the leading behavioural risk factor for several chronic diseases, including cardiovascular diseases, cancer, chronic respiratory disease and diabetes. Tobacco kills more than 8 million people every year.¹² More than 7 million of those deaths are the result of direct tobacco use, while around 1.2 million are the result of non-smokers being exposed to tobacco smoke.¹²

In 2000, around one third (32.7%) of the global population (aged 15 years and older) were current users of some form of tobacco. By 2020, this rate has declined to under one quarter (22.3%) of the global population. For men, the observed decline has been from 49.3% to 36.7% for the same years, while for women the proportion of users declined from 16.2% to 7.8%.²⁴ Around 80% of the 1.3 billion tobacco users worldwide live in LMICs, where the burden of tobacco-related illness and death is the heaviest.²⁵ The use of SLT products also exerts a significant burden of morbidity and mortality. Globally, in 2010, the number of SLT-attributable adult deaths (due to all causes) was 0.65 million, with the South-East Asia Region bearing the major proportion (88%) of this burden. This global mortality figure constitutes about 10% of all the deaths that could be attributed to all forms of tobacco use globally.²⁶

Tobacco use is a risk factor for six of the world's eight leading causes of death (Figure 1). Of all the risk factors which cause NCDs, tobacco accounts for a remarkably high attributable fraction of deaths due to NCDs and is the leading contributor to premature NCD mortality. Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development.²⁷

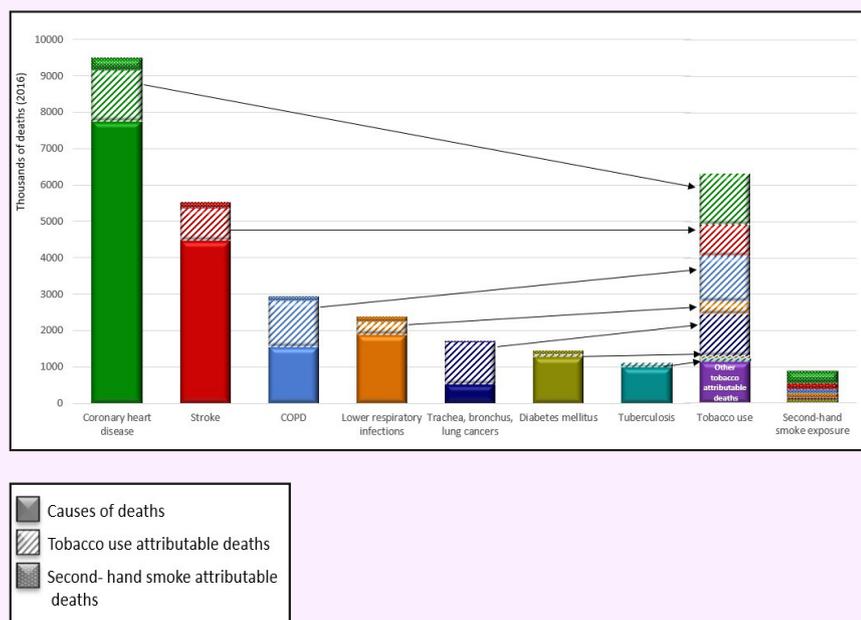
23 Goodchild M, Nargis N, D'Espaignet ET. Global economic cost of smoking-attributable diseases. *Tob Control*. 2018;2:58–64 (<https://tobaccocontrol.bmj.com/content/27/1/58.long>, accessed 6 November 2022).

24 WHO global report on trends in prevalence of tobacco use 2000–2025, fourth edition. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240039322>, accessed 6 November 2022).

25 Tobacco: Key facts. [Fact sheet]. Geneva: World Health Organization; 2022 (<https://www.who.int/news-room/fact-sheets/detail/tobacco>, accessed 6 November 2022).

26 Sinha DN, Suliankatchi RA, Gupta PC, Thamarangsi T, Agarwal N, Parascandola M et al. Global burden of all-cause and cause-specific mortality due to smokeless tobacco use: systematic review and meta-analysis. *Tob Control*; 2018;27(1):35–42. <http://dx.doi.org/10.1136/tobaccocontrol-2016-053302>.

27 Saving lives, spending less: a strategic response to noncommunicable diseases. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf>, accessed 18 February 2019).

Figure 1. Tobacco is a risk factor for the world's leading causes of death

COPD: Chronic obstructive pulmonary disease.

Source: Global Burden of Disease, 2016 Risk Factors Collaborators ²⁸ (adapted by WHO).

2.2 Global commitments to the prevention and control of NCDs

The section highlights, in chronological order, examples of global initiatives for the prevention and control of NCDs in which tobacco control measures have already been integrated. Such integration at the level of global policy initiatives could help similar integration between NCD control measures and tobacco control at the national level.

a. United Nations high-level meetings on NCDs / United Nations Interagency Task Force on NCDs

So far, the United Nations has held three high-level meetings on NCDs. The first United Nations High-level Meeting was held in 2011, marking the second occasion that a health issue had been brought to the highest level at the UN (after HIV/ AIDS in 2001). This first High-level Meeting recognized the primary role and responsibility of governments in responding to the challenge of NCDs. The meeting stressed that NCDs undermine social and economic development across the globe, and that there is an essential need for the efforts and engagement of all sectors of society to generate an effective response. The meeting also emphasized the key role of the international community and international cooperation in assisting Member States (particularly developing countries) to align with the global initiatives against NCDs, and in complementing national efforts to generate an effective response to NCDs.

²⁸ Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. 2017;390(10100):1345–422 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32366-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32366-8/fulltext), accessed 6 November 2022).

The first High-level Meeting adopted by consensus the resolution on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, recognizing that the most prominent NCDs are linked to common risk factors, including tobacco, and that reducing the level of exposure of individuals and populations to the common modifiable risk factors such as tobacco use is of critical importance. The Political Declaration underlined the importance of the WHO FCTC and, when addressing whole-of-government and multisectoral collaborative action, it also highlighted the fundamental conflict between the tobacco industry and public health.²⁹



The Second UN High-level Meeting on NCDs took place in 2014, reiterating participants' commitment to the implementation of the WHO FCTC. The outcome document³⁰ also introduced four time-bound commitments for the Member States, namely:

- by 2015, to consider setting national NCD targets for 2025;
- by 2015, to consider developing national multisectoral policies and plans to achieve the national targets by 2025;
- by 2016, to reduce risk factors for NCDs, building on guidance set out in Appendix 3 of the WHO Global Action Plan endorsed by the World Health Assembly in 2013;
- by 2016, to strengthen and orient health systems to address NCDs through people-centred primary health care and universal health coverage, also as set out in Appendix 3 to the WHO Global Action Plan.

The Third High-level Meeting on NCDs took place in September 2018 and was focused on “scaling up multi-stakeholder and multisectoral responses to the prevention and control of NCDs, in the context of the 2030 Agenda for Sustainable Development”. The Political Declaration that resulted built on the commitments made in 2011 and 2014 and, once again, addressed tobacco control. It called for acceleration of the implementation of the WHO FCTC by its States Parties, “while continuing to implement tobacco control measures without any tobacco industry interference and to encourage other countries to consider becoming parties to the Convention”.³¹

29 A/RES/66/2. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. United Nations General Assembly, Sixty-sixth session. Resolution adopted by the General Assembly on 19 September 2011 <https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F66%2F2&Language=E&DeviceType=Desktop&LangRequested=False>, accessed 6 November 2022).

30 Outcome document of the High-Level Meeting of the General Assembly on the Comprehensive Review and Assessment of the Progress Achieved in the Prevention and Control of Non-communicable Diseases: draft resolution / submitted by the President of the General Assembly. New York (NY): United Nations; 2014 (<https://digitallibrary.un.org/record/774662?ln=en>, accessed 6 November 2022).

31 A/RES/73/2. Political declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases. United Nations General Assembly, 73rd session. (<https://digitallibrary.un.org/record/1648984?ln=en>, accessed 6 November 2022).

b. United Nations Interagency Task Force on NCDs

The United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs,³² in which the Secretariat of the WHO FCTC is a member, coordinates the activities of relevant UN organizations and other intergovernmental bodies to support governments to meet high-level commitments to respond to NCD epidemics worldwide. It was established by the UN Secretary-General in 2013 to provide scaled-up action across the UN system to support governments – particularly in LMICs – to tackle NCDs. Earlier, the inter-agency coordination was specific to tobacco control and functioned under the umbrella of the UN Economic and Social Council (ECOSOC). After 2013, UNIATF was given the broader mandate of supporting NCD prevention and control, incorporating tobacco control as one of the key elements. Following the adoption of the 2030 Agenda for Sustainable Development in 2015, UNIATF's scope of work was further expanded in 2016 to include “NCD-related SDGs” – i.e. mental health, violence and injuries, nutrition, and environmental issues that have an impact on NCDs. The Task Force now serves as an example of integration of WHO FCTC implementation with NCD prevention and control at the level of the UN.



The Secretariat of the WHO FCTC, in partnership with WHO, continues to use the UNIATF as a platform to promote coherence within the UN system for tobacco control. For example, the UNIATF served as an avenue for negotiating and promoting, within the UN system, the Model policy for agencies of the United Nations system on preventing tobacco industry interference.³³ In June 2017³⁴ and in July 2018,³⁵ ECOSOC adopted two resolutions encouraging the UNIATF members to develop their own policies in line with the Model policy.

In November 2017, a tobacco control thematic group was established by the UNIATF under the leadership of the Secretariat of the WHO FCTC.

c. WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020

Reference has been made to developments that occurred at the level of the UN. The following paragraphs give examples of results of the leadership and coordination of WHO in global NCD control that have helped to implement the resolutions taken under the auspices of the UN.

³² When established by the Secretary-General in 1999, the United Nations Ad Hoc Interagency Task Force on Tobacco Control fully focused on coordinating the tobacco control work being carried out by different United Nations agencies. In June 2013, the UNIATF on the Prevention and Control of NCDs was established, incorporating the work of the previous Task Force and broadening its scope to all NCDs. See details on the work of the Task Force (<https://fctc.who.int/international-cooperation/united-nations-interagency-task-force-on-ncds>, accessed 6 November 2022).

³³ Model policy for agencies of the United Nations system on preventing tobacco industry interference. Geneva: Secretariat of the WHO FCTC ([https://fctc.who.int/publications/m/item/model-policy-for-agencies-of-the-united-nations-system-on-preventing-tobacco-industry-interference-\(full-text\)](https://fctc.who.int/publications/m/item/model-policy-for-agencies-of-the-united-nations-system-on-preventing-tobacco-industry-interference-(full-text)), accessed 6 November 2022).

³⁴ E/RES/2017/8. Resolution adopted by the Economic and Social Council on 7 June 2017. United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. New York (NY): United Nations; 2017 (<https://undocs.org/Home/Mobile?FinalSymbol=E%2FRES%2F2017%2F8&Language=E&DeviceType=Desktop&LangRequested=False>, accessed 6 November 2022).

³⁵ E/RES/2018/13. Resolution adopted by the Economic and Social Council on 2 July 2018. United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. New York (NY): United Nations 2018 (<https://undocs.org/Home/Mobile?FinalSymbol=e%2Fres%2F2018%2F13&Language=E&DeviceType=Desktop&LangRequested=False>, accessed 6 November 2022).

The WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 follows from the commitments made by Heads of States and Governments in the 2011 Political Declaration on the Prevention and Control of NCDs. The Action Plan provides a roadmap and a menu of policy options for WHO and its Member States, as well as for other UN organizations, intergovernmental organizations, nongovernmental organizations (NGOs) and the private sector. When implemented collectively between 2013 and 2020, the Action Plan is anticipated to attain nine voluntary global targets, including that of a 25% relative reduction in premature mortality from NCDs by 2025 (voluntary global target 1) and a 30% relative reduction in prevalence of current tobacco use in persons aged 15-plus years (voluntary global target 5).³⁶

Acceleration of full implementation of the WHO FCTC and a series of interventions therein are presented as policy options to the Member States (WHO FCTC Parties and non-Parties alike) to achieve the global NCD target. The Action Plan also calls on Member States who are not yet Parties to the Convention to ratify it. Over the years, various publications have been published by WHO, including status reports, progress monitors and country profiles.³⁷

Linked to the Global Action Plan on NCDs, the 67th World Health Assembly in May 2014 endorsed the terms of reference for the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD).³⁸ Subsequently, on 15 September 2014, WHO's Director-General established a separate Secretariat within the office of the WHO Assistant Director-General for NCDs and Mental Health to support the GCM/NCD to improve coordination of activities which address functional gaps that are barriers to the prevention and control of NCDs. The GCM/NCD is the first and only WHO instrument aimed at facilitating multi-stakeholder engagement and cross-sectoral collaboration to prevent and control NCDs. Its objectives are aligned to those of the Global Action Plan on NCDs.

The Secretariat of the WHO FCTC is a member of the GCM/NCD, as mandated by decision FCTC/COP6(16). This decision stated that its purpose was "... a stronger contribution of the Conference of the Parties to achieving the noncommunicable disease global target on reduction of tobacco use", with the aim of strengthening collaboration and ensuring better coordination of the work on tobacco control with WHO and other UN agencies, among other bodies.

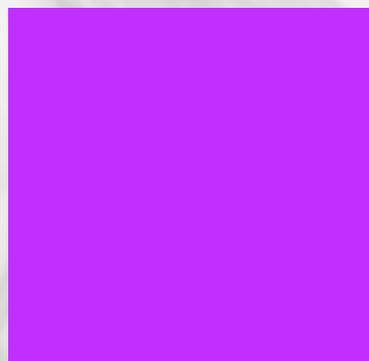
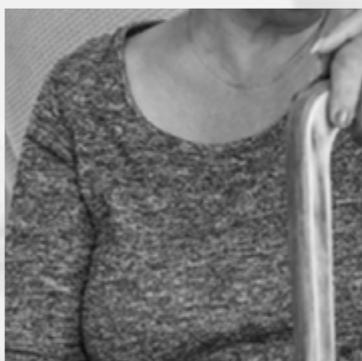
d. Transforming Our World: the 2030 Agenda for Sustainable Development (2015)

On 25 September 2015, the UN General Assembly adopted the 2030 Agenda on Sustainable Development containing the new Sustainable Development Goals (SDGs). Among the 17 goals, Goal 3 is to "Ensure healthy lives and promote well-being for all at all ages". Within this goal, SDG target 3.4 is "by 2030 reduce by one-third premature mortality from NCDs through prevention and treatment and promote mental health and well-being".

³⁶ Trends through 2020 and projections to 2025 show that most Parties need to accelerate tobacco control activities in order to achieve the voluntary global NCD target to reduce tobacco use by 30% between 2010 and 2025. It is of note that 124 Parties are not on track to achieve the reduction target unless effective policies are urgently put in place. Only one in three Parties is likely to achieve the tobacco-use target by 2025. Therefore, most Parties need to accelerate tobacco control activities in order to reach this target and, subsequently, the respective NCD target.

³⁷ The Global Health Observatory. Noncommunicable diseases [webpage]. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/noncommunicable-diseases>, accessed 6 November 2022).

³⁸ Global coordination mechanism on the prevention and control of NCDs [webpage]. Geneva: World Health Organization (<https://www.who.int/groups/gcm>, accessed 6 November 2022).



Under Goal 3, equally critical is target 3.a: “Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate”.

WHO and the Secretariat of the WHO FCTC are co-custodians of this target and work together in monitoring it. The Secretariat of the WHO FCTC is also an independent member of the Interagency and Expert Group on SDG Indicators (IAEG-SDGs) which is managed by the UN Statistical Commission.³⁹

e. WHO Global Conference on Noncommunicable Diseases – Pursuing policy coherence to achieve SDG Target 3.4 on NCDs (Montevideo, 18–20 October 2017)

The WHO Global Conference on NCDs⁴⁰ brought together Heads of States and Governments, and ministers and representatives of states and governments to restate their commitment to take bold action and accelerate progress to, by 2030, reduce by one third the premature mortality from NCDs in line with target 3.4 of the 2030 Agenda for Sustainable Development. The Secretariat of the WHO FCTC participated in the preparation of the draft roadmap and provided support for the organization of the conference itself.

In the Montevideo Roadmap 2018–2030 on NCDs as a Sustainable Development Priority,⁴¹ participants agreed to:

- reinvigorate political action;
- enable health systems to respond more effectively to NCDs;
- significantly increase the financing of national NCD responses and international cooperation;
- increase efforts to engage sectors beyond health;
- reinforce the role of non-State actors; and
- seek measures to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector and other non-State actors.

The Roadmap calls on Parties and non-Party countries to accelerate the full implementation of the WHO FCTC as one of the cornerstones of the global response to NCDs. The implementation of the WHO FCTC has generated a wealth of knowledge which can greatly benefit the campaign to control NCDs. Indeed, the document specifically mentions tobacco taxation as an instrument that has the capacity to generate complementary revenues to finance national NCD responses.

³⁹ Inter-agency and Expert Group on SDG Indicators (IAEG-SDGs) [website]. (<https://unstats.un.org/sdgs/iaeg-sdgs/>, accessed 7 November 2022).

⁴⁰ 2017 WHO Global Conference on NCDs, Montevideo, Uruguay, 18–20 October 2017 (https://www3.paho.org/hq/index.php?option=com_content&view=article&id=13807:who-global-conference-on-ncds-montevideo-uruguay-18-20-october-2017&Itemid=0&lang=en#gsc.tab=0, accessed 7 November 2022).

⁴¹ Montevideo roadmap 2018–2030 on NCDs as a sustainable development priority. Pursuing policy coherence to achieve SDG target 3.4 on NCDs. Montevideo: World Health Organization; 2017 (<https://ncdalliance.org/sites/default/files/Montevideo%20Roadmap%202018-2030.pdf>, accessed 7 November 2022).



f. Report of the WHO Independent High-Level Commission on NCDs (2018)

Despite the many commitments over the years, overall progress towards achieving the global NCD target has been slow. Several challenges have been identified in achieving the reduction in premature mortality from NCDs, with uneven actions implemented by countries and insufficient investments at both national and international levels. Recognizing the lack of adequate global progress and the very real possibility that SDG target 3.4 will not be met, WHO's Director-General, Dr Tedros Adhanom Ghebreyesus, established a new Independent High-level Commission on NCDs in October 2017. The Commission was requested to advise on how countries can accelerate progress towards achieving SDG target 3.4 on the prevention and treatment of NCDs and the promotion of mental health and well-being. Representatives of Member States, NGOs, private-sector entities, business associations, UN agencies, academia and other experts, including the Secretariat of the WHO FCTC, provided inputs to the preparation of the Commission's report.

In its report, *Time to deliver*,⁴² the Commission made six recommendations on how to intensify political action to prevent premature death from cardiovascular diseases (stroke and heart attacks), cancers, diabetes and respiratory disease; on how to reduce tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity; and on how to promote mental health and well-being. The recommendations are as follows:

- Political leadership and responsibility, from capitals to villages.
- Governments should identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs.
- Governments should reorient health systems to include health promotion and the prevention and control of NCDs and mental health services in their universal health coverage (UHC) policies and plans, according to national contexts and needs.
- Governments should increase effective regulation, appropriate engagement with the private sector (with the exception of the tobacco industry), academia, civil society and communities, building on a whole-of-society approach to NCDs, and share experiences and challenges, including policy models that work.
- Governments and the international community should develop a new economic paradigm for funding action on NCDs and mental health.
- Governments should strengthen accountability to their citizens for action on NCDs.

Controlling NCDs also served as a vehicle that brought tobacco control into broader health agendas. Achieving UHC is essential for the NCD agenda; and as part of the latter, risk factors – among them tobacco control – need to be included as a core component of comprehensive primary health care along with early and effective diagnosis and management of NCDs and risk factors. To make changes at population level, whole health systems must be reoriented and cross-cutting care models employed.⁴³

42 Time to deliver: report of the WHO Independent High-level Commission on Noncommunicable Diseases. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272710/9789241514163-eng.pdf>, accessed 7 November 2022).

43 Editorial – Non-communicable diseases: what now? Lancet. 2022;399(10331):1201 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00567-0/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00567-0/fulltext?dgcid=raven_jbs_etoc_email), accessed 7 November 2022).

g. NCDs in the era of renewed commitment to comprehensive primary health care and universal health coverage

The Declaration of Astana⁴⁴ was adopted at the Global Conference on Primary Health Care: From Alma-Ata towards universal health coverage and the Sustainable Development Goals (Astana, Kazakhstan, 25–26 October 2018) by the participating heads of states and governments, ministers, and other representatives of states and governments. Adopted on the 40th anniversary of the ambitious and visionary Declaration of Alma-Ata of 1978,⁴⁵ and taking account of the 2030 Agenda for Sustainable Development, the Declaration emphasizes the critical role of primary health care in ensuring that everyone everywhere can enjoy the highest attainable standard of health. The Declaration of Astana charts a course to achieve UHC and makes pledges in four key areas, namely:

- 1) make bold political choices for health across all sectors;
- 2) build sustainable PHC;
- 3) empower individuals and communities; and
- 4) align stakeholder support to national policies, strategies and plans.

In the Declaration, participants committed to address the growing burden of NCDs, which lead to poor health and premature deaths due to tobacco use, the harmful use of alcohol, unhealthy lifestyles and behaviours, and insufficient physical activity and unhealthy diets.

UHC that includes the prevention of exposure to NCD risk factors should be designed to ensure that all people can access preventative and curative health services without falling into poverty. It is important that health services for the diagnosis, management, prevention and control of NCDs should be prioritized in UHC. Along these lines, in September 2019, the UN convened the first UN High-level Meeting on Universal Health Coverage.⁴⁶



⁴⁴ Declaration of Astana. Global Conference on Primary Health Care. Astana: 2018 (<https://www.who.int/teams/primary-health-care/conference/declaration>, accessed 7 November 2022).

⁴⁵ The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health. It identified primary health care as the key to the attainment of the goal of Health for All (<https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata>, accessed 7 November 2022).

⁴⁶ Universal Health Coverage: Moving together to build a healthier world. United Nations high-level meeting on universal health coverage, New York, 23 September 2019 (<https://www.un.org/pga/73/event/universal-health-coverage/>, accessed 7 November 2022).

This meeting was an important milestone in garnering commitment by Member States to focus sharp attention on UHC-linked policies and programmes, including attention to NCDs and their risk factors such as tobacco control. The meeting ended with the adoption of a political declaration titled *Universal health coverage: moving together to build a healthier world*. In it, heads of states and governments committed to scale up their actions to “further strengthen efforts to address non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, as part of universal health coverage”. In addition, they also committed to “promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for non-communicable diseases, and promote healthy diets and lifestyles, consistent with national policies, noting that price and tax measures can be an effective means to reduce consumption and related health-care costs and represent a potential revenue stream for financing for development in many countries”. These measures are all applicable to tobacco control and the implementation of WHO FCTC provides examples of how this could be achieved as part of the countries’ tobacco control policies.

3. Tobacco control

At global level, there are two major entities – the Secretariat of the WHO FCTC and WHO itself – that work with governments in WHO Member States to implement the measures under the WHO FCTC to reduce the prevalence of tobacco use and exposure to tobacco smoke. A long-standing and productive collaboration exists between them, as their functions in promoting better health through tobacco control organically links them together. WHO works with the Secretariat of the WHO FCTC and governments in Member States to implement the tobacco control measures in the WHO FCTC in order to reduce the prevalence of tobacco use and exposure to tobacco smoke.

The governing bodies of these entities, in their attempt to create synergies, report on their relevant activities to each other at every session of their respective governing body meetings.⁴⁷ An elevated level of integration between tobacco control and NCDs is pursued through this traditional collaboration. Some aspects of the work of the two entities, including with respect to NCDs, are presented below.

3.1 The WHO Framework Convention on Tobacco Control (WHO FCTC)

a. Brief history of the WHO FCTC

The WHO FCTC is the first international treaty negotiated under the auspices of WHO. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. The WHO FCTC was developed in response to the globalization of the tobacco epidemic and the rising disease burdens of tobacco exposure in many forms. The Convention provides a framework of commitments made by States Parties to achieve tobacco control through a variety of actions required under its articles, many of which have been further elaborated in specific guidelines for their implementation adopted by the COP, the Convention' governing body. In accordance with Article 23 of the Convention, the COP regularly reviews the implementation of the Convention and takes the decisions necessary to ensure that implementation is effective.

⁴⁷ Decisions WHA69(13) and WHA70(20), and decision FCTC/COP7(18), on strengthening synergies between the World Health Assembly and the Conference of the Parties (COP) to the WHO FCTC guarantee the sharing of updated information on the work of the two entities relevant to the WHO FCTC, as appropriate. For instance:
 Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control. Decision 13 of Sixty-ninth World Health Assembly, Geneva, 23–28 May 2016 (https://apps.who.int/gb/ebwha/pdf_files/WHA69-REC1/A69_2016_REC1-en.pdf#page=69, accessed 7 November 2022).
 Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control. Decision 20 of Seventieth World Health Assembly, Geneva, 22–31 May 2017 (https://apps.who.int/gb/ebwha/pdf_files/WHA70-REC1/A70_2017_REC1-en.pdf#page=47, accessed 7 November 2022).
 Strengthening synergy between the Conference of the Parties and the World Health Assembly. Decision FCTC/COP7(18). Conference of the Parties to the WHO Framework Convention on Tobacco Control, Seventh session, Delhi, 7–12 November 2016 ([https://fctc.who.int/publications/m/item/fctc-cop7\(18\)-strengthening-synergy-between-the-conference-of-the-parties-and-the-world-health-assembly](https://fctc.who.int/publications/m/item/fctc-cop7(18)-strengthening-synergy-between-the-conference-of-the-parties-and-the-world-health-assembly), accessed 7 November 2022).

The Secretariat of the WHO FCTC is the global authority concerning the implementation of the WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol). The Secretariat is hosted by WHO in Geneva, and cooperates with relevant departments of WHO and other competent international organizations and bodies, as well as with NGOs accredited as observers to the COP.

b. Guidelines for the implementation of key WHO FCTC articles and the Protocol to Eliminate Illicit Trade in Tobacco Products

Article 7 of the Convention (Non-price measures to reduce the demand for tobacco) stipulates that “the Conference of the Parties shall propose appropriate guidelines for the implementation of the provisions of these (Articles 8–13) Articles”. The guidelines for implementation aim to assist the Parties in meeting their legal obligations under the WHO FCTC, drawing on the best available scientific evidence and the experience of the Parties.

The implementation guidelines for various articles of the WHO FCTC (and the policy options and recommendations for Articles 17 and 18)⁴⁸ were developed through a wide range of consultative and intergovernmental processes under the guidance of the COP.

Eight guidelines have so far been adopted by the COP, covering the provisions of nine articles of the WHO FCTC – namely, articles 5.3, 6, 8, 9/10, 11, 12, 13, 14). Further, at its sixth session (2014) the COP adopted 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).

In accordance with its mandate to adopt protocols, the COP adopted, at its fifth session in 2012, the Protocol to Eliminate Illicit Trade in Tobacco Products,⁴⁹ which is an international treaty in its own right.⁵⁰

c. COP decisions related to NCDs

In 2014 and in reference to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases of September 2011, the COP adopted its landmark decision FCTC/COP6(16) “Towards a stronger contribution of the Conference of the Parties to achieving the noncommunicable disease global target on reduction of tobacco use”.⁶



⁴⁸ Guidelines, and policy options and recommendations for implementation of the WHO FCTC [website] (<https://fctc.who.int/who-fctc/overview/treaty-instruments>, accessed 7 November 2022).

⁴⁹ WHO FCTC. Protocol to eliminate illicit trade in tobacco products. Geneva: World Health Organization; 2013 (<https://fctc.who.int/protocol/overview>, accessed 7 November 2022).

⁵⁰ Protocol to Eliminate Illicit Trade in Tobacco Products. Decision FCTC/COP5(1). Conference of the Parties to the WHO Framework Convention on Tobacco Control, Fifth session, Seoul, 12–17 November 2012 ([https://apps.who.int/gb/fctc/PDF/cop5/FCTC_COP5\(1\)-en.pdf](https://apps.who.int/gb/fctc/PDF/cop5/FCTC_COP5(1)-en.pdf), accessed 7 November 2022).

The decision called on Parties to strengthen their engagement in NCD control by building on the guidance of WHO and, more specifically, that of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Further, the COP decision formalized the contribution of the Secretariat of the WHO FCTC to global NCD control efforts primarily through the UNIATF and GCM/NCD. As a result of this decision, and by now as a well-established collaborative effort between the Secretariat of the WHO FCTC and WHO, a report on the contribution that the Parties are making in the area of the reduction in the prevalence of current tobacco use is submitted for information to each session of the COP.⁵¹

The successive workplans and budgets adopted by the COP also include references to the contribution of the Secretariat of the WHO FCTC to the work of the UNIATF, the GCM/NCD and others. Additionally, in line with the spirit of Decision FCTC/COP6(16), the Delhi declaration (decision FCTC/COP7(29)) called on Parties “to ensure that WHO FCTC implementation is an integral part of national multisectoral action plans and monitoring frameworks for the prevention and control of NCDs”, also proving the importance of integration between tobacco control and NCD control.⁵²

d. Global Strategy to Accelerate Tobacco Control (2019–2025)

The Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025 (the Global Strategy) was adopted at the eighth session of the COP. Its overall target of “a 30% relative reduction in the age-standardized prevalence of current tobacco use in persons aged 15 years and over by 2025” was “borrowed” from the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.

To reach that target, the Global Strategy intends to improve and advance on the implementation of the WHO FCTC, focusing on three main pillars: accelerating action, building international alliances and protecting the integrity of the Convention. The Global Strategy seeks to empower Parties to work multisectorally with health and non-health partners and other stakeholders engaged in the fight against tobacco at global, regional and national levels. It also sets out to elevate the profile and visibility of tobacco control issues, including the Convention itself, both internationally and domestically.

This Global Strategy, if successfully adopted and executed, will help to reduce the disease burden of tobacco-related NCDs and their associated economic, social and environmental costs. Specific objective 2.1.3 of the Global Strategy precisely encourages Parties and the Secretariat of the WHO FCTC to “develop mutually reinforcing approaches to implementing the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 through cooperation with members of the United Nations Inter Agency Task Force on Noncommunicable Diseases, the Global Coordination Mechanism for NCDs and other relevant initiatives”.

51 The most recent report on the “Contribution and impact of implementing the WHO FCTC on achieving the noncommunicable disease global target on the reduction of tobacco use” is available at: https://untobaccocontrol.org/downloads/cop9/supplementary-information/COP9_Supplementary_information_Contribution_of_implementing_WHO_FCTC_on_NCD_target.pdf (accessed 7 November 2022).

52 Delhi Declaration. Decision FCTC/COP7(29). Conference of the Parties to the WHO Framework Convention on Tobacco Control, Seventh session, Delhi, 7–12 November 2016 ([https://fctc.who.int/publications/m/item/fctc-cop7\(29\)-delhi-declaration](https://fctc.who.int/publications/m/item/fctc-cop7(29)-delhi-declaration), accessed 7 November 2022).

e. WHO FCTC implementation as an SDG target

The WHO FCTC is one of the only three international conventions referenced in the SDGs and their related targets. Target 3.a of the SDGs specifically calls for strengthening the implementation of the WHO FCTC. It is a target related to the means of implementation, and the indicator linked to is the prevalence of current tobacco use in persons aged 15 years and over. The Global Strategy to Accelerate Tobacco Control 2019–2025 described above “seeks to meaningfully contribute to reaching the overall health goal of SDG Goal 3 and target 3.4 on NCDs”, thus recognizing the most relevant links between Goal 3 and the two targets. The Secretariat of the WHO FCTC and WHO are co-custodians of Target 3.a and work together in monitoring progress towards its implementation.

The Secretariat of the WHO FCTC is a member of the IAEG-SDGs operated by the United Nations Statistical Commission. It has actively contributed to the work of the Interlinkages Workstream that resulted in a report⁵³ highlighting how implementation of the Convention is linked to other health-related targets within the scope of Goal 3 and, more broadly, beyond Goal 3 to other SDG targets. This connection between target 3.4 and its means of implementation (target 3.a) could also be reflected by the countries that report on their progress in achieving SDGs (e.g. as part of the voluntary national reviews).⁵⁴

3.2 Initiatives led by WHO

WHO provides normative guidance and technical support for tobacco control measures to its Member States, with two of its flagship projects being the MPOWER package⁵⁵ and the coordination of the yearly celebration of the World No Tobacco Day (WNTD).⁵⁶ The leadership and coordination role of WHO in promoting the global agenda on NCDs, at all levels of the organization, inevitably includes connections to WHO’s tobacco control efforts as also referred to in other sections of this document.

a. MPOWER package

The MPOWER package, which was introduced by WHO in 2008, addresses several key demand-reduction articles of the WHO FCTC to assist in reducing the demand for tobacco products at country level. MPOWER stands for:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

⁵³ Second report of the Interlinkages Workstream. IAEG-SDG Interlinkages Workstream. United Nations Statistical Commission, Fifty-first session, 3–6 March 2020 (<https://unstats.un.org/unsd/statcom/51st-session/documents/BG-Item3a-Interlinkages-Workstream-E.pdf>, accessed 7 November 2022).

⁵⁴ Guide for WHO FCTC Parties on including SDG Target 3.a in voluntary national reviews. Geneva: World Health Organization & WHO Framework Convention on Tobacco Control; 2020 (<https://apps.who.int/iris/handle/10665/341558>, accessed 7 November 2022).

⁵⁵ MPOWER. Geneva: World Health Organization (<https://www.who.int/initiatives/mpower>, accessed 7 November 2022).

⁵⁶ World No Tobacco Day. Geneva: World Health Organization (<https://www.who.int/campaigns/world-no-tobacco-day>, accessed 7 November 2022).

Implementation of these demand-reduction measures by Member States is supported by WHO through, for instance, normative guidance, technical tools, support to the development of scientific evidence on the health harms of tobacco and the impact of tobacco control measures, and technical assistance for implementation of effective tobacco control measures. The global adoption of the MPOWER measures and the prevalence of tobacco consumption are assessed biennially and the results are published every two years in reports on the global tobacco epidemic.⁵⁷



b. World No Tobacco Day

Globally each year, 31 May is observed as World No Tobacco Day (WNTD).⁵⁶ The annual campaign is an opportunity to raise awareness on the harmful and deadly effects of tobacco use and exposure to second-hand tobacco smoke, and to discourage the use of tobacco in any form. In 1988 the World Health Assembly, in Resolution WHA42.19, called for the celebration of WNTD every year on 31 May. Since then, and including in 2022, 34 WNTDs have focused multi-stakeholder attention on a range of key issues and priorities within tobacco control, including the integration of WHO FCTC with WNTD themes. The Secretariat of the WHO FCTC collaborates regularly with WHO in articulating key messages, identifying campaign priorities and developing and disseminating the campaign materials, as appropriate.

In recent years, two WNTDs focused specifically on tobacco as a risk factor for NCDs. The WNTD in 2018 highlighted the link between tobacco and cardiovascular diseases, while in 2019 the WNTD stressed the relationship between tobacco and lung disease. Each year, WNTDs cover one aspect of WHO FCTC implementation, all of which are to some extent linked to the NCD agenda. In 2011, the year of the First Ministerial Conference on NCDs, the WNTD was fully dedicated to the WHO FCTC.⁵⁸

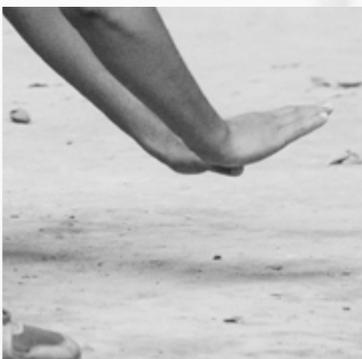
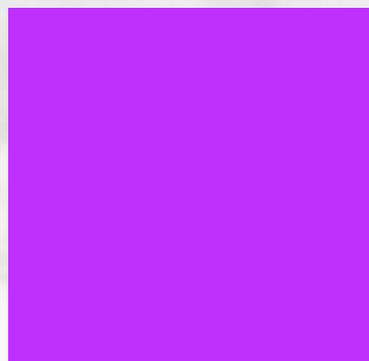
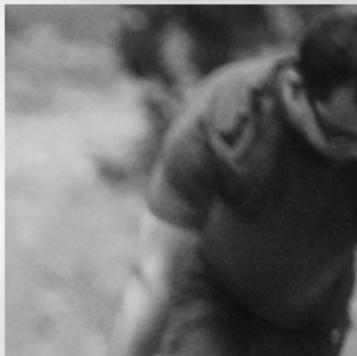
c. "Best buys"

WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 contained an appendix (Appendix 3), which displayed a menu of policy options and cost-effective interventions for the prevention and control of major NCDs. The aim was to assist Member States to implement actions to achieve the nine voluntary global targets, including a reduction target for the prevalence of tobacco use. Appendix 3 was updated in 2017 to take into account the emergence of new evidence of cost-effectiveness and the issuance of new WHO recommendations that show the evidence of effective interventions. These were renamed as "Best buys and other recommended interventions".⁵⁹

⁵⁷ WHO report on the global tobacco epidemic 2021: addressing new and emerging products. Geneva: World Health Organization; 2021 (<https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>, accessed 7 November 2022).

⁵⁸ World No Tobacco Day 2011 – the WHO Framework Convention on Tobacco Control [webpage]. (<https://www.who.int/news-room/events/detail/2011/05/31/default-calendar/world-no-tobacco-day-2011>, accessed 7 November 2022).

⁵⁹ Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1&isAllowed=y>, accessed 7 November 2022).



Five tobacco control interventions have been categorized as “best buys” – effective interventions with cost-effectiveness analysis (CEA) \leq I\$100 per DALY averted in LMICs – in addressing tobacco as an NCD risk factor. The five tobacco control interventions were:

- Increase excise taxes and prices on tobacco products.
- Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages.
- Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship.
- Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport.
- Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke.

All of these are interventions that the Parties to the WHO FCTC are required to implement. All the interventions relate to articles of the WHO FCTC for which the COP has already adopted implementation guidelines to assist the Parties with implementation.

Appendix 3 is currently (2022) being further updated. WHO and the Secretariat of the WHO FCTC are working together to promote amendments to the existing tobacco control “best buys” interventions.

WHO provides normative guidance, technical tools and packages and technical assistance to Member States to assist them to develop, implement, monitor, evaluate and where necessary to defend effective, evidence-based measures recommended in Appendix 3.⁶⁰ Such support is provided across all NCD risk factors and allows the experience and lessons learned in tobacco control to be applied to addressing other major risk factors – particularly through fiscal policies, restrictions on marketing, product regulation and packaging and labelling measures for health-harming products.

⁶⁰ Draft Updated Appendix 3 of the WHO Global NCD action plan 2013–2030. WHO discussion paper. Geneva: World Health Organization; 2022 (https://cdn.who.int/media/docs/default-source/ncds/mnd/2022_discussion_paper_final.pdf?sfvrsn=78343686_7#:~:text=Appendix%203%20consists%20of%20a,to%20prevent%20and%20control%20NCDs, accessed 7 November 2022).

4. Connecting tobacco control with NCD prevention and control



4.1 WHO's implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030 and civil society roadmaps

An implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030⁶¹ was adopted by the World Health Assembly in May 2022,⁶² in line with the mid-term evaluation of the Global action plan. The objectives of the plan are to accelerate actions and structural transformations for achievement of the targets (SDG 3.4, 3.a and 3.8) by 2030, through achieving the targets of the Global action plan. The roadmap will also help maximize the number of countries that achieve the targets before 2030 and will describe what WHO (at all levels) and stakeholders will follow to achieve sustainable changes.

In addition to technical guidance and assistance provided by the Secretariat of the WHO FCTC and WHO, NGOs that are observers to the COP have engaged in developing specific guidance documents for their constituencies. For instance, the World Heart Federation (WHF) developed its Roadmap for reducing cardiovascular mortality through tobacco control in 2014.⁶³ In it, the WHF identified three major pathways for reducing cardiovascular mortality to achieve the target of 25% reduction in premature mortality from cardiovascular diseases by 2025. Tobacco control was identified as the first pathway. The Roadmap assists with identifying roadblocks and proposes potential solutions to enable countries to reach the target.

In 2015, the Framework Convention Alliance (FCA) released an advocacy toolkit on *How to take FCTC implementation from the Sustainable Development Goals and translate it into action in-country*.⁶⁴ The toolkit was designed to provide insights into specific measures/ actions that countries will need to adopt to strengthen WHO FCTC implementation effectively within the realm of the SDGs.

61 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Draft implementation roadmap 2023–2030 for the global action plan for the prevention and control of NCDs 2013–2030. Document A75/10 Add.8, Seventy-fifth World Health Assembly, Geneva, 22–28 May 2022 (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add8-en.pdf, accessed 7 November 2022).

62 Resolution WHA75.11. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Seventy-fifth World Health Assembly, Geneva, 22–28 May 2022 ([https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75(11)-en.pdf), accessed 7 November 2022).

63 Roadmap for reducing cardiovascular mortality through tobacco control. Geneva: World Heart Federation; 2014 (<https://world-heart-federation.org/cvd-roadmaps/whf-global-roadmaps/tobacco-control/#:~:text=The%20World%20Heart%20Federation%20Roadmap,%2C%20including%20CVD%2C%20by%202030>, accessed 7 November 2022).

64 How to take "FCTC implementation" from the sustainable development goals (SDGs) and translate it into action in-country. Advocacy Toolkit. Framework Convention Alliance; 2015. (https://www.fctc.org/wp-content/uploads/2015/10/SDGs_ToolkitFINAL.pdf, accessed 7 November 2022).

Both WHF and FCA, as accredited observers to the COP, report to the COP on their work carried out in the support of Parties implementing the Convention. The Secretariat of the WHO FCTC contributed to the FCA advocacy toolkit, as well as to the launch of the WHF Roadmap at the World Conference on Tobacco or Health in 2015.

4.2 How tobacco control should be considered when addressing control of NCDs

The sections below provide examples of how WHO FCTC implementation could be included in national policies and programmes.

a. Integration of tobacco control into national policies related to or with impact on NCDs

National health-sector policies, as well as other sectoral policies that have an impact on health, are being developed or implemented by countries with the aim of preventing and controlling NCDs. In this context, integrating tobacco control into those policies becomes extremely important because of the potential impact on NCDs. This is because nicotine contained in tobacco is highly addictive and tobacco use is a major risk factor for cardiovascular and respiratory diseases, over 20 different types or subtypes of cancer, and many other debilitating health conditions.⁶⁵

Measures under Article 5 of the WHO FCTC are very relevant; this article calls for, *inter alia*: developing and implementing comprehensive multisectoral national tobacco control strategies, plans and programmes; establishing a national coordinating mechanism or designating focal points for tobacco control; avoiding interference from the tobacco industry; mobilizing financial resources for tobacco control; and cooperating with other Parties to the WHO FCTC. As national policies are developed and strengthened to boost the prevention and control of NCDs, incorporating all these elements related to tobacco control will clearly be beneficial.

WHO's "health in all policies"⁶⁶ approach is especially relevant to NCD prevention and control since many of the measures that have an impact lie outside the domain of the conventional health sector. Implementation of the WHO FCTC exemplifies this well. Therefore, a multisectoral policy thrust is needed at the national level to achieve NCD prevention and control, with appropriate emphasis on tobacco control. To ensure that implementation of these policies leads to effective outcomes, coordination is also needed at the programmatic level. Countries that are establishing such coordinating mechanisms for NCD control may integrate pre-existing coordinating units that were established for tobacco control.

⁶⁵ Health topics: Tobacco [webpage]. Geneva: World Health Organization (https://www.who.int/health-topics/tobacco#tab=tab_1, accessed 7 November 2022).

⁶⁶ Promoting Health in All Policies and intersectoral action capacities [webpage]. Geneva: World Health Organization (<https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities>, accessed 7 November 2022).

WHO FCTC focal points, appointed by States Parties, frequently have additional responsibilities beyond tobacco control, including for the entire NCD agenda.⁶⁷ These focal points are best positioned to emphasize that the control of tobacco, recognized as a risk factor for a broad range of NCDs, should be integrated with the prevention and control of NCDs and is a cornerstone of those efforts.⁶⁸

Intragovernmental partnerships (multisectoral, inter-ministerial and inter-agency) should be promoted at both national and subnational levels. Given the need for concerted actions across multiple sectors to implement effectively both demand and supply reduction measures for tobacco control, multisectoral coordination is essential at both inter-ministerial and inter-agency levels of the government. Such multisectoral action is also vital for NCD prevention and control. Countries that are developing multisectoral action plans for NCD prevention and control are also advancing tobacco control programmes within them.⁶⁹

b. Inclusion of tobacco control in health professionals' education and training on NCDs

As NCDs receive greater prominence in the curriculum and training of health professionals in LMICs in response to their growing burden, tobacco control strategies could be highlighted in the education of health professionals. This would be in line with Article 12 of the Convention (Education, communication, training and public awareness) and its guidelines for implementation. Skills must be imparted in health promotion for the prevention of tobacco uptake, in health education on the hazards of active and passive tobacco exposure, and in promoting and assisting tobacco cessation in all health-care practice settings.⁷⁰

67 Information kit for the WHO FCTC technical focal points. Geneva: World Health Organization; 2020 (<https://fctc.who.int/publications/i/item/9789240012301>, accessed 7 November 2022).

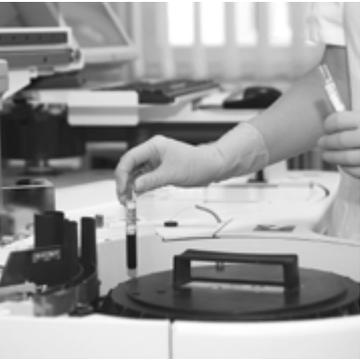
68 Development planning and tobacco control. Integrating the WHO Framework Convention on Tobacco Control into UN and National Development Planning Instruments. New York (NY): United Nations Development Programme; 2014 (<https://fctc.who.int/publications/m/item/development-planning-and-tobacco-control>, accessed 7 November 2022).

69 India has developed a National Multisectoral Action Plan for the Prevention and Control of Common NCDs, which has been recognized by the UNIATF through an award in 2018. Several other LMICs also have developed such multisectoral action plans. Nepal has also developed and implemented the Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020), synergized with the Tobacco Control Plan. Many other Parties in different WHO regions have also developed multisectoral action plans with tobacco control integrated in them.

70 An example of such integration is the Public Health Medicine curriculum of the Deakin University School of Medicine in Australia. See: Bell C, Simmons A, Martin E, McKenzie C, McLeod J, McCoombe S. Competent with patients and populations: integrating public health into a medical program. *BMC Med Educ.* 2019;19(179) (<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-019-1635-6>, accessed 7 November 2022). In Indonesia, a fully integrated tobacco curriculum for medical schools has been developed. See: Prabandari YS, et al. Laying the groundwork for tobacco cessation education in medical colleges in Indonesia. *Educ Health (Abingdon).* 2015;28(3):169–75 (<http://www.ncbi.nlm.nih.gov/pubmed/26996640>, accessed 7 November 2022). India recently conducted a landscaping exercise assessing the teaching of NCD risk factors in the curricula of healthcare professionals. The assessment revealed that only specific aspects of NCDs, such as hypertension, diabetes, mental illness, blindness and cancer are taught, with predominant focus on clinical aspects and with inadequate focus on behaviour change and health promotion. See: Pati S, Sinha R, Mahapatra P. Non-communicable disease risk reduction teaching in India: a curricular landscape. *Front Public Heal.* 2019 (<https://www.frontiersin.org/article/10.3389/fpubh.2019.00133/full>, accessed 7 November 2022). This clearly underscores the need for developing public health skills of medical professionals, with a comprehensive training on the preventive, promotive and curative aspects of risk factor-driven NCDs.

c. Tobacco control in the standard management guidelines of NCDs, and as a quality measure of NCD programmes and patient management

NCD control programmes will deploy standard care packages, such as the *WHO Package of essential noncommunicable (PEN) disease interventions for primary health care*⁷¹ and/or national guidelines that have been developed with context-specific variations.⁷²



The use of such evidence-based standard management guidelines is likely to increase with the progress towards universal health coverage. Given that tobacco control is an important NCD prevention tool, it needs to be prominently positioned within such guidelines. Since tobacco consumption is well recognized to increase the risk of high blood pressure, diabetes and dyslipidemia for occurrence of NCDs, tobacco control should be highlighted as an important part of the treatment guidelines for each of these conditions. Opportunities for tobacco cessation must be exploited, especially through effective interventions in primary health care in accordance with Article 14 of the Convention (Demand reduction measures concerning tobacco dependence and cessation) and its guidelines for implementation. All tools for NCD risk assessment and risk stratification should incorporate information on tobacco consumption, not only to estimate accurately the “absolute risk” but also to remind a health-care provider constantly that this is a potential area of risk modification that has high clinical impact. Pictorial riskcalculators (such as those developed by New Zealand Heart Foundation and British Heart Foundation) are likely to have a particularly important impact.^{73,74}

The quality of health-care services is an important area of health systems strengthening.⁷⁵ Diagnosis and treatment of NCDs are well established in health services and prevention and management of NCDs through health services could be seen as a point of entry for tobacco control. The Guidelines for implementation of Article 14 of the Convention state that “health care systems have a central role in tobacco cessation”. Further, the guidelines stipulate that “strengthening existing health-care systems to promote tobacco cessation and tobacco dependence treatment is essential”.⁷⁶ Addressing tobacco use could be an important quality indicator across preventive, promotive, clinical and rehabilitative health services; tobacco cessation or other tobacco control measures (where applicable) should be included across those NCD health services. For example, ensuring that all tobacco users are identified and provided with at least brief advice could serve as a service delivery-related indicator. Using tobacco control as a sensitive and easily measurable quality tracker would help to enhance the overall quality of NCD programmes.

71 WHO package of essential noncommunicable disease interventions for primary health care. Geneva: World Health Organization; 2020 ([https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-\(pen\)-disease-interventions-for-primary-health-care](https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care), accessed 7 November 2022).

72 For instance, in India, under the national NCD programme called the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), a series of operational guidelines, training manuals for medical officers and frontline health workers are being effectively used. Delhi: Ministry of Health and Family Welfare; 2019 (<https://main.mohfw.gov.in/Major-Programmes/non-communicable-diseases-injury-trauma/Non-Communicable-Disease-II/National-Programme-for-Prevention-and-Control-of-Cancer-Diabetes-Cardiovascular-diseases-and-Stroke-NPCDCS>, accessed 7 November 2022).

73 What’s your heart age? British Heart Foundation. (<https://www.nhs.uk/conditions/nhs-health-check/check-your-heart-age-tool/>)

74 New Zealand Cardiovascular Risk Calculator – reproduced with permission from the New Zealand Guidelines Group. National Prescribing Service. (http://www.sld.cu/galerias/pdf/servicios/hta/ebm_cardio_new_zeland.pdf)

75 Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Heal*. 2018; 6(11):e1196–252. (<https://www.sciencedirect.com/science/article/pii/S2214109X18303863?via%3Dihub>)

76 WHO Framework Convention of Tobacco Control, Guidelines for implementation of Article 14 <https://fctc.who.int/publications/m/item/guidelines-for-implementation-of-article-14> (p.6)

d. Inclusion of tobacco cessation into NCD – and other relevant – packages under universal health coverage

As countries are striving to make progress towards UHC in accordance with SDG 3.8,⁷⁷ NCDs will be prominently positioned in health service packages. Within these, tobacco control must also feature across the spectrum of promotive, preventive, clinical and rehabilitative services offered through UHC. In particular, support for tobacco cessation must be provided.⁷⁸

There is both an opportunity and a need for incorporating tobacco control measures, with special focus on tobacco cessation, into other health packages within the drive towards UHC – such as non-NCD related health programmes when NCDs (for which tobacco use is a risk factor) are associated with a co-morbidity of infectious origin. These include vertical programmes on tuberculosis control, HIV/AIDS control,⁷⁹ reproductive health and adolescent health. Both tuberculosis and HIV/AIDS control are part of the SDGs (target 3.3) and provide another platform where links between WHO FCTC implementation and these infectious conditions could be emphasized and promoted.⁸⁰

The convergence between communicable and noncommunicable diseases is being increasingly recognized and has led to joint programmatic leadership in WHO. More recently, the coronavirus disease (COVID-19) pandemic has also shown the crucial relation between communicable diseases and NCDs. COVID-19 must stimulate far greater political action to overcome inertia with regard to NCDs.⁸¹

Wherever possible, health literacy programmes in various community settings must incorporate tobacco control messages, even if a specific event is focused on a non-NCD health condition. Comprehensive primary health care provides a suitable platform for such integration.^{82,83}

77 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

78 India's Ayushman Bharat (Healthy India) initiative aimed at achieving the vision of UHC has recognized the importance of tobacco control as a part of the Comprehensive Primary Health Care package to address NCDs, and emphasizes health promotion through teachers as 'Health and Wellness Ambassadors' and students as 'Health and Wellness Messengers' (85). It also integrates tobacco use prevention and provision of tobacco cessation services at the primary health care level.

79 For example, HIV/AIDS is a communicable disease of infectious etiology. However, it is also associated with a higher risk of cancers like Kaposi's sarcoma and anti-retroviral therapy is associated with accelerated atherosclerosis, bringing convergence with NCDs.

80 Issue Brief: Integrating tobacco control into tuberculosis and HIV responses. Implementing the WHO Framework Convention on Tobacco Control to address co-morbidities. Secretariat of the WHO Framework Convention on Tobacco Control and United Nations Development Programme: 2018 (<https://fctc.who.int/publications/m/item/integrating-tobacco-control-into-tuberculosis-and-hiv-responses>)

81 COVID-19: a new lens for non-communicable diseases. *The Lancet*, 2020 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31856-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31856-0/fulltext))

82 Development planning and tobacco control: Integrating the WHO Framework Convention on Tobacco Control into UN and National Development Planning Instruments. New York: United Nations Development Programme; 2014. (<https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/development-planning-and-tobacco-control-integrating-the-who-fr.html>)

83 Preventing and Controlling Non-Communicable Diseases. New York: United Nations Development Programme; 2017. (<https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/preventing-and-controlling-non-communicable-diseases0.html>)

e. Integration of tobacco surveillance into national surveillance systems for NCDs

As countries develop NCD surveillance systems for tracking burdens of disease and trends in risk factors, tobacco consumption and exposure – and other facets of tobacco use and control as outlined in Article 20 of the WHO FCTC (Research, surveillance and exchange of information) – should also be measured. WHO's STEPwise approach to NCD risk factor surveillance (STEPS) is an example of this integration. The WHO FCTC reporting instrument and the data collection related to the elaboration of WHO's Global tobacco control report are examples of secondary data collection systems which gather the information on tobacco consumption already available in the countries.

Further, population- and facility-based registries established for different NCDs should also document trends in the proportion of tobacco-related disease burdens. Such registries can help to detect and provide information on the level of success achieved with tobacco cessation in patients with NCDs, as well as the incidence of NCDs (e.g. cardiovascular events or occurrence of tobacco-related cancers) in those using tobacco, exposed to tobacco or non-exposed to tobacco. The Secretariat of the WHO FCTC has established a WHO FCTC Knowledge Hub on Surveillance that is based at the National Public Health Institute of Finland and that works with and assists Parties in tobacco surveillance.⁸⁴

f. Integrated tobacco control and NCD prevention agendas under the SDG framework

Since tobacco and NCDs have multiple social, economic and environmental impacts, efforts for their prevention and control extend to other development sectors and across multiple SDGs. For example, second-hand smoke is linked to several NCDs and has also a significant environmental impact as an air pollutant.⁸⁵ One could therefore argue that tobacco control is part of environmental protection measures. Similarly, the diversion of arable land to tobacco production instead of nutrient crops poses a challenge to global food and nutrition security. The poverty-inducing effect of tobacco consumption, as well as of NCDs, shows the need for the inclusion of tobacco control and NCD prevention and control programmes in the agenda for poverty reduction.

⁸⁴ The WHO FCTC Knowledge Hub on Tobacco Surveillance is based at the National Institute for Health and Welfare (THL), and works to promote the implementation of Article 20 of the WHO FCTC, supporting Parties in their implementation of the Convention in areas of tobacco surveillance and health-in-all-policies approach. (<https://extranet.who.int/fctcapps/fctcapps/fctc/kh/surveillance>)

⁸⁵ Details on the environmental impact of tobacco use, including secondhand smoke can be found at: <https://www.who.int/publications/i/item/WHO-HEP-ECH-EHD-21.02>

A discussion paper developed by the Secretariat of the WHO FCTC and the United Nations Development Programme (UNDP) entitled *The WHO Framework Convention on Tobacco Control: an accelerator for sustainable development*⁸⁶ recommends the following:

- National coordinating mechanisms and tobacco control focal points should promote inclusion of the WHO FCTC within SDG implementation plans, and identify sectors where the potential win-wins across mandates are strongest for deeper partnerships.
- Development partners should invest in building the capacity of different stakeholders across government and civil society to advocate for, support and monitor progress on tobacco control as part of SDG implementation efforts.
- All stakeholders should identify and address key opponents of tobacco control, and remind those who are “neutral” of their obligations to remove any policy incoherence.
- Development partners should support Parties to invest in new mechanisms, modalities and technologies for enhanced tobacco control.



While this discussion paper and its recommendations mainly relate to the WHO FCTC in relation to the SDGs, other papers have looked at NCDs in the context of the SDGs.^{87,88,89} As countries advance their programmes for NCD prevention and control, they must look for opportunities to integrate activities and objectives with other development programmes within the broader SDG framework. Along these lines, the Global Strategy adopted in 2018 “seeks to meaningfully contribute to reaching the overall goal of SDG 3 (Good health and well-being) and, in particular, SDG target 3.4 on NCDs”.

The WHO FCTC is also referenced in the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development as a means to raise awareness and mobilize resources, stating that “price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries.”⁹⁰ Tobacco tax and price measures were identified by WHO as one of the “best buys” because they deliver large benefits for relatively small investments.

Successful experiences in tobacco taxation have encouraged policies on the taxation of unhealthy commodities linked to NCDs. The Sugar, Tobacco and Alcohol Taxes (STAX) Group of experts has promulgated a broader public health approach premised on a life-course approach to prevention to address the commercial determinants of health (and NCDs), by urging governments to adopt such taxes.⁹¹ More recently, the Subcommittee on Health Taxes operating under the United States Department of Economic and Social Affairs has been mandated to “pay particular attention to the application of excise taxes on tobacco, alcohol and sugar-sweetened beverages and report on current country practices, policy considerations, and administrative issues”.⁹² This could be seen as an example of increased focus on health taxes at a domestic level.

⁸⁶ Discussion paper - *The WHO Framework Convention on Tobacco Control: An Accelerator for Sustainable Development*. UNDP, 2017 (<https://fctc.org/wp-content/uploads/2019/08/who-fctc-undp-wntd-2017.pdf>)

⁸⁷ NCDs and the SDGs. The Defeat-NCD Partnership. (<https://defeat-ncd.org/ncds-and-the-sdgs/>)

⁸⁸ Nugent R, Bertram MY, Jan S, Niessen LW, Sassi F, Jamison DT, et al. Investing in non-communicable disease prevention and management to advance the Sustainable Development Goals. *Lancet*. 2018; Vol. 391; p. 2029–35. (<https://www.sciencedirect.com/science/article/pii/S0140673618306676?via%3Dihub>)

⁸⁹ Collins T, Mikkelsen B, Adams J, Chestnov O, Evans T, Feigl A, et al. Addressing NCDs: A unifying agenda for sustainable development. *Glob Public Health*. 2018; 13(9):1152–7. (<https://www.tandfonline.com/doi/full/10.1080/17441692.2017.1394481>)

⁹⁰ Addis Ababa Action Agenda. United Nations, 2015 (<https://sustainabledevelopment.un.org/index.php?page=view&type=400&nr=2051&menu=35>)

⁹¹ Sugar, Tobacco, and Alcohol (STAX) Group. Sugar, tobacco, and alcohol taxes to achieve the SDGs. *Lancet*. 2018 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31219-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31219-4/fulltext))

⁹² Subcommittee on Health Taxes. Department of Economic and Social Affairs. United Nations (<https://www.un.org/development/desa/financing/subcommittee-health-taxes>)

5. Building partnerships for integration of WHO FCTC implementation with the prevention and control of NCDs

5.1 Governmental and nongovernmental organizations

Governments bear the primary responsibility of incorporating actions on risk factors, including tobacco use, in strategic documents – within the health sector and beyond – with impact on NCDs. This will contribute to the application of an intersectoral and interdisciplinary approach in preventing and controlling NCDs in line with the requirements under the WHO FCTC.

The importance of NGOs in advancing the objectives of the WHO FCTC in line with Article 4.7 of the Convention,⁹³ as well as in NCD prevention and control, has been well recognized in several international policy documents (see Section 1). Partnerships between governments and NGOs, excluding those with conflicts of interest, have been strongly recommended. As national programmes for NCD prevention and control develop, NGOs that have had a strong influence in tobacco control can bring their experience and expertise to the expanded arena of NCDs.

International civil society networks, such as the NCD Alliance and the Framework Convention Alliance for Tobacco Control, are working closely with governments to enable effective implementation of NCD and tobacco control programmes. Many NGOs are being included by governments in national coordinating mechanisms for tobacco control, in accordance with Article 5.2(a) of the Convention. At regional and country levels, similar NGOs and alliances for both tobacco control and NCDs have emerged to play a strong supportive role in advancing national programmes. NGOs that focus on NCDs at national level should strive to incorporate work on tobacco control if they have not already done so.

Other NGOs are engaged in other developmental initiatives such as poverty reduction and environmental protection, while some others are engaged with children's rights and gender equity. It is essential to develop synergies between all these actors to advance the goals of tobacco control and NCD prevention and control. Governments could help to create platforms where all such NGOs can convene, consult and act in concert. Such a broad coalition of NGOs will be an asset to governments in achieving the SDG targets 3.4 and 3.a.

⁹³ Article 4.7 of the WHO FCTC recognizes that the participation of civil society is essential to achieve the objectives of the Convention and its protocols.

5.2 Support for trans-disciplinary research

The multisectoral nature of the actions needed for the prevention and control of NCDs, as for tobacco control (see Article 20 of the WHO FCTC), require trans-disciplinary research on the multiple social, economic, environmental and biological determinants of NCDs. Effective interventions will also require research, ranging from epidemiology and behavioural economics to health financing and implementation research. The dynamics of health policy, as well as the capacity of health systems, will require research that can integrate knowledge from multiple disciplines and translate it into action across multiple sectors. Governments must support such research by fostering trans-disciplinary inter-institutional collaboration that is dedicated to NCD prevention and tobacco control, not least as part of their obligations under Article 20 of the Convention.

5.3 Support for knowledge-sharing platforms

As knowledge accumulates on successful models of tobacco control and NCD prevention, knowledge-sharing platforms must be created for the dissemination of good practices. National governments, as well as regional intergovernmental bodies, must facilitate the creation and functioning of such platforms. An example of this is the Knowledge Action Portal (KAP)⁹⁴ of the GCM/NCD, launched in November 2018. KAP is a flagship online community-driven platform that presents users with an innovative way to enhance global understanding, interaction and engagement across sectors for the purpose of fulfilling existing – and initiating new – commitments to NCD prevention and control. The Secretariat of the WHO FCTC works with GCM/NCD to inclusion more resources on the implementation of the WHO FCTC in KAP.

5.4 Protecting NCD policies from interference by the tobacco industry

Article 5.3 of the Convention clearly requires governments to prevent tobacco industry interference in policy-making on issues related to tobacco control. Similar firewalled provisions do not exist for NCDs or their risk factors other than tobacco, but experience with putting in place mechanisms to prevent tobacco industry interference might be instructive in the case of other risk factors.

While sections of the industry may need to be engaged by governments to help promote the availability of healthier products and reduce the production of unhealthy ones, caution would be needed to prevent commercial interests from undermining the public interest. This is a matter of particular concern since the tobacco industry, through a diversified product portfolio, seeks to engage with governments in other sectors while aiming to keep its principal business in tobacco products profitable. Even as countries actively develop multi-stakeholder partnerships for NCD prevention and control, care must be exercised not to allow the tobacco industry to enter into the public policy arena or claim a seat at the negotiating table when public policies are being developed.

94 Knowledge Action Portal on NCDs (<https://www.knowledge-action-portal.com/>)

6. Conclusions



NCDs are a major public health challenge and a growing threat to development in all parts of the world. LMICs are experiencing large and increasing disease burdens, with elevated levels of premature mortality. Tobacco consumption and exposure to second-hand smoke are associated with an elevated risk of several NCDs (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) and contribute to a major fraction of their disease burden.

To effectively prevent and control NCDs, sustainably funded multisectoral policies and programmes are needed, with tobacco control as a key element in them. For this to happen, measures for tobacco control required under the WHO FCTC, its Protocol, and in line with the guidelines for implementation of specific articles approved by the COP, need to be effectively integrated into national policies and programmes for NCD prevention and control. This report provides examples of the potential for such integration at global and national levels in a wide range of areas.

As the impact assessment of the WHO FCTC carried out under the guidance of the Conference of the Parties⁹⁵ demonstrated, the development of the WHO FCTC and its implementation by States Parties have influenced thinking and action in many public health areas and have acted as a catalyst for concerted global action. The report⁹⁶ by the Expert Group of the impact assessment highlights that “the Convention has had an impact on a range of global governance institutions and agendas, especially the global non-communicable disease (NCD) agenda, and the 2030 Sustainable Development Agenda”. The same report also stresses that the WHO FCTC “has created an impact in international cooperation, collaboration and linkages between countries and international agencies for tobacco control which should also be important for prevention and control of NCDs”.

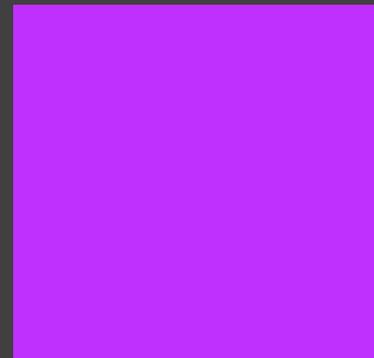
In a more recent development, the COP adopted the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of WHO FCTC 2019–2025, which identifies priorities for action and provides a platform for coordination among all stakeholders involved in the implementation of the WHO FCTC. It also promotes the development of international alliances and partnerships across all government sectors, civil society and other stakeholders to enhance their contribution to the implementation of the Convention. In relation with the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020, and the processes extending it until 2030, the Global Strategy stimulates the development of partnerships and cooperation, including within the frame of the UN Inter-agency Task Force on NCDs and the Global Coordination Mechanism for NCDs.

⁹⁵ Impact assessment of the WHO FCTC (Decision FCTC/COP6(13)) Vol. 28, Tobacco Control; BMJ Pub. Group. 2019; Volume 28; Suppl 2. (https://tobaccocontrol.bmj.com/content/28/Suppl_2)

⁹⁶ Document FCTC/COP/7/6 - Impact assessment of the WHO FCTC: Report by the Expert Group (<https://fctc.who.int/publications/m/item/fctc-cop-7-6-impact-assessment-of-the-who-fctc>)

To be efficient in every country, these global developments should be catalysts for national action. Building commitment to action at national level in the spirit of international cooperation should now provide momentum to the intertwined national agendas of tobacco control and NCD prevention and control. More recently, the COVID-19 pandemic has also highlighted that both tobacco consumption and NCDs contribute to developing severe COVID-19-related illness, placing an additional burden on health systems and health resources. Accordingly, the COP called on the Parties to the WHO FCTC “to include actions to achieve SDG Target 3.a on implementation of WHO FCTC and SDG Target 3.4 on NCDs as an integral component of national recovery from the COVID-19 pandemic, including in national SDG plans”.⁹⁷ Building back the economies and making the health systems more resilient, with particular attention to strengthened action to combat the tobacco epidemic, is therefore a good opportunity to stimulate more political commitment and action that could help advance the NCD agenda.

⁹⁷ Decision FCTC/COP9(10) - Declaration on WHO FCTC and recovery from the COVID-19 pandemic (https://untobaccocontrol.org/downloads/cop9/decisions/FCTC_COP9_10_EN.pdf)



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