

FCTC 2030 EVALUATION

FINAL REPORT

June 2021



University of York, England, UK
On behalf of the Evaluation Team

ACKNOWLEDGEMENTS

We are grateful to our in-country advisors who worked closely with us in project planning, securing local ethics approval, participant recruitment and the collection of case study data. These advisors are listed as follows: **Jordan:** Dr Larissa Al-Uar, Dr Sukaina Al-Zyoud, Dr Ahmad Abbadi; **Colombia:** Dr Blanca Llorente; **Nepal:** Professor Abhinav Vaidya; **Zambia:** Dr Fastone Mathew Goma, and **Sierra Leone:** Dr Santigie Sesay. We are also grateful to the many participants who despite their busy schedules and COVID-19 related challenges, took part in this evaluation and provided us with valuable information for our evaluation.

CONTENTS

ACKNOWLEDGEMENTS 2

List of abbreviations 4

1. EXECUTIVE SUMMARY 5

Background 5

Objectives 5

Methods 5

Findings 6

Conclusions 6

2. THE TEAM 7

The Evaluation Team 7

Project Advisory Panel 7

3. REPORT STRUCTURE 8



4. INTRODUCTION/PROJECT OVERVIEW 9

4.1 Background 9

4.2 Research questions 11



5. METHODOLOGY 13

5.1 Questionnaire-based survey 13

5.2 Case studies 15



6. FINDINGS – SURVEY 20

6.1 Questionnaire-based survey 20

Tables 3a-e: Governance 20

Tables 4a-d: Smoke-free policies 25

Tables 5a-c: Taxation 29

Tables 6a-b: Packaging and health warnings 32

Tables 7a-c: TAPS ban 34

Tables 8a-c: International and regional cooperation 37



7. FINDINGS – CASE STUDIES 45

7.1 Jordan 45

7.2 Zambia 54

7.3 Colombia 63

7.4 Sierra Leone 74

7.5 Nepal 81

7.6 Findings from the value for money analysis 87



8. SYNTHESIS AND CONCLUSIONS 91

8.1 The inputs 91

8.2 The progress 92

8.3 The impact on WHO FCTC Articles 5-13 95

8.4 Conclusions and recommendations 96



9. REFERENCES 98



10. APPENDICES 100

Appendix A: FCTC 2030 Evaluation – Questionnaire 100

Appendix B: FCTC 2030 Evaluation – Interview topic guide 124

Appendix C: Value for money assessment 127

List of abbreviations

ATCC	Africa Tobacco Control Consortium	MoF	Ministry of Finance
AFRO	Regional Office for Africa	NCDs	Non-Communicable Diseases
CSOs	Civil society organisations	NCM	National Coordinating Mechanism
CTFK	Campaign for Tobacco Free Kids	NGOs	Non Governmental Organizations
CSR	Corporate Social Responsibility	PAHO	Pan American Health Organization
DALYs	Disability-adjusted life years	PHW	Pictorial Health Warnings
EMRO	East Mediterranean Regional Office	ROI	Return On Investment
FCTC	Framework Convention on Tobacco Control	SDGs	Sustainable Development Goals
GATS	Global Adult Tobacco Survey	SEARO	SouthEast Asian Regional Office
GIS	Geographic Information System	SEATCA	SouthEast Asia Tobacco Control Alliance
GYTS	Global Youth Tobacco Survey	SWOT	Strengths Weaknesses Opportunities and Threats
IEC	Information Education and Communication	TAPS	Tobacco Advertising, Promotion, and Sponsorship
ILC	International Legal Consortium	UN	United Nations
IQR	InterQuartile Range	UNDAF	United Nations Development Assistance Framework
JSMO	Jordan Standards and Metrology Organization	UNDP	United Nations Development Programme
LMICs	Low- and Middle Income Countries	WHO	World Health Organization
MoH	Ministry of Health		

1. EXECUTIVE SUMMARY

Background

Tobacco use leads to substantial loss of human life, damages the global economy, worsens the income gap between rich and poor and causes environmental degradation at a massive scale. With approximately 1.2 billion tobacco users in the world, most (>80%) living in low- and middle-income countries (LMICs), tobacco consumption is one of the major obstacles to achieving most United Nations' (UN) Sustainable Development Goals (SDGs). The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) is an international treaty that seeks to reduce the burden of tobacco use through key supply and demand measures. However, despite 182 Parties to this treaty, the implementation of its evidence-based strategies is slow particularly in LMICs.

With an initial investment of £15m, the UK government launched a programme called FCTC 2030 (April 2017 – March 2021) to accelerate the implementation of WHO FCTC in 15 LMICs in Phase I and a further 9 LMICs in Phase II. The FCTC 2030 programme aimed to strengthen tobacco control efforts, build capacity, secure support for stronger tobacco control legislation and enhance implementation of the national tobacco control plans. Here, we report an independent evaluation of this programme.

Objectives

Our key objective was to assess the impact of FCTC 2030 Phase I countries in strengthening tobacco control in six key domains: Governance; Smoke-Free Policies; Taxation; Packaging and Health Warnings; Tobacco Advertising, Promotion and Sponsorship (TAPS) bans; and International and Regional Cooperation. We also aimed to determine if the UK government's investment in FCTC 2030 provided value for money. Finally, we were keen to identify key barriers and facilitators encountered by the countries supported by the FCTC 2030 and suggest what might enhance the impact of such programmes in future.

Methods

We used multiple research methods to address the above objectives. A questionnaire-based survey was conducted among WHO FCTC focal persons. We also conducted case studies in five of these countries, which included interviews with stakeholders, and document and economic analyses. To ascertain a potential causal association between FCTC 2030 inputs and the progress in tobacco control, our questionnaire and interview guide were designed to take account of temporal precedence, covariance of cause and effect and counterfactuals, a methodological strategy that was employed by the WHO FCTC Impact Assessment Expert Group in its evaluation of the impact of the treaty in its first decade.

Facilitated by our researchers over a virtual platform (Zoom), the survey was conducted between June 2020 and September 2020 in 14 out of 15 countries. We also used the same platform to conduct 38 semi-structured stakeholder interviews between October 2020 and January 2021 in five countries i.e. Colombia, Jordan, Nepal, Sierra Leone, and Zambia. The questionnaire responses were allocated numerical grades and the association between the inputs of the FCTC 2030 programme and progress scores was estimated by calculating Pearson correlation coefficients across all six domains. The interviews were analysed thematically, and the official documents were used to corroborate facts. The economic analysis estimated value for money using Payback Framework. Triangulation was used to validate data gathered from different sources e.g. questionnaire grades were checked if they were in step with the findings in the qualitative interviews.

Findings

We found that FCTC 2030 offered substantial financial and technical inputs across all six domains in countries involved in the evaluation of the programme. Strengthening governance was a priority and therefore received the highest level of inputs. The specific inputs were in line with the needs of each country, assessed at the start of the programme, and were flexible and responsive to the dynamic nature of tobacco control in respective countries. A wide range of activities followed these inputs with an emphasis on establishing and strengthening National Coordination Mechanism (NCM) and fostering multi sector support under the Governance domain. For Taxation, Smoke-Free Policies, Packaging and Health Warnings and TAPS bans, activities ranged from advocacy and awareness raising campaigns to preparing technical documents and securing political support for policy change. Providing robust evidence at the right time, in the right format and to the most influential actors was a particularly beneficial strategy. The programme also generated a range of capacity building activities and enhanced regional and international cooperation in tobacco control.

The FCTC 2030 programme was instrumental in progressing the implementation of WHO FCTC articles. The achievements included establishing NCMs, securing sector-wide support, policy amendments, tobacco tax increases and effective implementation of existing policies. We found good evidence that the vast majority of these changes would not have happened without the inputs received from FCTC 2030. The progress varied significantly from country to country but for all six domains, there was a positive correlation between FCTC 2030 inputs (especially technical inputs) and the progress made. In the majority of the domains (five of the six for technical inputs, four of the six for combining financial and technical inputs), this positive correlation was statistically significant despite the low number of countries.

We identified a number of significant and substantial barriers to FCTC 2030, the most significant being tobacco industry interference and lack of political engagement, and these two factors were often intimately connected. We also acknowledge but were unable to measure the potentially substantial impact of COVID-19 pandemic on the achievements of the programme. Our economic analysis using a Payback Framework suggests that the FCTC 2030 programme provided value for money and the financial inputs led to substantial changes and progress in respective countries.

Conclusions

Despite some serious obstacles faced by the programme, our data indicate that FCTC 2030 was able to provide substantial and much needed technical and financial assistance to the countries evaluated. Our correlation estimates and counterfactual approach indicates that these inputs led to substantial progress across several domains in tobacco control and offered value for money. Any future investments in such a programme should build on the strengths and address the barriers identified in our evaluation.

2. THE TEAM

The Evaluation Team

The team was led jointly by two Principal Investigators – **Professor Kamran Siddiqi** and **Dr Helen Elsey** based at the University of York. The team included co-investigators: **Dr Sarah Hill** and **Professor Jeff Collin** at the University of Edinburgh; **Professor Subhash Pokhrel** at Brunel University and **Dr Monika Arora** at Public Health Foundation of India, and two project managers: **Dr Anna-Marie Marshall** and **Dr Mariam Khokhar** both based at the University of York. The economic evaluation team also included two researchers: **Dr Rashmi Mehra** and **Miss Shirley Crankson** both based at Brunel University who worked with **Professor Subhash Pokhrel** to help deliver the economic evaluation.

Project Advisory Panel

In supporting the Evaluation Team, the Advisory Panel provided oversight and general steer to the project. The Advisory Panel advised on strategic issues and provided independent scrutiny to the project delivery both within the timelines as well as within the ethical and research governance framework. The Panel consisted of **Dr Paola Morello** ((MoH), Argentina), **Dr Ziauddin Islam** (National Tobacco Control Cell, Pakistan), **Dr Kellen Nyamurungi** (Centre for Tobacco Control Africa), **Professor Geoff Fong** (University of Waterloo), and **Dr Lorainne Craig** (University of Waterloo). **Professor Fong** provided additional support to the quantitative analyses of the survey data, leading the correlational analyses in particular.

The Panel met monthly and supported the Evaluation Team in delivering its milestones and deliverables, assess and mitigate against any risks to the project, share any strategic and related developments and helped in problem solving.

3. REPORT STRUCTURE

The report is structured in six main sections; the first section provides the background and scene setting for the evaluation project. This includes a brief description of the FCTC 2030 programme, the purpose of its evaluation, and the research questions. The second section presents the methods used in the evaluation including the questionnaire-based survey in 15 phase one FCTC 2030 countries and the case studies based on interviews and document

analysis. The third section presents the findings from the questionnaire-based survey, followed by the findings from the five case study countries, including comparisons across the case study countries. This is followed by the findings of the economic evaluation in section four. A discussion is then included highlighting key findings and lessons learnt. Finally, recommendations are made focussing on what can be done to strengthen the programme.



4. INTRODUCTION/PROJECT OVERVIEW

4.1 Background

Tobacco use damages human health, leads to economic losses and causes environmental degradation. Its production and consumption contribute to global warming and it is a significant barrier to sustainable development.

Among more than one billion tobacco users in the world, approximately 80% now live in low- and middle-income countries (LMICs). While cigarette consumption has been declining in most high-income countries, it is on the rise in many LMICs (Ng et al. 2014). Unfortunately, smoking is likely to increase even further in many countries including China, Indonesia and Nigeria (Eriksen MP, Mackay J, Schluger NW, et al. 2015). A worrying trend is the rise of smoking uptake among youth, particularly among girls in several LMICs. Globally, 25 million boys and 13 million girls use tobacco (Eriksen MP, Mackay J, Schluger NW, et al. 2015). Among 108 countries that have completed at least two Global Youth Tobacco Surveys (GYTS), 43 countries saw no shift in tobacco use prevalence, 20 observed a decline, and 18 saw an increase; 27 countries observed mixed trends for boys and girls (Eriksen MP, Mackay J, Schluger NW, et al. 2015).



Tobacco exposes its user to more than 7,000 toxic chemicals and increases their risk to develop more than 17 types of cancers, ischaemic heart disease, chronic lung diseases and many other health hazards (Centers for Disease Control and Prevention (US), National Center for Chronic Disease Prevention and Health Promotion (US), and Office on Smoking and Health (US) 2011). Worldwide, it is the single most important and completely preventable cause of premature deaths; being responsible for approximately seven million deaths every year (Eriksen MP, Mackay J, Schluger NW, et al. 2015). Furthermore, second-hand smoking causes numerous adverse health effects in new-borns and children causing substantial disease burden. According to a systematic analysis from the Global Burden of Disease Study 2015 (Reitsma et al. 2017), second-hand smoke alone leads to an estimated 890,000 deaths and a loss of 10.9 million disability-adjusted life years (DALYs) globally every year.

Tobacco-related harm extends beyond health; the annual economic burden due to tobacco is in the order of two trillion USD, approximately 2% of the global economy (Eriksen MP, Mackay J, Schluger NW, et al. 2015; Warner, 1995). Most of the tobacco-related economic burden is due to the loss of productivity as a result of illness and premature deaths; another important reason is healthcare expenditure. At an individual level, people with poor socio-economic status are more vulnerable to tobacco consumption and hence more likely to fall ill and/or die early and hence falling into the vicious cycle of tobacco and poverty.



Tobacco farming takes place in many LMICs e.g. Malawi, Zimbabwe, Indonesia, Pakistan (*Eriksen MP, Mackay J, Schluger NW, et al. 2015; Lecours et al. 2012*). Here, in particular, tobacco farming harms the health of farmers, depletes natural resources, causes deforestation, land desertification, generates a large amount of waste and promotes child labour (*Lecours et al. 2012*). In many LMICs, the tobacco industry often uses farmers to undermine tobacco control efforts and exploits economic vulnerability of the governments to further their commercial interests.

To address these challenges a global framework for action, the WHO Framework Convention on Tobacco Control (FCTC) was adopted by the World Health Assembly in 2003 under the auspices of the World Health Organization (WHO), and to which 182 countries are now Parties. The treaty seeks to reduce the burden of tobacco use through key supply and demand measures laid out in its articles. Key demand measures are also highlighted in WHO's 'MPOWER' report including 'Monitoring tobacco use and prevention policies', 'Protecting people from tobacco smoke', 'Offering help to quit tobacco use', 'Warning about the dangers of tobacco', 'Enforcing bans on TAPS', and 'Raising taxes on tobacco' (*Mehrotra et al. 2019*).

In 2011, the UN put non-Communicable Diseases (NCDs), including those attributable to tobacco, high on the development agenda and the World Economic Forum deemed NCDs a major threat to the global economy. Tobacco control forms a specific target within SDG 3. WHO considers tobacco control measures as 'best-buy' for preventing NCDs. Such evidence-based policies can reduce tobacco-related burden substantially. A reduction in the tobacco-related disease burden, will contribute towards enhancing the health-related SDG indices (*Alleyne, Beaglehole, and Bonita 2015*).

In addition, tobacco use exerts a huge economic burden in LMICs and is linked to poverty (*de Beyer, Lovelace, and Yürekli 2001*). Its use is exacerbating social inequalities and its cultivation is leading to environmental degradation and depletion of water resources. Therefore, by addressing tobacco, we can help achieve several

other UN's SDGs. By reducing inequality, tobacco control can thereby advance SDG 10. Reductions in tobacco use will increase households' disposable income for purchasing food (SDG 2). A drop in tobacco cultivation will help in protecting ecosystems, reducing deforestation, reversing land degradation and conserving water resources (SDG 15). Furthermore, revenues collected from a change in tobacco taxation policy can help these governments invest more in achieving the SDGs, while FCTC implementation can also advance achievement of good governance with respect to peace, justice and strong institutions (SDG 16) and partnerships (SDG 17). Particularly significant in the latter context is the scope for tobacco control measures to enhance policy coherence for sustainable development (17.14).



In 2011, the UN put Non-Communicable Diseases (NCDs), including those attributable to tobacco, high on the development agenda and the World Economic Forum deemed NCDs a major threat to the global economy.



Despite being Parties to the WHO FCTC however, many of the recommended policies and its articles are not in place in many countries; and even when enacted in law, are poorly enforced (*Mehrotra et al. 2019; Chung-Hall et al. 2019*). There is a significant and recognised 'implementation gap' in tobacco control that is exploited by the tobacco industry, which uses every opportunity to prevent or weaken policy development and works to undermine its implementation.

The FCTC 2030 is an important, innovative and exciting effort to accelerate the implementation of the WHO FCTC articles within the initial 15 selected phase one countries and the further nine Phase II countries. The programme is designed to build their capacity in tobacco control and offer a suite of supporting materials, tools and activities to several other LMICs facing the tobacco challenge. The FCTC 2030 has received a substantial grant of £15m over five years.

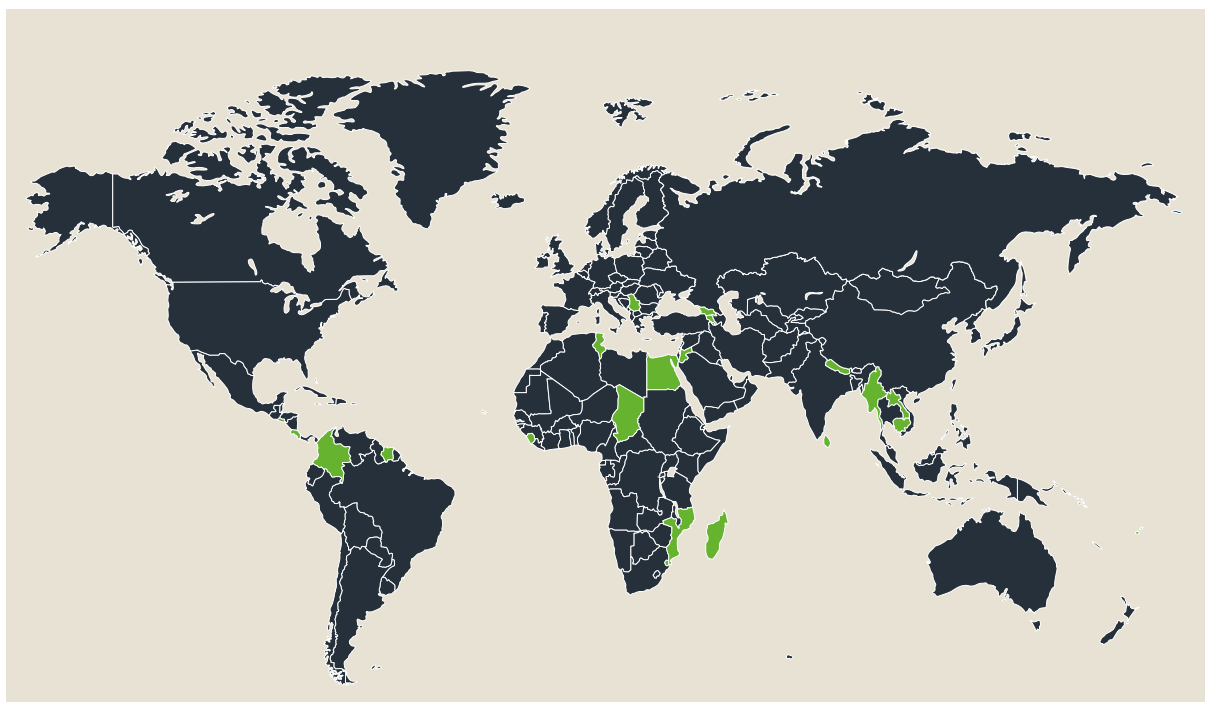


Figure 1: FCTC 2030 Project Countries (Source: WHO 2021)

(2016-2021) from the UK government. Other governments are also supporting the programme now; the FCTC Secretariat in Geneva is offering the technical support. The programme aims to: improve tobacco control governance, primarily through the implementation of FCTC Article 5; increase tobacco taxation; implement the two FCTC time-bound measures on tobacco packaging and on ending tobacco advertising, promotion and sponsorship (TAPS); and support the implementation of any other WHO FCTC articles that receive national priority. The programme aims to strengthen tobacco control efforts, build capacity, secure support for stronger tobacco control legislation and enhance implementation of the national tobacco control plans in 15 phase one target countries (and an additional nine phase two countries) in particular (shown on figure 1 above in green) and all LMICs in general.

This document outlines an evaluation of the FCTC 2030 programme to assess: whether the stated project objectives have been achieved; how effective the activity was in achieving its objectives, and why; the cost-effectiveness or return on investment of the activities; and make recommendations for future management or policy decisions. This evaluation will concentrate on the

15 phase one countries. However, information gathered and learned from this can be used to improve the process for the phase two countries.

4.2 Research questions

1. Among WHO FCTC Parties supported by the FCTC 2030, what has been the effect on:
 - a. strengthening tobacco control governance as per Article 5;
 - b. increasing tobacco taxation;
 - c. accelerating the implementation of the WHO FCTC time-bound measures on tobacco packaging and banning TAPS;
 - d. implementing other country-specific priority FCTC articles;
 - e. building tobacco control capacity; and
 - f. enhancing policy coherence for health and sustainable development?
2. What were the key barriers and facilitators encountered by the Parties supported by the FCTC 2030 while:



- a. making and implementing tobacco control legislation and policies (taxation, packaging, and ending advertising);
 - b. securing adequate resources for tobacco control;
 - c. establishing multi-sectoral tobacco control strategies and coordinating mechanisms;
 - d. cooperating with other Parties and international organisations to implement FCTC measures; and
 - e. protecting public health policies from tobacco industry interference (TII)?
3. What are the estimated cost effectiveness and economic returns on investment for FCTC 2030 programme?
 4. To what extent has FCTC 2030 helped LMICs beyond the 15 selected countries in implementing WHO FCTC articles, and how?
 5. When designing programmes like FCTC 2030, what modifications would be most helpful in enhancing their impact (particularly on governance, policy implementation and capacity building) in future?



5. METHODOLOGY

The evaluation used multiple research methods: a questionnaire-based survey of the WHO FCTC focal persons in 15 countries included in phase one of the FCTC 2030 programme; and case studies in five of these countries, based on stakeholders' interviews, and document and economic analyses. These methods are summarised as follows:

5.1 Questionnaire-based survey

The survey focused on the *inputs* provided by the FCTC 2030 programme and the *progress* that followed as a result. These countries were: Cabo Verde, Cambodia, Chad, Colombia, Egypt, El Salvador, Georgia, Jordan, Madagascar, Myanmar, Nepal, Samoa, Sierra Leone, Sri Lanka and Zambia.

5.1.1 Questionnaire development and piloting

The evaluation team initially developed a draft questionnaire which was based on the FCTC 2030 programme priorities. Following an initial review of the WHO FCTC literature and FCTC 2030 programme documents, six key domains were highlighted, which formed the questionnaire section subheadings: Governance, Smoke-Free Policies, Taxation, Packaging and Health Warnings, TAPS bans and Regional and International Cooperation. Additional questions covered capacity building and tobacco industry interference.

A meeting was held between the evaluation team and the advisory panel to discuss the draft questions; edits were made before a final version was signed off.

The questionnaire was piloted with a WHO FCTC focal person in Pakistan also a member of the advisory panel, and therefore could provide feedback from the participants point of view. Subsequently, another round of edits was made, which helped in streamlining the wording of the

questions. The questionnaire was then piloted in the first FCTC 2030 country, Myanmar. This pilot was successful and no further edits were made. (See final questionnaire attached as appendix A.)

5.1.2 Participants and recruitment

The WHO FCTC secretariat provided the evaluation team with contact information for the FCTC focal persons for the 15 countries. The evaluation team sent invitations to participate via email to each focal person. From the 15 countries, 14 FCTC focal persons (or a suitable representative) agreed to participate.

5.1.3 Procedure

All data were collected from June 2020 to September 2020 using virtual platforms e.g. Zoom.

The overall responsibility for ensuring completion of the survey was assigned to the FCTC focal person in each country. To cover the broad range of possible impacts of the FCTC 2030 programme, the focal persons were asked to consult with others with relevant expertise prior to the interview, for example designated official(s) within the Ministry of Health (MoH) and with other key stakeholders.

Participants were asked which language they prefer, and all communications were carried out in their preferred language. Three countries (Cabo Verde, Chad and El Salvador) requested that the Zoom call and all written communication must be carried out in French, Spanish, and Portuguese, respectively. The data were then translated into English for analysis.



Questionnaires were sent to the participants in advance together with the participant information about the evaluation, to allow them time to prepare and consult with others. Participants were encouraged to complete the questionnaire during a Zoom call with the evaluation team. However, if this was not possible, there was also an option to complete the questionnaire in writing. The participants in 10 countries (Chad, Colombia, El Salvador, Georgia, Jordan, Myanmar, Nepal, Samoa, Sierra Leone, Zambia) attended the online Zoom meetings and two countries (Cambodia and Sri Lanka) chose to complete the questionnaire in writing. Two other countries completed the questionnaire partially in writing, followed by a Zoom call to give the participants and the evaluation team the opportunity to ask questions and clarify the information provided (Cabo Verde and Egypt). Participants from 13 countries in total completed the questionnaire (Cabo Verde, Chad, Colombia, Egypt, El Salvador, Georgia, Jordan, Myanmar, Nepal, Samoa, Sierra Leone, Sri Lanka and Zambia); one participant completed the taxation section only (Cambodia) and one did not consent to participate (Madagascar).

Each online questionnaire completion took a maximum of two hours to complete; during this process, the evaluation team members read out

the questions and audio recorded the participants' responses. The audio recordings were then transcribed and translated in English, where necessary. Once completed, the questionnaires were sent out to the participants again to make any changes or add further information if they wish.

5.1.4 Analysis

Questionnaires were coded by two team members using thematic analysis (*Braun and Clarke, 2006*). The codes were then populated into a table and organised to narrate the impact of the FCTC 2030 programme for each of the six selected domains (and their sub-domains): Governance; Smoke-Free Policies; Taxation; Packaging and Health Warnings; TAPS bans; and Regional and International Cooperation. The data were then summarised and organised by WHO regions to allow comparisons to be made across the regions and finally findings were summarised across all 15 countries.

The findings were used to create two heat maps, one for the *inputs* and one for the *progress*, depicting the colour codes and numerical grades allocated to the focal person's response categories, as shown in Table 1. The colour codes and numerical grades were allocated by two team members independently and any discrepancies were resolved by a third member of the team.

Table 1: The response codes and grades allocated to the WHO FCTC focal persons' survey

	Response categories	Colour codes	Numerical grades	
			FINANCIAL INPUT	TECHNICAL INPUT
INPUTS	None		0	0
	Financial inputs		1	0
	Technical inputs*		0	1
	Financial and Technical inputs		1	1
PROGRESS	None		1	
	Some progress**		2	
	Partial progress**		3	
	Full progress**		4	

*Technical inputs included guidance, advice, training, workshops etc.

**Some progress meant that the progress was limited to awareness raising; partial progress included drafting of plans, policies and legislations; and full progress included changes in policies and legislations.



For all six tobacco control domains, the numerical codes given to the responses under *inputs*, were added for the technical and financial inputs, both separately and together. Likewise, a mean score was estimated for the numeric codes allocated to the responses under *progress*. To estimate any interactions between the *inputs* and the *progress*, a Pearson correlation coefficient was calculated for each of the six domains.

5.2 Case studies

5.2.1 Country selection

During the selection of the five case study countries, the evaluation team took three main criteria into consideration: 1. WHO Region – ensuring representation from as many regions as possible. 2. Engagement with the FCTC 2030 programme – to ensure that the case study sample represents countries that were highly engaged based on the advice of the FCTC programme and the internal evaluation with the programme as well as those less engaged. 3. Recruitment – ensuring that the team were able to recruit in the country using existing contacts within the evaluation team. This was especially important during COVID-19 as the evaluation team could not travel in person and needed support on the ground in all five countries.

The selection took place within a couple of team meetings followed by a consultation with the advisory panel. In the first meeting, the team discussed which countries would meet the first two considerations and in the second meeting the team discussed the feasibility of successfully conducting the interviews in the selected countries during COVID-19, using contacts within the countries (consideration 3). The final list of countries included: Sierra Leone and Zambia (AFRO), Colombia (PAHO), Jordan (EMRO), and Nepal (SEARO). Due to the greater representation from the AFRO region within the programme, two countries were selected from this region.

5.2.2 Topic guide development

The evaluation team drafted a general topic guide. Questions were informed by the findings

of the survey and the provisional document analysis (see below). A draft was then edited after consultation with the advisory panel; the final version was discussed in a subsequent team meeting and final edits were made. The final version was approved by the team, however questions were adapted for each country's context to explore issues arising from the responses to the questionnaire, documents and information obtained from representatives from the case study countries. Topics covered (but were not limited to) the following areas; interactions with FCTC 2030 programme, impact of the programme on tobacco control governance and on tobacco control policies in the country, perceptions of the programme (including opinions about the programme and what has been the most and least helpful), barriers/challenges to implementation, evaluation of existing measures and monitoring (including what can be done to improve and strengthen measures), and the overall achievement of the programme (the final topic guide is attached as appendix B).

5.2.3 Interview preparation

A principal in-country contact was identified in each case study country; this was either an academic or a tobacco control advocate with the necessary contacts and credibility within the local stakeholder. Initial meetings were held with the country contacts for the five countries. The meetings were attended by the members of the evaluation team and the advisory panel. In the meetings, discussions focussed on the tobacco control context within the case study country, the appropriateness and usefulness of the questions in the topic guide, and potential interviewees. Based on this feedback, we adapted the interview guides and finalised the interviewees to be approached. The country contacts also helped in translations of the participant information documents, where necessary.

5.2.4 Participants and recruitment

We interviewed those who worked in tobacco control e.g. people from the ministries in the government, tobacco control advocacy groups, Civil Society Organisations (CSOs), academic



Table 2: Participant primary roles for the five case study countries

PRIMARY ROLES	JORDAN	COLOMBIA	ZAMBIA	NEPAL	SIERRA LEONE
GOVERNMENT MOH (PREVIOUS AND CURRENT)	1		2	3	2
GOVERNMENT OTHER		1	2		1
LAW ENFORCEMENT/ POLICE		1			
CSOS/NGOS/ADVOCACY GROUP MEMBERS	3	3	2		1
ACADEMICS	1	2	1	2	2
MEMBERS OF PARLIAMENT/ SENATOR		1	1		1
TOBACCO CONTROL LAWYERS	1				
FCTC OR WHO	1				
MEDICAL PROFESSIONAL/ PUBLIC HEALTH	1			2	
TOTAL PARTICIPANTS	8	8	8	7	7

leaders in tobacco control, parliamentarians, and other relevant stakeholders within the countries. Seven to eight interviews were conducted in each country (8 in Jordan, Colombia, Zambia and Nepal; and 7 in Sierra Leone). See Table 2 for participant details.

5.2.5 Procedures

Semi-structured qualitative interviews were conducted between October 2020 and January 2021. Interviewees were contacted via email and invited to participate (using a participant information sheet) in an online interview using a virtual platform e.g. Zoom. Consent forms were also sent to the participants for their inclusion in the qualitative research. Interviews were led by one member of the evaluation team. However, some interviews were attended by a second team member in cases where participants wished to be interviewed in a language other than English, or for training purposes. In some cases, the contact person at the country level also participated in the interviews. Each interview lasted approximately 60 minutes.

5.2.6 Interview analysis

The case study interviews were analysed using Thematic Analysis (*Braun and Clarke 2006*). Interviews were transcribed verbatim. Two interview transcripts were provisionally coded by two researchers. This coding was checked and edited by two of the team members. The coding framework was discussed, any discrepancies were resolved, and was used to code the remaining transcripts. The codes were then organised into themes for each country and emerging themes were discussed in a meeting with the project management team.

5.2.7 Document analysis

The document analysis was an ongoing process throughout the project. Relevant documents were requested from the WHO FCTC Secretariat, and the FCTC focal persons in each country. The documents, obtained and analysed, included two types: those available publicly such as reports, surveys and policy documents; and those available through internal communications such as progress reports, internal project monitoring reports, needs assessments, and outcome mapping. Documents were used to corroborate evidence obtained in the case study interviews



and for clarifying inputs and activities within the programme. This was carried out by coding the documents initially and then re-visiting the documents after the case study interviews for clarification of the interview data.

5.2.8 Triangulation and validation

In line with our mixed methods approach, triangulation between methods and data sources happened at multiple points within the project. Initially the results of the questionnaire informed the development of the qualitative interview guides. During the case study analysis, we cross-checked the information provided by the interviewees with the questionnaire data. Where there were discrepancies, we checked interview transcripts from all respondents in the country concerned to resolve issues. The document analysis provided a further layer of evidence enabling us to validate information provided in the questionnaires and case studies.

We planned a final stakeholder workshop with participants from FCTC 2030 regional consultants and the FCTC Secretariat staff, and other key stakeholders. The workshop enabled us to gain feedback on our findings and check any discrepancies emerging between data sources. The workshop also enabled us to identify any activities or impacts of the programme beyond the specified 15 countries. This, in addition to our document analysis, provided insights to understand any influence of FCTC 2030 in LMICs beyond the 15 programme countries (research question 4).

5.2.9 Value for money analysis

An assessment was carried out to determine the extent to which the FCTC 2030 spend led to 'payback' or value for money. This assessment is fully described in appendix C and a brief summary of the methods used is provided here. FCTC 2030

“

In line with our mixed methods approach, triangulation between methods and data sources happened at multiple points within the project.

”

was an activity-based programme to provide financial and technical support to countries in need, and thus, was not structured in a way that was amenable to evaluating its cost-effectiveness (i.e. no 'control' was available). Because FCTC 2030 was primarily focused on establishing and strengthening the necessary infrastructure and capacity for policy development and implementation, many of the primary outcomes were not calculable to build standard cost-effectiveness models (*Drummond et al. 2015*). Thus, it is not at all clear what the ROI would be for the creation of a multi sectoral coordinating mechanism. Instead of forcing a linkage between these infrastructure/capacity outcomes and ROI, which would be speculative at best, we chose to conduct a 'value for money assessment' that was better suited to the nature and objectives of the FCTC 2030 programme.

We adapted an established method called the "Payback Framework", a logic model originally developed to help measure impacts known as "payback" from research investments (*Donovan and Hanney, 2011*). The logic model more relevant to use in this evaluation was the flow from inputs to impact (progress) as outlined in the Department of Health Business Case (2017). Given the 'deep-dive' approach taken to understand the impact of FCTC 2030, the FCTC 2030 spend level in each of the five case study countries included in the analysis were mapped out to the following trajectory:



Data sources and methods in the value for money assessment

MAPPING FROM...	DATA SOURCES / CORROBORATIVE EVIDENCE	TYPE OF ANALYSIS
INPUTS (i.e. the FCTC 2030 spend or money flow – annual and total)	FCTC Secretariat	Descriptive
ACTIVITIES (i.e. what happened in the country following the money flow)	Literature review; FCTC focal person survey; Stakeholder interviews	Narrative synthesis
POLICY CHANGES (i.e. whether any of the FCTC articles implemented or strengthened)	Literature review; FCTC focal person survey; Stakeholder interviews	Descriptive / Narrative synthesis
IMPACT or 'PAYBACK' (i.e. health and wider benefits to be achieved in the longer term, to include, for example, decline in tobacco use, healthcare cost-savings, productivity gains)	UNDP/RTI FCTC Investment Case Models	Qualitative assessment, with some quantitative measures

Following this, the logic model allowed the evaluation team to provide narratives around the value for money from the FCTC 2030 programme in the form of five 'case studies', which were then scored to present some data to indicate likely payback from the programme. A multi-method approach was used to collect and analyse the data needed to develop the case studies and to score the case studies. These are described in full in Appendix C and summarised below.

A rapid literature review used standard databases with a mix of keywords to find relevant documents relating to tobacco control policies in the selected countries that were published after 2016. Data were analysed and reported by the two components of the logic model – 'activities' and 'policy changes'. The relevant data obtained from the Focal Persons Survey and Stakeholder Interviews were extracted to include in the case studies. Relevant quantitative data around smoking prevalence, healthcare and wider costs and benefits came from the FCTC investment case models (*RTI International, 2017*). Using the combination of these data, five country case studies were constructed highlighting the contribution of FCTC 2030 to either implementing or strengthening of eight key activities: (i) governance; (ii) capacity building; (iii) Smoke-Free Policies; (iv) tobacco taxation; (v) packaging and health warning; (vi) TAPS ban; (vii) curbing tobacco industry interference; (viii) international and regional cooperation. These activities were

primarily derived from the six FCTC domains as described in the main report. In addition, curbing tobacco industry interference (a part of governance domain) and capacity building (a generic activity) were included separately to detect the nuances around the relationship between inputs and the impact of FCTC 2030.

Finally, values from the two separate scoring exercises were then used to evaluate the payback. Firstly, five-point Likert scale responses from focal persons survey (n=13) were used to obtain focal persons' perspectives. Secondly, the five case studies were scored by nine members of the evaluation team (the scoring panel) using the same scale to obtain a more robust and independent opinion. The data were tested for internal consistency using Cronbach's alpha and descriptive statistics were used to summarise the results. In addition, Spearman correlation coefficients were calculated to see to what extent inputs (the actual dollars spent on a country) were correlated with the 'payback' as perceived by the scoring panel. The threshold for a positive return on investment (defined as 'having sufficient evidence of payback') was set at a median score of ≥ 4 with an interquartile range (IQR) of ≤ 1 . A score meeting this threshold criteria means that more than half of the opinions fall within one point of the scale and a consensus in opinions can thus be established. In addition, a positive and statistically significant correlation between inputs and the scores indicated a



positive return on investment. Subsequently, a final section in the case study was added to provide a narrative around the overall payback or 'value for money' of the FCTC 2030 in the country, also paying attention to the context against which FCTC 2030 operated in that country.

5.2.10 Ethical approval

Ethical approval was granted by the University of York Research Governance Committee. Local ethical clearance was also obtained from each of the five case study countries:

Zambia: University of Zambia Biomedical Research Ethics Committee (UNZA BREC)- 30 September, 2020

Sierra Leone: Sierra Leone Ethics and Scientific Review Committee (SLESRC)- 27 October, 2020

Nepal: Nepal Health Research Council (NHRC) – letter dated 20 November, 2020

Jordan: The Hashemite University International Review Board (IRB) – 18 October, 2020

Colombia: Comité de ética de Investigación Humana Universidad (ICESI) – 28 September, 2020



6. FINDINGS – SURVEY

6.1 Questionnaire-based survey

Reported by the WHO FCTC focal persons based in 14 countries, this section summarises the programme *inputs* and the *progress* made

in each of the six domains: Governance; Smoke-Free Policies; Taxation; Packaging and Health Warnings; TAPS bans, and Regional and International Cooperation (Tables 3-8). Based on the responses provided in Tables 3-8, the *inputs* and *progress* were colour coded and given numerical grades as illustrated in Table 9 and 10.

Tables 3a-e: Governance

Table 3a: Governance – National Coordinating Mechanism (NCM)		
COUNTRY	INPUTS	PROGRESS
ZAMBIA	Financial and technical support provided to establish the NCM	Accelerated the implementation of tobacco control programmes
SIERRA LEONE	Financial and technical support provided to set up a National Multi-sectoral Tobacco Taskforce and appoint a focal person	Under the umbrella of the taskforce, various ministries and sectors came together and developed a tobacco control activity plan
JORDAN	Financial, technical support provided to re-establish NCM	NCM's terms of reference were developed and a technical committee to oversee the action plan was set up
EL SALVADOR	Financial and technical support provided to set up the NCM	None observed as the NCM was still in the process of being set up
COLOMBIA	Technical support provided to strengthen the MoH	Various ministries and economists came together to work on building a professional team
EGYPT	Financial and technical support provided to establish the NCM	NCM's terms of references were developed for the multi-sectoral coordinating committee to meet regularly
MYANMAR	Needs assessment, financial and technical support provided to re-establish the NCM.	Tobacco control committee was reformed alongside increased parliamentary engagement
SAMOA	Financial and technical support provided to set up the NCM	None specified
GEORGIA	Financial, technical support and toolkits provided; workshops organised	A tobacco control group was established
SRI LANKA	NATA (National Authority on Tobacco and Alcohol) was already established in 2006 prior to FCTC 2030; thus, no support was required	-
CABO VERDE	Financial and technical support provided to MoH to set up NCM	A fully functional NCM was established
CHAD	Financial, technical support provided to re-establish NCM	A regulation was drafted to elevate NCM under the office of the Prime Minister
NEPAL	NCM was already established prior to FCTC 2030. Therefore, no support was required	-
CAMBODIA (taxation only)		



Table 3b: Governance – National Tobacco Control Strategy/Plan

COUNTRY	INPUTS	PROGRESS
ZAMBIA	Financial support provided to develop a national tobacco control strategic plan	Supply and demand reduction measures were identified as part of the strategic plan
SIERRA LEONE	Technical support provided to strengthen the NCD strategic plan	The plan identified priority areas for interventions for tobacco control
JORDAN	Financial and technical support provided to develop a national tobacco control plan	A tobacco control strategy/plan drafted; currently put on hold due to COVID-19
EL SALVADOR	Technical support provided to develop a national tobacco control plan	The plan identified priority areas for policy interventions for tobacco control
COLOMBIA	None specified	–
EGYPT	Financial support provided to accelerate the development of a national tobacco control plan	Tobacco control indicators were identified as part of the plan
MYANMAR	Financial and technical support provided to review the 2000 policy	A new policy is under-development
SAMOA	Financial support for tobacco control policy plan provided to develop tobacco control plan of action. Further assistance provided by UNDP investment case	Work began on cessation and implementing FCTC Article 5.3 guidelines
GEORGIA	Financial and technical support provided; expert advice and coordination through planning workshops	A tobacco control strategy/plan drafted
SRI LANKA	Financial support provided to develop a national tobacco control strategy 2020-2025	The plan identified priority areas of interventions for tobacco control
CABO VERDE	Financial support provided to develop a national tobacco control plan	The plan developed guidelines and identified priority areas for policy interventions
CHAD	Financial and technical support provided to develop a tobacco control strategy/plan (2018-2022)	The plan identified priority areas for interventions for tobacco control
NEPAL	Financial support provided to develop a multi-sectoral strategic action plan on tobacco control	The action plan was drafted; currently put on hold due to COVID-19
CAMBODIA (taxation only)		



Table 3c: Governance – multi sectoral participation

COUNTRY	INPUTS	PROGRESS
ZAMBIA	Financial support provided to hold coordination meetings; technical advice provided	NCM's terms of references developed for the coordinating committee to meet regularly
SIERRA LEONE	Advice provided on how to bring multiple sectors and ministries together	Continued support for the working of National Multi-sectoral Tobacco Taskforce
JORDAN	Advice provided by UNDP and relevant training and workshops organised	A national committee was established to ensure sustainability of the FCTC 2030 programme
EL SALVADOR	Technical support provided to strengthen multi-sectoral participation	Increased buy-in observed from the non health sectors and stakeholders such as the Ministry of Finance (MoF), Ministry of Education (MoE) and CSOs
COLOMBIA	Advice sought from other countries, tobacco control organisations and sectors	Effective communication between sectors external to MoH
EGYPT	Financial and technical support provided	A tobacco control strategy/plan drafted; currently on hold due to COVID-19
MYANMAR	Advice on need for multi-sectoral approach, technical input and documentation provided	A multi-sectoral committee was operational
SAMOA	Financial support for a coordinator to link across ministries and provide technical advice	Greater access to cabinet and higher levels of governance
GEORGIA	Advice provided on strengthening tobacco control policy	Multi-sectoral participation strengthened; progress was made in monitoring tobacco control
SRI LANKA	Financial support provided to hold expert consultations and strengthen multi-sectoral collaborations	Under the umbrella of multi-sectoral collaborations, the need for a national tobacco control strategy was highlighted
CABO VERDE	Training provided to the multi-sectoral working group on FCTC Article 5.3. A consultant was hired to support annual tobacco control plans	Increased awareness of the working group about the tobacco industry tactics
CHAD	Financial support provided to hold expert consultations and multi-sectoral collaborations	Formation of a multi sectoral committee allowed countering the tobacco industry interference in policy making
NEPAL	Financial support provided to bring multiple sectors and ministries together	Improved communication and understanding amongst ministries and sectors
CAMBODIA (taxation only)		



Table 3d: Governance – civil society engagement

COUNTRY	INPUTS	PROGRESS
ZAMBIA	Advice given on how to better engage with and strengthen civil society	Civil society continued exposing Tobacco Industry's interference in policy
SIERRA LEONE	Advice on how to better engage with and strengthen civil society provided	Civil society was better able to conduct awareness raising activities
JORDAN	Financial support and advice provided on how to better engage with civil society and strengthen the relationships	Additional collaborations with NGOs
EL SALVADOR	Advice provided on how to better engage with and strengthen civil society	Civil society was better able to conduct awareness raising activities
COLOMBIA	Financial support and advice provided on how to better engage with civil society and strengthen the relationships	Civil society increased activism in Congress (parliament) and grabbed media attention for tobacco control efforts
EGYPT	Advice provided to MoH on how to better engage with and strengthen civil society	Civil society ran a social media campaign against Tobacco Industry interference in policy
MYANMAR	Existing engagement with a large NGO, so no further support needed	None specified.
SAMOA	Advice on how to better engage with civil society provided	Civil society is better able to conduct awareness raising activities
GEORGIA	Financial and technical support provided; toolkits, materials and coordination through planning workshop	More collaborations with civil society and non governmental partners
SRI LANKA	Advice given on how to better engage with and strengthen civil society	Geographic Information System (GIS) based mobile app was developed for surveillance of tobacco industry interference National guidelines to prevent tobacco industry interference in public policies were also established
CABO VERDE		Civil society conducted field level rapid assessment study on tobacco retail patterns
CHAD	Advice given on how to better engage with and strengthen civil society	Civil society carried out tobacco control awareness campaigns on social media, television and radio
NEPAL		Civil society recognised and empowered as an important entity to work on tobacco control
CAMBODIA (taxation only)	No plans on engaging with civil society organisations.	-



Table 3e: Governance – countering tobacco industry interference

COUNTRY	INPUTS	PROGRESS
ZAMBIA	No direct financial or technical support provided	None specified
SIERRA LEONE	None specified	–
JORDAN	Advice given on how to better engage with and strengthen CSOs	CSOs continued exposing tobacco industry's interference in public policy
EL SALVADOR	Financial and technical support provided to monitor and curb tobacco industry tactics	A protocol for public servants to counter tobacco industry interference was prepared
COLOMBIA	Policy on FCTC Article 5.3 existed; CSOs was supported in advocacy efforts	CSOs helped in curtailing tobacco industry's interference in public policies
EGYPT	Financial and technical support provided to monitor tobacco industry interference	National observatory was established to monitor the tobacco industry interference
MYANMAR	Financial support provided to organise workshops and print code of conduct and to monitor tobacco industry interference	None specified
SAMOA	Technical support provided to support the government services commission to establish a code of conduct for government officers to refuse donations from the tobacco industry	FCTC Article 5.3 guidelines implemented
GEORGIA	Technical support provided to counter tobacco industry interference	A Government decree for tobacco industry interference was drafted (this was not approved)
SRI LANKA	Financial support provided to develop surveillance and national guidelines	Geographic Information System (GIS) based mobile app was developed for surveillance of tobacco industry interference National guidelines to prevent tobacco industry interference in public policies were also established
CABO VERDE	Workshop on countering tobacco industry tactics arranged for the staff at MoH and MoF.	Brochure on tobacco industry tactics and ways to counter them formulated and disseminated
CHAD	No support was received in this area as there was already a policy on FCTC Article 5.3. Helped with raising awareness and advocacy through CSOs involvement	Civil society helped in monitoring and curbing tobacco industry's interference in public policies
NEPAL	None specified	–
CAMBODIA (taxation only)		



Tables 4a-d: Smoke-free policies

Table 4a: Smoke-free policies – sensitisation		
COUNTRY	INPUTS	PROGRESS
ZAMBIA	No support needed as the government carried out sensitisation for Smoke-Free Policy	–
SIERRA LEONE	Few workshops on Smoke-Free Policy were organised	Increased buy-in from parliamentarians to support a comprehensive Smoke-Free Policy
JORDAN	Technical support, resources, training, workshops, and technical/expert advice provided	The MoH developed the regulations for smoke-free public places and trained the inspectors
EL SALVADOR	Financial and technical support provided to municipalities to promote smoke-free spaces	Increased buy-in from the municipalities with high population density and tourist impact
COLOMBIA	Technical support, resources, training, workshops, and technical/expert advice provided	An instrument (checklist of measures) developed by the MoH to evaluate and monitor smoke-free areas.
EGYPT	None specified	–
MYANMAR	No support needed as sensitisation for Smoke-Free Policy was already underway	–
SAMOA	Some smoke-free laws in place before FCTC 2030. Support provided to advocate for smoke-free places; UNDP investment case	Able to advocate for tobacco control policies in the highest levels of governance through the cabinet
GEORGIA	Financial support, resources, materials, training, sensitisation, workshops, and technical/expert advice provided	A good communication campaign started. Printing and distribution of materials and several training sessions were conducted on social media as well
SRI LANKA	Not a part of the application to the FCTC	–
CABO VERDE	Financial support provided to carry out awareness raising campaigns	National coverage on TV and radio to promote smoke-free spaces in public and workplaces
CHAD	Technical and financial support provided to help protect the environment via ban on smoking in public areas. A consultant was hired to help pass the legislation	Legislation on smoke-free areas was passed at the national level
NEPAL	No support needed as sensitisation for Smoke-Free Policy was already being carried out by the government	–
CAMBODIA (taxation only)		



Table 4b: Smoke-free policies – policy development

COUNTRY	INPUTS	PROGRESS
ZAMBIA	Financial and technical support provided to strengthen the existing ban and make it comprehensive	A complete ban on smoking in government, educational and health-care facilities, universities, restaurants, public transports, pubs, and bars was introduced
SIERRA LEONE	Technical support provided by the International Legal Consortium to help develop a comprehensive Smoke-Free Policy	The support prevented the tobacco industry from taking advantage of any loopholes in the legislation
JORDAN	Technical support provided for a stronger Smoke-Free Policy	New collaborations with the University of Bath and the Bloomberg Institute to enhance technical capacity
EL SALVADOR	Technical support provided to strengthen regulations for smoke-free spaces	The support identified gaps and proposed reforms in the existing law
COLOMBIA	No support was required as a Smoke-Free Policy existed prior to FCTC 2030	–
EGYPT	Financial support provided to hire a consultant to review Smoke-Free Policy	An implementation strategy was developed
MYANMAR	Technical support, workshops and UNDP investment case	Policy strengthened to increase smoke-free areas
SAMOA	Technical support given to draft tobacco control policy that included smoke-free places	Five-year work plan in place and tobacco control policy (including smoke-free) drafted
GEORGIA	Technical and expert advice provided for a comprehensive Smoke-Free Policy	There are fewer loop-holes and thus, reduced vulnerability to tobacco industry interference
SRI LANKA	Not a part of the application to the FCTC. Financial support was provided to meet technical experts on enforcement of tobacco control laws	Recommendations were provided on improving the current smoke-free laws and their implementation
CABO VERDE	Technical support provided for a workshop to develop a comprehensive Smoke-Free Policy	The educational and public health institutes started to establish smoke-free spaces at their premises
CHAD	Technical support provided for a stronger Smoke-Free Policy at both national and provincial levels	Work started on implementing smoke-free law at the provincial level; currently on hold due to COVID-19
NEPAL	Plans to strengthen Smoke-Free Policy were put in place for the later part of 2020	–
CAMBODIA (taxation only)		



Table 4c: Smoke-free policies – capacity strengthening

COUNTRY	INPUTS	PROGRESS
ZAMBIA	None specified	-
SIERRA LEONE	None specified	-
JORDAN	Training held for the inspectors to ensure smoke-free public areas	Increased capacity strengthening
EL SALVADOR	None specified	-
COLOMBIA	None specified	-
EGYPT	None specified	-
MYANMAR	Training held at McCabe for lawyers on Smoke-Free Policies and enforcement mechanisms	MoH officials are more engaged
SAMOA	Training held at McCabe for the FCTC focal person Advice and support provided to staff to identify different ways to advocate for Smoke-Free Policies	Policy drafted
GEORGIA	Training held on using social-media to increase awareness of Smoke-Free Policies. Training for the Ministries of Internal Affairs and Finance to enforce smoke-free laws	Increased awareness among the ministries
SRI LANKA	Financial support was provided for a study visit of enforcement officers to Singapore. Exchanging experiences on enforcement of tobacco control laws was deemed valuable	-
CABO VERDE	None specified	-
CHAD	Training held for people in charge of the public spaces	Increased capacity strengthening Increased awareness of the importance of having smoke-free public spaces
NEPAL	None specified	-
CAMBODIA (taxation only)		



Table 4d: Smoke-free policies – enforcement

COUNTRY	INPUTS	PROGRESS
ZAMBIA	None specified	-
SIERRA LEONE	None specified	-
JORDAN	None specified	-
EL SALVADOR	None specified	-
COLOMBIA	None specified	-
EGYPT	None specified	-
MYANMAR	Conducted training to develop enforcement mechanisms	Greater awareness
SAMOA	Enforcement officers received training in Fiji on Smoke-Free Policy implementation from WHO, funded by the FCTC 2030	Limited as enforcement officers have limited power; recommend training police is needed for enforcement
GEORGIA	Financial support and resources provided to engage with international experts Translation of FCTC guidelines into Georgian	Increased knowledge of how to enforce the law including clarity of definitions following the translation of guidelines
SRI LANKA	None specified	-
CABO VERDE	None specified	-
CHAD	None specified	-
NEPAL	A plan to form a committee for stronger policy enforcement in place; currently on hold due to COVID-19	-
CAMBODIA (taxation only)		



Tables 5a-c: Taxation

Table 5a: Taxation – policy development		
COUNTRY	INPUTS	PROGRESS
ZAMBIA	Training, technical/expert advice provided	The MoF considered a gradual tax increase
SIERRA LEONE	Technical, technical/expert advice provided; advocacy for an increase in tobacco taxation	The MoF started considering an increase in taxation
JORDAN	Meetings and workshops held to revise the tax structure and propose new taxes	None, the government decided not to increase any taxes
EL SALVADOR	A mission was held to support the proposal of an increase in tobacco taxation	The MoF started to evaluate the possibility of gradual increase in tax
COLOMBIA	Technical support and findings from the investment case supported tripling of the tax A few workshops with government stakeholders, including the Ministry of Development (DNP), MoF, National Tax Agency (DIAN), and Customs Police (POLFA) were also held	None, the tax proposal was rejected by the Congress
EGYPT	Not part of the application to the FCTC. However, the investment case assisted in providing information on the cost effectiveness of taxation policy. Further discussions were put on hold due to COVID-19	–
MYANMAR	Needs assessment with information on price increase and tax measures; sharing evidence-based documents; UNDP investment case on taxation and technical support to develop policy recommendations	Greater political support; triggered the Presidential office letter to the Ministry of Planning, Finance and Industry to develop a taxation plan The investment case enabled policy makers to see the potential positive impact of tax on the poorest
SAMOA	Technical and expert advice provided; UNDP investment case	Able to use the investment case to advocate for price and tax policy FCTC 2030 experts were able to bring together finance, commerce and industry actors and found compromises to progress taxation policy A new work plan including taxation drafted
GEORGIA	Administrative and financial documents and support provided Financial support resources, materials, training, technical/expert advice provided. Translation of FCTC guidelines into Georgian	The focal person and MoH were able to respond to the challenges to increased taxation raised by the tobacco industry
SRI LANKA	Not a part of the application to the FCTC	–
CABO VERDE	Technical, technical/ expert advice provided to the MoF; investment case conducted	The MoF started considering an increase in taxation The investment case allowed gathering of relevant and evidence-based information on increasing taxation
CHAD	WHO FCTC Knowledge Hub on Tobacco Taxation and Illicit Trade carried an in-country technical support mission on tobacco taxation	The government announced a specific excise tax of 100 Francs on all cigarette packs and earmarked the additional revenue for the promotion of public health



Table 5a: Taxation – policy development

COUNTRY	INPUTS	PROGRESS
NEPAL	Work on taxation policy currently on hold due to COVID-19	–
CAMBODIA (taxation only)	Financial support provided to organise workshops on taxation	Supervision of tax stamps started in various provinces

Table 5b: Taxation – implementation

COUNTRY	INPUTS	PROGRESS
ZAMBIA	Insights on taxation from the investment case on taxation provided	Tobacco tax on cigarettes went up from 37% in 2016 to 41% in 2018
SIERRA LEONE	Advice provided on building and increasing public and political support	Tobacco excise tax increased by 30% in 2018
JORDAN	Investment case assisted in building political and public support	More political support and willingness to increase tax, but still the tax was not increased
EL SALVADOR	The reform of the taxation law was not presented to the legislative Congress	–
COLOMBIA	Colombia did not implement a tax increase during FCTC 2030	–
EGYPT	–	–
MYANMAR	Insights on taxation from the investment case on taxation provided Needs assessment provided information on price increase and tax measures	Some taxes increased.
SAMOA	Advice provided on building and increasing public and political support	MoF and the Ministry of Commerce, Trade and Industry came together on a common mandate of tax increase A licence fee has been introduced which has been paid by one company (BAT) and inability to pay may force others (a Chinese company) to pull out of Samoa
GEORGIA	Advice provided to the Minister of Finance on taxation	Increase in tax underway Higher prices of tobacco products FCTC 2030 support has been valuable, however government plans to join the EU have also supported tobacco taxation implementation
SRI LANKA	–	–
CABO VERDE	Advice provided on building and increasing public and political support	Ad-Valorem tax increased from 20% to 30% in 2017; and from 30% to 50% in 2019
CHAD	The WHO Knowledge Hub provided expert advice to various stakeholders	Regular tax was raised from 24% of the retail price in 2018 to 50% in 2019
NEPAL	–	–
CAMBODIA (taxation only)	None specified	



Table 5c: Taxation – capacity strengthening

COUNTRY	INPUTS	PROGRESS
ZAMBIA	Training provided in Cape Town on taxation	The training helped with capacity building for taxation
SIERRA LEONE	Training provided in Cape Town on taxation	The training helped with capacity building for taxation
JORDAN	Training of MoF on taxation provided	No change, the King did not allow any tax increase
EL SALVADOR	Various stakeholders and multi disciplinary teams from government agencies came together to analyse an increase in tax	None, as the proposal was not presented to the legislative congress
COLOMBIA	A training session was planned for the end of 2020 to enhance technical capacity for the taxation policy	-
EGYPT	-	-
MYANMAR	Training provided in Cape Town on taxation	None specified
SAMOA	Taxation training was attended in Cape Town by one person from MoF and one person from MoH. Further training in Samoa was cancelled due to COVID	-
GEORGIA	Training of MoF on taxation provided	None specified
SRI LANKA	-	-
CABO VERDE	Training of MoF and MoH officials in Cape Town on taxation	A technical report with recommendations for a progressive increase in taxation was formulated and distributed to the relevant government ministries
CHAD	None specified	-
NEPAL	-	-
CAMBODIA (taxation only)	None specified	-



Tables 6a-b: Packaging and health warnings

Table 6a: Packaging and health warnings – design and development		
COUNTRY	INPUTS	PROGRESS
ZAMBIA	Not a part of the application to the FCTC	–
SIERRA LEONE	Not a part of the application to the FCTC	–
JORDAN	Technical support and documents provided alongside financial support for workshops held at the Dead Sea and Cairo for pictorial health warnings	None, as the tobacco industry interfered
EL SALVADOR	Technical support provided alongside documents for pictorial health warnings	Health warnings were selected on the basis of scientific evidence
COLOMBIA	Technical support and documents provided for plain packaging and pictorial health warnings	More political willingness to increase the size of the existing 30% coverage of pictorial health warnings
EGYPT	Not a part of the application to the FCTC	–
MYANMAR	Regional meetings in Thailand; FCTC Secretariat support to draft plain pack notification; Myanmar images were used	Recommendations were made to introduce plain packaging by the Union Minister
SAMOA	Resources and technical support provided for plain packaging	While there has been no action yet, plain packaging is within the work plan
GEORGIA	Financial support/resources, materials and expert/technical support for pictorial health warnings provided, including focus groups to identify most appropriate pictorial warnings	Enhanced technical capacity for health warning policy Georgia country-specific and effective pictorial warnings formulated
SRI LANKA	Technical and financial support to organise training on developing a plain packaging policy	Training helped draft legislation on plain packaging according to the FCTC guidelines
CABO VERDE	Due to pending approval of the legislation, no relevant activity started by the time of survey completion Plans were in place for the later part of 2020	–
CHAD	Technical support and documents alongside financial support provided to hold meetings and discussions	A new order was issued by the MoH to rotate two new pictorial warnings.
NEPAL	No support needed The work on developing and strengthening policy was carried out by the government prior to FCTC 2030.	–
CAMBODIA (taxation only)		



Table 6b: Packaging and health warnings – building political support

COUNTRY	INPUTS	PROGRESS
ZAMBIA	Not a part of the application to the FCTC	-
SIERRA LEONE	Not a part of the application to the FCTC	-
JORDAN	Because of the tobacco industry interference, no further activity in these areas took place to implement a stronger policy	-
EL SALVADOR	Advice provided to support a pictorial health warning covering 50% of the cigarette pack	The health warning impacted consumers' decision to buy cigarettes
COLOMBIA	Technical advice provided to work on increasing the size of health warnings	Growing political support to increase health warnings from 30% to 70%, however this did not succeed in becoming a legislation
EGYPT	Not a part of the application to the FCTC	-
MYANMAR	Fact-sharing meetings between the FCTC team and the Union minister were held	None specified
SAMOA	Expert advice provided to the focal person to make a presentation on health warnings in front of the MoF and the cabinet office	Increased political support from the cabinet; however changes of key office holders (e.g. the Speaker of the House) undermined progress.
GEORGIA	Being part of FCTC 2030 helped raise the profile of Georgia's work on tobacco control and the international support added weight to their activities	Able to advocate at high levels within the government, including the Prime Minister
SRI LANKA	Because of the tobacco industry interference, the implementation was delayed for up to three years	-
CABO VERDE	-	-
CHAD	Legislation already existed, but FCTC 2030 helped in implementation of stronger pictorial warnings	-
NEPAL	-	-
CAMBODIA (taxation only)	-	-



Tables 7a-c: TAPS ban

Table 7a: TAPS ban – strengthening policy		
COUNTRY	INPUTS	PROGRESS
ZAMBIA	Not a part of the application to the FCTC	-
SIERRA LEONE	Not a part of the application to the FCTC	-
JORDAN	Technical support provided for ban on TAPS	The MoH drafted the law to ban tobacco sponsorship; this was not part of the existing laws
EL SALVADOR	Technical support provided for ban on TAPS	Many ministries and sectors came together to support a TAPS ban. A law reform was drafted
COLOMBIA	Technical support, advice and training provided for strengthening the ban on TAPS.	Improved communication with local authorities to promote a stronger ban on TAPS
EGYPT	Technical support provided to develop national TAPS guidelines	A plan to disseminate the guidelines was developed; currently on hold due to COVID-19
MYANMAR	Previous work on development of TAPS policy, TAPS not included in the application, so FCTC 2030 helped on implementation	-
SAMOA	A policy already in place since 2008, so FCTC 2030 provided resources and technical support to strengthen the policy for a ban on TAPS	-
GEORGIA	Financial support/resources, materials and expert/technical support given for TAPS ban	Translation of TAPS materials and dissemination on social media
SRI LANKA	Financial and technical support alongside expert advice given to strengthen TAPS ban	A technical mission provided recommendations to improve the enforcement of the TAPS ban
CABO VERDE	Due to pending approval of the legislation, no relevant activity had started by the time of survey completion. Plans were in place for the later part of 2020	-
CHAD	Due to pending approval of the legislation, no relevant activity had started by the time of survey completion	-
NEPAL	No support needed. The work on developing and strengthening policy was carried out by the government prior to FCTC 2030	-
CAMBODIA (taxation only)	-	-



Table 7b: TAPS ban – building political support

COUNTRY	INPUTS	PROGRESS
ZAMBIA	-	-
SIERRA LEONE	-	-
JORDAN	Technical support provided	Increased political support; the Prime Minister issued a circular in support of the ban on TAPS
EL SALVADOR	Technical support provided to organise meetings	Increased political support. High level meetings were held with government officials to promote a ban on TAPS
COLOMBIA	None specified	-
EGYPT	Meetings and discussions on hold due to COVID-19	A plan to disseminate the guidelines was developed; currently on hold due to COVID-19
MYANMAR	Guidelines on TAPS; workshop on smokeless tobacco and TAPS ban in India	Increased awareness among parliamentarians
SAMOA	Expert advice on health education provided	Built public support
GEORGIA	-	During the time of the programme tobacco advertising, posters on the street, tobacco adverts outside of shops and sponsorship reduced
SRI LANKA	Technical support and expert advice provided	Increased political support- discussions on strengthening a ban on TAPS started taking place at various ministries
CABO VERDE	-	-
CHAD	-	-
NEPAL	-	-
CAMBODIA (taxation only)	-	-



Table 7c: TAPS ban – implementation

COUNTRY	INPUTS	PROGRESS
ZAMBIA	-	-
SIERRA LEONE	-	-
JORDAN	None specified	-
EL SALVADOR	None specified	-
COLOMBIA	None specified	-
EGYPT	Meetings and discussions currently on hold due to COVID-19	-
MYANMAR	Technical support provided to strengthen TAPS ban	None specified
SAMOA	Resources provided	Tobacco industry stopped advertising at sporting events and focal person warned organisations allowing TAPS
GEORGIA	Financial support, resources, materials, training, sensitization, workshops, and technical/expert advice provided	Stronger TAPS ban policy underway
SRI LANKA	None specified	-
CABO VERDE	-	-
CHAD	-	-
NEPAL	-	-
CAMBODIA (taxation only)		



Tables 8a-c: International and regional cooperation

Table 8a: International and regional cooperation – international and regional meetings and liaisons		
COUNTRY	INPUTS	PROGRESS
ZAMBIA	Financial support provided to attend training at McCabe Institute (Australia), regional (India) and international (Cape Town) workshops and link with Campaign For Tobacco Free Kids (CTFK)	Capacity strengthening – improved participation in the international workshop on taxation
SIERRA LEONE	Introduced to the International Legal Consortium	Improved international relations and collaborations
JORDAN	Financial support/resources, materials, expert/technical support provided. Expert and technical support provided to attend a mission in Turkey on taxation	Increased access to officials in other countries like Egypt, Turkey, Colombia, Brazil and Georgia on matters of Smoke-Free Policy, taxation, health warnings and tobacco industry interference
EL SALVADOR	Introduced to the teams in Brazil and Colombia to discuss tobacco control issues such as taxation.	Improved international relations and collaborations
COLOMBIA	Administrative and financial documents and support provided. Financial support, resources, materials, training, technical/ expert advice provided	The focal person and MoH feel able to respond to the challenges to increased taxation raised by the tobacco industry
EGYPT	Advice provided to link with UNDP and SouthEast Asia Tobacco Control Alliance (SEATCA) to develop an observatory for tobacco industry interference as mentioned above	SEATCA's tobacco industry Interference (TII) scorecard was used to review tobacco industry's interference in policy
MYANMAR	Financial support provided to attend regional (India) and international (Cape Town) workshops and link with SEATCA	Improved participation in the regional and international meetings on plain packaging
SAMOA	A meeting of the Parties for Pacific Islands was held. Samoa played a key role in tobacco control advocacy within the region	–
GEORGIA	Financial support/resources, materials, expert/technical support provided. Expert and technical support provided for workshops to host various countries in Georgia	Strengthened cooperation and information sharing with other countries. Use of Canadian and New Zealand health warnings in packaging
SRI LANKA	Financial support provided for two lawyers to attend legal training at the McCabe Centre for Law and Cancer	Capacity strengthening – improved participation in the international workshop on taxation, provided by the University of Cape Town's Research Unit on the Economics of Excisable Products, also the WHO FCTC Knowledge Hub on Tobacco Taxation and Illicit Trade
CABO VERDE	Financial support provided to attend workshops in Uganda, Thailand, El Salvador and Georgia	Improved international relations and collaborations
CHAD	None specified	–
NEPAL	None specified	–
CAMBODIA (taxation only)		



Table 8b: International and regional cooperation – knowledge exchange activities

COUNTRY	INPUTS	PROGRESS
ZAMBIA	None specified	-
SIERRA LEONE	Financial support provided to attend workshops in Cape Town	Able to learn from experiences of other countries
JORDAN	Advice provided on engaging with various knowledge exchange activities via email	None specified
EL SALVADOR	None specified	Improved international relations and collaborations
COLOMBIA	Advice provided on engaging with various knowledge exchange activities in other countries (e.g. El Salvador and South America)	Increased knowledge sharing on tobacco control issues especially taxation
EGYPT	None specified	-
MYANMAR	Financial and technical support provided to engage in tobacco control activities	Able to access advice and support globally
SAMOA	Financial support provided to attend workshops in Cape Town and visit to Fiji for enforcement training	Able to learn from experiences of other countries
GEORGIA	Financial support, training and workshops for knowledge exchange activities	Learnings and experiences of other countries adopted in Georgian context
SRI LANKA	Financial support provided to arrange a study tour of enforcement officers – Public Health Inspectors, Police and Custom Officers to Singapore	Sharing experiences and observing enforcement activities were valuable
CABO VERDE	None specified	-
CHAD	None specified.	-
NEPAL	None specified.	-
CAMBODIA (taxation only)		



Table 8c: International and regional cooperation – engagement with international organisations

COUNTRY	INPUTS	PROGRESS
ZAMBIA	Advice provided to link with CTFK and engage in relevant activities	Increased exposure to the tobacco control organizations in the rest of the world
SIERRA LEONE	Advice provided to engage with CTFK and WHO Knowledge Hub	Enhanced regional and international cooperation and collaborations
JORDAN	None specified.	–
EL SALVADOR	Advice provided to better engage with CTFK and the Union	Enhanced regional and international cooperation and collaborations
COLOMBIA	Advice provided to engage with the Union	The MoH got involved in writing of several grants for tobacco control research in the country
EGYPT	Advice provided to the MoH to link with WHO Knowledge Hub and the Union	Enhanced regional and international cooperation and collaborations
MYANMAR	None specified	–
SAMOA	Financial support provided to engage with WHO Knowledge Hub and CTFK	More evidence based research
GEORGIA	Financial support provided to engage with CTFK and WHO Knowledge Hub	Enhanced regional and international cooperation and collaborations
SRI LANKA	Advice provided to link with WHO Knowledge Hub	Enhanced regional and international cooperation and collaborations
CABO VERDE	None specified	–
CHAD	Advice provided to link with WHO Knowledge Hub	The engagement resulted in a tax increase
NEPAL	None specified	–
CAMBODIA (taxation only)		



Table 9: Colour codes and numerical grades for the programme inputs		ZAMBIA		SIERRA LEONE		JORDAN		EL SALVADOR		COLOMBIA		EGYPT		MYANMAR		SAMOA		GEORGIA		SRI LANKA		CABO VERDE		CHAD		NEPAL		CAMBODIA (TAXATION ONLY)	
		FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS	FS	TS
GOVERNANCE	National Coordinating Mechanism	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	0	0		
	National tobacco control strategy/plan	1	0	0	1	1	1	0	1	0	0	1	0	1	1	1	0	1	1	1	0	1	0	1	1	1	0		
	Multi-sectoral participation	1	1	0	1	0	1	0	1	0	1	1	1	0	1	1	1	0	1	1	0	0	1	1	0	1	0		
	Civil society engagement	0	1	0	1	1	1	0	1	1	1	0	1	0	0	0	1	1	1	0	1	0	1	1	1	0	0		
	Countering tobacco industry interference	0	0	0	0	0	1	1	1	0	1	1	1	1	0	0	1	0	1	1	0	0	1	0	1	0	0		
SMOKE-FREE POLICIES	Sensitisation	0	0	0	1	0	1	1	1	0	1	0	0	0	0	0	1	1	1	0	0	1	0	1	1	0	0		
	Policy development	1	1	0	1	0	1	0	1	0	0	1	0	0	1	0	1	0	1	1	0	0	1	0	1	0	0		
	Capacity strengthening	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	0	1	1	0	0	0	0	1	0	0		
	Enforcement	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	0	0	0	0	0	0	0		
TAXATION	Policy development	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	1	1	0	0	0	1	0	1	0	0	1	0
	Implementation	0	1	0	1	0	1	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	1	0	1	0	0		
	Capacity strengthening	0	1	0	1	0	1	0	1	0	1	0	0	0	1	0	1	0	1	0	0	0	1	0	0	0	0		
PACKAGING AND HEALTH WARNINGS	Design and development	0	0	0	0	1	1	0	1	0	1	0	0	0	1	0	1	1	1	1	1	0	0	1	1	0	0		
	Building political support	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	1	0	0	0	0	0	1	0	0		
ADVERTISING, PROMOTION AND SPONSORSHIP BANS	Strengthening policy	0	0	0	0	0	1	0	1	0	1	1	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0		
	Building political support	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0		
	Implementation	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	0	0	0	0	0	0	0		
INTERNATIONAL AND REGIONAL COOPERATION	International and regional meetings/liaisons	1	1	0	1	1	1	0	1	1	1	0	1	1	0	0	1	1	1	1	0	1	0	0	0	0	0		
	Knowledge exchange activities	0	0	1	0	0	1	0	0	0	1	0	0	1	1	1	0	1	1	1	0	0	0	0	0	0	0		
	Engagement with international organisations	0	1	0	1	0	0	0	1	0	1	0	1	0	0	1	0	1	0	0	1	0	0	0	1	0	0		

TYPE OF INPUTS	COLOUR CODES	CODING FOR FS AND TS
Financial Input		< - FS = 1, TS = 0
Technical Input (including guidance, advice, training, workshops etc.)		< - FS = 0, TS = 1
Financial and Technical Input		< - FS = 1, TS = 1



Table 10: Colour codes and numerical grades for the outcomes – progress		ZAMBIA	SIERRA LEONE	JORDAN	EL SALVADOR	COLOMBIA	EGYPT	MYANMAR	SAMOA	GEORGIA	SRI LANKA	CABO VERDE	CHAD	NEPAL	CAMBODIA (TAXATION ONLY)
GOVERNANCE	National Coordinating Mechanism	3	4	3	1	3	4	4	1	3	1	4	3	1	
	National tobacco control strategy/plan	3	3	3	4	1	3	3	3	3	4	4	4	3	
	Multi-sectoral participation	3	2	4	4	4	3	4	4	4	2	3	4	3	
	Civil society engagement	4	3	3	3	4	4	1	3	3	4	3	3	1	
	Countering tobacco industry interference	1	1	2	3	3	3	1	3	2	3	3	3	1	
SMOKE-FREE POLICIES	Sensitisation	1	2	3	3	3	1	1	3	3	1	3	4	1	
	Policy development	4	3	2	3	1	3	4	4	3	3	3	3	1	
	Capacity strengthening	1	1	3	1	1	1	3	3	3	2	1	3	1	
	Enforcement	1	1	1	1	1	1	2	2	3	1	1	1	1	
TAXATION	Policy development	3	2	1	2	2	2	3	3	2	1	3	4	1	3
	Implementation	4	4	2	1	1	1	4	4	2	1	4	4	1	
	Capacity strengthening	3	3	1	1	1	1	1	1	1	1	4	1	1	
PACKAGING AND HEALTH WARNINGS	Design and development	1	1	1	3	2	1	3	2	3	3	1	4	1	
	Building political support	1	1	1	3	2	1	2	3	3	1	1	4	1	
ADVERTISING, PROMOTION AND SPONSORSHIP BANS	Strengthening policy	1	1	3	3	2	2	1	2	3	3	1	1	1	
	Building political support	1	1	3	2	1	1	2	2	3	3	1	1	1	
	Implementation	1	1	1	1	1	1	1	4	3	1	1	1	1	
INTERNATIONAL AND REGIONAL COOPERATION	International and regional meetings/liasons	4	4	4	4	4	4	3	2	4	3	4	1	1	
	Knowledge exchange activities	1	3	1	1	3	1	3	3	3	3	1	1	1	
	Engagement with international organisations	3	3	1	3	4	3	1	3	3	3	1	4	1	

LEVEL OF PROGRESS	COLOUR CODES + NUMBER CODES
No progress	1
Some progress (e.g. awareness raising)	2
Partial progress (e.g. plans/policy/legislation drafted)	3
Strong progress (e.g. policy changed/implemented)	4

Based on the completeness of data, further analysis was restricted to 12 countries. For each of the six domains, Table 11 provides a total sum combining numerical grades given against both financial and technical

inputs for each country. Table 12 provides country-wise mean scores for the numerical grades given against the *progress* made.



Table 11: Country-wise total scores combining grades for both technical and financial inputs	ZAMBIA	SIERRA LEONE	JORDAN	EL SALVADOR	COLOMBIA	EGYPT	MYANMAR	SAMOA	GEORGIA	SRI LANKA	CABO VERDE	CHAD
GOVERNANCE	6	5	8	7	5	8	6	7	8	4	6	8
SMOKE-FREE POLICIES	2	2	3	3	1	1	3	4	6	2	2	4
TAXATION	3	3	3	2	2	1	3	3	4	0	3	2
PACKAGING AND HEALTH WARNINGS	0	0	2	2	2	0	2	2	3	2	0	3
TAPS	0	0	2	2	1	1	2	3	4	3	0	0
INTERNATIONAL/REGIONAL COOPERATION	3	3	3	2	4	2	3	3	5	3	1	1

Table 12: Country-wise mean scores for progress	ZAMBIA	SIERRA LEONE	JORDAN	EL SALVADOR	COLOMBIA	EGYPT	MYANMAR	SAMOA	GEORGIA	SRI LANKA	CABO VERDE	CHAD
GOVERNANCE	2.80	2.60	3.00	3.00	3.00	3.40	2.60	2.80	3.00	2.80	3.40	3.40
SMOKE-FREE POLICIES	1.75	1.75	2.25	2.00	1.50	1.50	2.50	3.00	3.00	1.75	2.00	2.75
TAXATION	3.33	3.00	1.33	1.33	1.33	1.33	2.67	2.67	1.67	1.00	3.67	3.00
PACKAGING AND HEALTH WARNINGS	1.00	1.00	1.00	3.00	2.00	1.00	2.50	2.50	3.00	2.00	1.00	4.00
TAPS	1.00	1.00	2.33	2.00	1.33	1.33	1.33	2.67	3.00	2.33	1.00	1.00
INTERNATIONAL/REGIONAL COOPERATION	2.67	3.33	2.00	2.67	3.67	2.67	2.33	2.67	3.33	3.00	2.00	2.00



Table 13: Overall mean scores for the *inputs* and *progress*

DOMAINS	AVERAGE OF FINANCIAL INPUTS	AVERAGE OF TECHNICAL INPUTS	SUM OF FINANCIAL AND TECHNICAL INPUTS	CORRELATION OF FINANCIAL INPUTS AND TECHNICAL INPUTS	AVERAGE OF PROGRESS
GOVERNANCE	2.67	3.83	6.50	-0.14	2.98
SMOKE-FREE POLICIES	0.75	2.00	2.75	-0.26	2.15
TAXATION	0.08	2.33	2.41	0.21	2.19
PACKAGING AND HEALTH WARNINGS	0.33	1.17	1.50	0.26	2.00
TAPS BANS	0.33	1.17	1.50	0.17	1.69
INTERNATIONAL/ REGIONAL COOPERATION	1.17	1.58	2.85	-0.14	2.69

For each of the six domains, Table 13 provides overall mean scores for technical, financial and a combination of technical and financial inputs; it also provides correlation coefficient between the two types of inputs. The average support for Governance was highest followed by Smoke-Free Policies and International and Regional Cooperation. We also did not find any strong correlation between financial and technical inputs, which indicates that the two types of inputs were not in lock step and were distinct and separable sources of support. This reflects the flexible and responsive nature of the inputs offered.

For each of the six domains, Table 14 presents the correlations between the technical and financial inputs and the progress. For all six domains (governance, smoke-free, taxation, warnings, TAPS, international/regional cooperation), there was a positive correlation between FCTC 2030 inputs and the progress made. Compared to financial inputs, technical inputs were strongly related to progress. In the majority of the domains (five of the six for technical inputs, four

of the six for combining financial and technical inputs), this positive correlation was statistically significant despite the low number of countries. The combination of the two types of inputs gave slightly higher correlations with progress. For three of the six domains, the correlation between financial + technical input and progress was extremely high (.94 for TAPS, .93 for Smoke-Free Policies, and .84 for Packaging and labelling, all significant at $p < 0.001$). The association between the inputs from FCTC 2030 and progress was less strong for governance and taxation. However, the correlation found for these two domains may still be meaningful as being high priorities, the two domains received a higher level of inputs than other domains but faced significant barriers to the progress.

The correlational analyses provide clear evidence of the positive dose-response impact of FCTC 2030 inputs and progress made.



Table 14: Pearson correlation coefficients between the *inputs* and *progress*

DOMAINS	PEARSON CORRELATIONS BETWEEN INPUTS AND PROGRESS		
	FINANCIAL INPUTS AND PROGRESS	TECHNICAL INPUTS AND PROGRESS	FINANCIAL + TECHNICAL INPUTS AND PROGRESS
GOVERNANCE	0.36	0.33	0.52 †
SMOKE-FREE POLICIES	0.04	0.91 ***	0.93 ***
TAXATION	-0.18	0.61 *	0.50 †
PACKAGING AND HEALTH WARNINGS	0.36	0.85 ***	0.84 ***
TAPS	0.55 †	0.85 ***	0.94 ***
INTERNATIONAL/REGIONAL COOPERATION	0.34	0.64 *	0.73 **

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$.



7. FINDINGS – CASE STUDIES

The case studies follow a common format, first presenting an overview of the country's context and prior progress on tobacco control in which FCTC 2030 activities were undertaken. The findings from the analysis of the qualitative interviews, questionnaires and document analysis are then drawn upon to examine FCTC 2030's inputs and to explore diverse facilitators and barriers to effective implementation. These are then summarised with recommendations based upon the insights of the interview participants.

7.1 Jordan

7.1.1 Tobacco use

The prevalence of tobacco smoking is high in Jordan with 30.7% of men and 6.8% of women smoking tobacco (*Jordan Tobacco Atlas, 2015*). Among youth (13-15 years), tobacco smoking prevalence is 32.8% for males and 13.4% for females (*Jordan Global Youth Tobacco Survey, 2014*).

7.1.2 Context

Jordan became a Party to the WHO FCTC in 2005. Tobacco control legislation addressing smoke-free places, TAPS, and tobacco packaging and labelling has been in place since 2008. Public Health Law No. 47 (*Jordan MoH, 2008*) is the primary piece of tobacco control legislation and has been in place since 2008. Other regulations which address tobacco control, but not under the MoH (*Al Zawawi M, 2020*), include: the Juvenile Conduct Law (2006) which prohibits the sale of tobacco to minors; the Ministry of Interior, 2008 which prohibits smoking while driving; laws under the Jordan Standards and Metrology Organization (JSMO, 2000) including those regulating pictorial health warnings (PHW), tobacco specifications, packaging, and labelling; Jordanian Standard 466/2012 technical regulation addresses cigarettes' packaging and labelling; and Jordan's Standard 787/2014 Technical regulation addressing waterpipe content (molasses) and

its specifications. The last reported tobacco tax increase was in 2018 (*World Bank Group, 2019*).

Prior to the FCTC 2030 programme, there was a lack of awareness about tobacco control laws within Jordan and relevant multi sectoral coordination was non-existent. There was an existing relationship between the MoH and NGOs; however, NGOs mainly worked on awareness. Furthermore, Jordan did not have sufficient funds to sustain tobacco control activities. Tobacco industry interference was a major barrier in Jordan, with a ranking of second in the world according to the tobacco industry Interference Index in Jordan (ii), (*Al Zawawi M, 2020*).

Priorities of the FCTC 2030 programme included: strengthening tobacco control measures; updating and strengthening legislative and regulatory texts; developing a national strategic plan. Obstacles in achieving this included tobacco industry interference, lack of commitment from decentralised authorities and a lack of funding. Other priorities identified in the UNDP economic investment case included advocacy directed at parliamentarians and ministries outside of the MoH and improved collaboration and coordination by way of a NCM and multi sectoral coordination strategy. The investment case also highlighted the need to strengthen enforcement and compliance to tobacco control laws, particularly preventing sales of tobacco to and by minors, enforcing smoking bans in public places,



bans on tobacco advertisement, promotion and sponsorship, and stemming illicit tobacco trade. The need to increase and harmonise taxes was also noted.

7.1.3 Programme activities and inputs

The FCTC 2030 programme:

- Provided funds for a communications campaign, which allowed increased engagement between CSOs and the government.
- Helped in building political support by way of technical assistance and the provision of information to the Prime Minister.
- Provided funds and technical assistance to support development of a tobacco control strategy/plan.
- Provided technical assistance and documents to support development of regulations and hired consultants, lawyers, and researchers to provide assistance to enhance policy and advocacy.
- Provided in-person support via a FCTC 2030 representative joining relevant events and meetings and ongoing general technical expertise to support the MoH.
- Organised a foreign mission to learn about taxation from Turkey and facilitated the exchange of information with other countries, such as Egypt, Georgia, Brazil and Colombia.

Organised workshops and training for the MoH and supported international visitors, for example WHO FCTC regional advisor visiting Jordan. Tobacco control training was also provided across other ministries. Training was provided for doctors on cessation and to the national call centre for setting up a Quitline and provided taxation training to the MoF. The programme organised workshops at Dead Sea and Cairo with the committee in charge of pictorial health warnings to explain the WHO FCTC guidelines. The FCTC 2030 programme staff were present at relevant packaging and health warning meetings.

Contact with the Bloomberg initiative through FCTC 2030 helped strengthen technical capacity,

enhanced by collaboration with the University of Bath in relation to monitoring tobacco industry interference.

7.1.4 Facilitators to implementation

The following section describes the facilitators including the involvement and engagement of CSOs, tobacco control champions and advocates often using COVID-19 as leverage.

Strong Civil Society

Participants highlighted the significance of the active engagement of CSOs. It helped to improve knowledge about tobacco control laws in Jordan and their work and level of involvement increased as a result of FCTC 2030.

“So we definitely had the biggest impact in getting the knowledge about the existence of the law out. People did not know that we had a tobacco control law, this is the end of 2010, let's say 2011. There was actually no knowledge about the existence of the law. So, I have to say that our NGO was probably the first to work on this because in general people were working more on awareness... health awareness about tobacco so we were the ones who brought this on the table” (NGO)

“I would say, five years, they are more evident, you can hear them louder, and their presence is felt, especially for people who are interested in tobacco. There is more, I would say, sound work and plans. They have their plans, and they are present. I mean, you can feel their work throughout the country” (Researcher)

CSOs used to work on awareness only. Since FCTC 2030, they are now also working on implementation and got involved in stopping tobacco industry interference in public policies. The FCTC 2030 programme improved the relationship between the government and CSOs (see below progress in coordination which expands on this point).

A prominent policy champion

Participants also stated that Princess Dina Mired



of Jordan (health activist, leading advocate for cancer control and the UN ambassador for NCDs) has been a strong supporter for tobacco control; she worked hard to promote FCTC and had a positive influence on the programme.

“She’s been doing a great job promoting Jordan on many levels in terms of cancer control before and now all NCDs, as you know... working very hard with officials and everybody to promote the FCTC... She’s not only working on the Jordan level or regional, she’s an international figure that people really speak to her and respect. She knows what she’s talking about... Believe me, her presence really stirred the pot in some issues in Jordan, and really pushed them to work with the WHO more. When they asked for a meeting and they said Princess Dina is coming, or if she calls and pushes for a meeting, protocol-speaking she has to, I guess, be granted this meeting, which is very good. That’s why they formed the committee with the prime minister. If Princess Dina were not part of this committee, I don’t think the prime minister would grant them that meeting or form that committee to begin with or continue now to have interactions with CSOs and the WHO. It’s like an open channel for now and I think it’s a good step.” (CSO advocate)

COVID-19 provided leverage for implementation of smoke-free places

In contrast to the negative impact of COVID-19, there had been some positive influences on smoke-free places; the pandemic provided leverage to the MoH to reduce smoking indoors and specifically prevent smoking in coffee shops.

“During COVID-19 we have been able to have more leverage to make smoking all outdoors.” (WHO)

“Because of Corona, they are preventing argileh in some coffee shops, and they are preventing, I mean meetings in the restaurants, they are allowed just only to be in the table six people, which by that, they, I mean, help prevent smoking.” (MoH previous)

7.1.5 Barriers in implementation

The following section describes the principal barriers to the successful implementation of the FCTC 2030 programme in Jordan. The main barriers preventing implementation in Jordan were tobacco industry interference, a lack of political will, the social acceptability of smoking and the impact of COVID-19.

Extensive overt and covert tobacco industry interference

The extensive scale of tobacco industry interference in Jordan was highlighted in the interviews, the questionnaire-based survey and the document analysis. The tobacco industry actively attempted to delay progress in shaping tobacco control policy, as follows.

Tobacco industry interference within the government was widely reported. Ministers and parliamentarians’ reportedly owned shares in various tobacco related companies/factories. Participants also reported lobbying (supported by an analysis of the tobacco industry interference Index in Jordan document 13) through ministries outside of the MoH and viewed the voices of the tobacco industry as being louder than those of the MoH, NGOs and the WHO. It was a common perception across the interviews that the government viewed the tobacco industry as a key partner and investor in Jordan, generating income for the country. It was felt that this led to ineffective implementation of FCTC Article 5.3.

“The main point... is there are no laws or regulations that block the tobacco industry from being major or part stakeholders in Jordan. Two, the MoH trying to block other ministries’ efforts,... attending one of these meetings, you would be so amazed. If you sit with a Minister of Health, Minister of Finance, Minister of Trade and other associates, if you sit with them in a meeting you will be like you are sitting with tobacco industry versus the government, the national government, because they are pro, they are front-liners, they are focal person for the tobacco companies.” (CSO/advocate)



The tobacco industry was also seen influencing policy making in Jordan through participation in the work of the Jordan Metrology Organisation, who were in charge of regulating tobacco products.

“So, the MoH only has one vote in this committee and this committee is basically inviting tobacco industry through the chamber of commerce and chamber of industry to write the policy and regulations on cigarettes, shisha, e-cigarettes and HTP. They are extremely aggressive, they come with their six lawyers to the meetings and take control over the meetings. We need to write what they want in the regulations. So, this is the main industry interference.” (WHO)

The implementation of FCTC Article 5.3 and its guidelines was perceived to be limited. Despite the MoH and the Prime Minister contacting other ministries and public sector workers advising them not to interact with the tobacco industry or accept financial donations, there was a lack of compliance and awareness about the rules on tobacco industry interaction.

Participants also talked about minimal efforts from the government and lack of political will to block the tobacco industry interference in public policies.

“If you go back to the government, what steps they are taking in line with blocking the tobacco industry, the efforts are very minimal. It needs to be on a higher level because we're past the point of them not knowing. They do know. It's from political aspects: they know, but they don't want to do it because this takes a commitment and political will.” (CSO/advocate)

According to the Framework Convention Alliance, Tobacco industry Interference Index Jordan (*Al Zawawi M 2020*), the main reasons for the influence of the industry and their front groups were the lack of regulations that: prohibit acceptance of support and sponsorship of projects through CSR activities, provide

transparency, limit industry's interaction with public sector employees, force employees to disclose all meetings and necessary interactions with the industry, prohibit all governmental representatives from accepting gifts/support from the industry, prohibit industry's participation in policy level decisions, and prohibits government representatives from endorsing/supporting tobacco industry initiatives.

Limited government support for evidence-based tobacco control

Another important barrier was a lack of political will. This prevented progress and decisions relating to FCTC 2030.

“On paper everything is excellent, but on the ground nothing is happening and for implementation it is down to our governments lack of will to enforce the law.” (NGO)

Several factors underpinned this lack of will, including a high turnover of ministers and government officials which led to limited institutionalisation of tobacco control.

“Recently, we had, like, a whole new government, all, every single minister was changed... Because what happens in Jordan is that there is nothing institutionalised, you see, nothing is... For instance, you make a decision, it hasn't been registered in a system where, okay, fine, this decision was made and now we need to implement it. No, you have a new minister, it's a new programme, it's a new initiative, it's a new thinking. So, you need to start again.” (WHO)

Lack of engagement by key policy makers

Another political issue was a lack of decision making within the government in tobacco control. Problems discussed by participants included: ministries often opposing one another, and ministries sending people who were not decision makers to meetings; and therefore decision makers were not 'at the table' to make binding decisions in meetings which prevented action.



“The problem is that the people that were sent by the different ministries were not decision makers. So, things were discussed, and we put the changes down and then nothing happens”. (NGO)

These data indicate that tobacco control was a low priority for the government in Jordan and tobacco control laws were not deemed important outside of the MoH, which limited coordination and engagement across sectors. Implementing tobacco control laws was not seen as a priority for decision makers and there seemed to be a lack of ambition and readiness to strengthen tobacco control in line with the WHO FCTC.

Disconnect between policy and research communities

Within the academic community, it was perceived that tobacco control policy in Jordan was not based on evidence; research was not valued and the government did not listen to academics on tobacco control when making decisions.

“I would love, or at least, it would be more productive for our effort here in tobacco control in Jordan if there is a collaboration between the research and people who do research; because in tobacco control, most of the other countries – this is a sad situation here – they base their policies, their work, based on research, based on the evidence. This is not the case here. We try. We tried more than one time, but I don't know, there is resistance here. Research is not valued as much as in other countries... we presented studies, research, and they disqualified them – whatever reason they can find. They don't rely on research. Again, I would talk about tobacco; they don't rely on research as the evidence to build the policies, and the regulations, and all of our work. It needs to be changed, yeah.” (Researcher)

COVID-19 displaced the focus of WHO FCTC implementation

The case study data highlighted the negative impact of COVID-19, with activities becoming

almost non-existent, halting tobacco control efforts, and preventing regular meetings such as the NCM meetings from happening.

“With COVID, nothing is now happening regularly. We were meeting regularly before COVID, I have to say, before COVID-19 we were meeting minimally once per month... so the MoH is not doing anything other than COVID.” (NGO)

The plan with the MoH to further develop the tobacco control strategy was put on hold due to COVID-19 as priorities shifted away towards responding to the pandemic.

7.1.6 Progress of the programme

The following section records the achievements of FCTC 2030 programme such as, improvements in coordination both within the government and with other sectors, improved international and regional cooperation, increased tobacco control awareness and reporting and the positive impact on tobacco control policy and its implementation.

Notable improvements in government coordination

There was an increase in the government's interest in tobacco control evidenced by the frequency of NCM meetings conducted since FCTC 2030 involvement. The Prime Minister made a commitment to move the Tobacco Control Committee, which was previously under the MoH, to the Prime Minister's office. This was announced in a meeting organised by the FCTC 2030 programme held in May 2019 (information obtained from the internal review documents). Subsequently, the NCM was reactivated in June 2019. There were 12 ministers in the NCM; the WHO FCTC and UNDP representatives also attended their meetings. At the initial meetings, the terms of reference and the programme of work were developed jointly. The Prime Minister also requested for an additional technical committee which followed up on the action plan and reported to the Tobacco Control Committee. The technical committee met at least twice.



“This would not have happened without FCTC 2030 involvement because the NCM was not active until they were involved. They empowered the committee.” (WHO office Jordan)

Improved multi sectoral coordination across CSOs

FCTC 2030 improved NGO involvement in tobacco control and with the help of funds from the communications campaign, regular meetings were held between government officials and NGOs. FCTC 2030 also allowed advocates to work together as a team and improved communication between different sectors and organisations (Govt/WHO/NGOs/academic etc). However, the impact of the meetings was questioned and a lack of effort to improve tobacco control was mentioned. While there was an existing working relationship between the MoH and CSOs prior to FCTC 2030, the programme strengthened this relationship.

“They managed to build channels between the NGOs and the government and made NGOs part of the policy making which wasn't done before... I have to say the FCTC have done a great job with that, we have now... there has been more collaboration between the different NGOs in tobacco control. Before everybody was working alone, but now the FCTC have just managed to involve us all together and help us work as a team better than before.” (NGO)

“We also have monthly meetings with the NGOs to review the activities. We also work closely with academia.” (WHO)

Improved international cooperation

Participants recalled communications and training with Egypt and an arranged meeting in Turkey. FCTC 2030 organised the mission to learn from Turkey to understand how they were dealing with tobacco control, specifically taxation. Representatives from Jordan travelled to Turkey to review the programme there including people from the Ministry of Customs, the MoF, the Ministry of Trade.

“We did actually in terms of training, because we are also part of, we also get in touch also with the regional WHO office in Egypt. We did a few workshops around the region, we participated with them as well. Basically that's the base of our interactions and trying to just find if we can help each other to do anything and help in the country.” (CSO/advocate)

“Last year we went to Turkey also with the WHO and in Turkey... this was very powerful, the message was very powerful.” (Tobacco policy lawyer)

“We have the FCTC 2030 annual meeting. We have had exchanges with Georgia about dealing with industry interference and with Brazil for sharing health warning pictures and from Colombia for smoke-free inspection. We engage a lot.” (WHO)

Improved relations with other agencies

The participants stated that FCTC 2030 helped improve interactions between the government and WHO, UNDP and other stakeholders. Jordan also collaborated with the International Union Against Tuberculosis and Lung Disease (global scientific organisation working to improve lung health in LMICs) via Princess Dina Mired.

“Another thing as I told you again, more interactions or open channels have been opened between higher authorities in Jordan and the WHO, UNDP and other tobacco control advocates in Jordan. This is the top of my head, what I know that they did achieve.” (CSO/advocate)

Impact on tobacco control policy and implementation

A general increase in implementation of the tobacco control law was reported in the interviews, which was perceived as to have not taken place without FCTC 2030.



“Yes. I can actually see and compare between when I started ten years ago: in terms of the law and implementation of the law, the majority of the people who I work with, or I talk to – and I think this is reflective of the general population here – people did not know about the law, and if they knew about the law, they would say, oh, this is just something written on paper... However, for the last five years, I can say that there was a difference. There were efforts to implement the law.” **(Researcher)**

When asked if changes would have been possible without FCTC 2030

“I don't think so, no, because it gave a voice; again, it gave some kind of authority for these efforts to be pushed and to be, in a way, implemented and enforced.” **(Researcher)**

Impact on health warnings

There has been a marginal improvement in health warnings policy. In addition to the technical documents and training provided, the FCTC 2030 programme also facilitated a research study on pictorial health warnings to assess what would be impactful in Jordan. There was no other source of funding in Jordan for this work, and therefore FCTC 2030 funds were fundamental in enabling this.

“I think the only thing is the health warnings, I think we've managed to improve that a little bit, not even by much. It's going to need the 50% requirement because we haven't been meeting that requirement.” **(Medic/MoH (ex))**

“They also did a study on pictorial health warnings and what would be impactful in Jordan.” **(WHO office Jordan)**

FCTC 2030 also pushed for plain packaging but this was blocked by the ministers and the proposal was shelved after a long discussion within the Tobacco Control Committee.

Impact on smoke-free places

The FCTC 2030 programme supported the MoH in developing the existing regulations for smoke-free public places and in planning to train the inspectors. During COVID-19, the Ministry was able to have more leverage to exclude smoking indoors (see above facilitator). The FCTC 2030 programme also supported the MoH with capacity building and implementation for smoke-free places. The FCTC 2030 focal person stated that now all public places are supposed to be smoke-free. However, the legislation failed to list all indoor public places and workplaces, which allowed for some designated smoking areas in public places *(Legislation by country Jordan, 2021)*.

Impact on taxation

In a meeting organised by the FCTC 2030 programme in May 2019, the Prime Minister agreed to harmonise taxes across all tobacco products and assess the status of tobacco illicit trade. Subsequently, the Minister of Trade and Finance agreed to organize a mission on taxation to the WHO FCTC Secretariat and a workshop to study the harmonisation of taxes across all tobacco products including waterpipe smoking (information obtained from internal review documents). Representatives from Jordan attended taxation training with the help of FCTC 2030. The programme worked with the taxation department to revise the tax structure and propose new taxes. However, the government decided not to increase any taxes.

“I am very frank with you, and one of the evidence on this, that in 2019 there was no increase in the tax on tobacco, so there was... since 2015 there was an increase on a different tobacco tax, but in 2019 this has not happened.” **(Tobacco policy lawyer)**

Impact on TAPS

In 2008, the MoH issued a ban on tobacco advertising as part of the Public Health Law 47/2008. This law covered almost all advertising and promotion but did not include sponsorship and displays at point of sale. However, subsequent to receiving technical support from the programme,



the Prime Minister issued a circular to ban tobacco sponsorship.

“There was no willingness from anyone, neither the MoH or other sectors, to reopen and re-discuss the law, because it was recently endorsed. So... we worked on issuing ministerial decisions, because ministerial decisions can actually, let's say, replace some articles in the law. And we issued two main ministerial decisions, one on the ban of sponsorship, because the law is banning advertising and promotion, but doesn't ban sponsorship, so instead of opening the law and working on the law, we issued a ministerial decision to cover and complement the law.” (WHO)

Increased awareness, information, and reporting

The programme helped in increasing media interest in tobacco control and supported a media campaign, which was aimed at increasing awareness about tobacco-related harms.

“We have noticed that the media are asking us more about what is going on. So, yes there has been... Yes, we had several mass media campaigns that were done and we done different lectures, we went to different UN agencies and they talked about the situation of tobacco in Jordan and discussed it.” (NGO)

The UNDP investment case, the WHO STEPwise approach to surveillance survey, and a survey for industry interference helped in providing information and raising awareness both publicly and politically in Jordan. This was important for decision making, as there was a lack of awareness about what was happening with tobacco use. The UNDP investment case was an achievement of FCTC 2030, which helped in raising awareness of the economic loss due to tobacco. This has been useful for building political support and acted as leverage for the argument for increasing taxation, which was one of the most effective ways for the government to increase its revenues.

“In Jordan we have done the economic investment case, we have done the Step survey, we have also done the survey for industry interference, we are working on the survey in youth. This has helped in raising awareness. we didn't know what was happening in Jordan so research is fundamental. Without data we cannot make a decision.” (WHO office Jordan)

“Also, getting out the um... the study case, the economic study case, which has a huge impact because we had something tangible actually how much money we were losing from tobacco consumption in Jordan.” (NGO)

To raise awareness, FCTC 2030 facilitated production of a report on industry interference, and a media campaign; representatives from the programme attended meetings relating to tobacco industry interference in Jordan. The FCTC 2030 programme also worked towards tracking and monitoring the tobacco industry and assisted with reporting and raising awareness in this area.

“We had a meeting with decision-makers and we went with them to the House of Parliament, we spoke to a committee in the House of Senate, and we attended many meetings on many levels. We were seeing steps towards moving in different directions in terms of the interactions and 5.3.” (Civil Society advocate)

7.1.7 Future work

● Governance

The participants highlighted the importance of continuing to work with and assisting the government as a vehicle to convince the decision makers. Further training and technical support is still required within the government. Due to disagreements across ministries and industry interference, it was suggested that the Prime Minister or the King should continue to play a leading role in the WHO FCTC implementation and tobacco control efforts in Jordan.

● Tobacco industry Interference

Tobacco industry interference was clearly a



very prominent challenge in Jordan. It was proposed that tobacco control advocates keep the pressure on the government to be stricter with the industry and implement FCTC Article 5.3 as a priority.

- **Taxation**

Tobacco remains affordable in Jordan and increasing tobacco taxes should remain a priority. Illicit trade was cited as a barrier to increasing tobacco taxes and therefore the introduction of tracking and tracing tobacco trade was regarded as an important step in convincing the government to increase taxes.

- **Smoke Free Places**

Further assistance is still required in implementing smoke-free regulations especially enhancing capacity and capability of smoke-free inspectors. In addition to supporting the MoH, the capacity to monitor smoke-free bans can be enhanced through inter sectoral collaboration.

7.1.8 Overall achievements

The following box details the most useful components and most significant impacts of the FCTC 2030 project in Jordan.

Most useful components of the FCTC 2030 programme

- **Financial support**

In the absence of any other funding for tobacco control in Jordan, financial assistance provided by the programme was most useful.

- **Coordination and communication**

The programme's assistance in planning NCM meetings and in providing information materials for advocacy was perceived as most helpful in coordination and communicating tobacco control efforts.

The programme facilitated communication with and learning from other countries.

- **Supporting inter sectoral collaboration**

The programme provided ongoing support in making ministries other than the MoH aware of the importance of tobacco control and in promoting inter sectoral collaboration.

- **Capacity building**

The programme organised capacity building workshops, provided training and materials relating to policy and its implementation. Training was offered both within (e.g. The MoF was offered taxation training) and outside of the government (e.g. doctors, NGOs, inspectors).

Key facilitators to implementation

- Strong CSOs

- Prominent policy champion.

- COVID-19 provided leverage for implementation of smoke-free places.

Key barriers to implementation

- **Tobacco industry interference**

Extensive tobacco industry interference both within society to gain public support and also within the government affecting policy was a barrier to programme implementation.

- **Lack of political will**

The lack of political will and government support for tobacco control in Jordan was a barrier to implementation.

Most significant impacts

- **Increased awareness**

The programme helped in increasing tobacco control awareness among the general public through media campaigns and within the government through advocacy and use of policy papers based on UNDP investment case, surveillance and research

- **Reactivation of the NCM**

Due to the programme the NCM was reactivated and regular meetings commenced which were non-existent before.

- **Multi sectoral collaboration**

The FCTC 2030 programme improved relationships between the government, CSOs and academia, facilitated multi-sectoral meetings and learning from other countries.



7.2 Zambia

7.2.1 Tobacco use

In Zambia, tobacco smoking prevalence among adults (15+ years) is 16% and 2.5% for males and females, respectively (*Zambia Tobacco Atlas, 2015*). Among the youth (10-14 years), tobacco smoking prevalence is 0.58% and 0.29% for males and females, respectively (*Zambia Tobacco Atlas, 2015*).

7.2.2 Context

At the time of Zambia's application to WHO FCTC Secretariat for the programme (6 March 2017), there was no tobacco control strategy in Zambia. However, Zambia had a National Strategic Plan for Prevention and Control of NCDs in place before FCTC 2030. The NCM was present but was very weak. There was significant involvement and interference of the tobacco industry within public policy making. Since tobacco production is considered by the government at large as an important contributor to Zambia's economy in terms of labour and revenue generation, there was a tacit acceptance of the influence of the Industry. For example, the MoF regarded tobacco as a valuable crop. Furthermore, the existing tobacco control policies (Smoke-Free Policy, packaging and health warnings and ban on TAPS) had many loopholes and were not adequately enforced.

As a tobacco growing country (112,049 metric tons of tobacco produced in Zambia in 2014, with 0.28% of agricultural land devoted to tobacco cultivation) a significant contextual challenge facing Zambia was engaging government sectors beyond health. This was because many governmental departments particularly those dealing with trade, commerce, industry, agriculture and finance had a stake in tobacco growing and manufacturing. The results of this can be seen in the failed legislative attempts which dated back to 2010. According to the baseline report for Zambia, the first draft of the tobacco control bill developed in 2010 with the help of International Land Consortium (ILC) was not adopted; it stalled after review by the Ministry of Justice in February 2011. A newly elected government took office in Oct 2011. In 2012-2013, the Africa Tobacco Control Consortium (ATCC)

supported CSOs to work with the MoH to convene a stakeholders' meeting to review the 2010 bill and ensure its compliance with the WHO FCTC. Ultimately, the review did not happen nor did the industry's own version of a bill moved forward, averting a worst-case scenario (i.e., the industry's bill was not adopted). In 2016, a draft 'Tobacco Control Products Control Bill' was submitted to the Cabinet but was sent back to the MoH for further stakeholder consultation.

Zambia's top priority in its FCTC 2030 application was to reintroduce revised comprehensive tobacco control legislation. The other priorities were to introduce a ban on TAPS and pictorial tobacco health warnings. The weaknesses identified in Strengths Weaknesses Opportunities and Threats (SWOT) analysis in the application were: legislation not compliant with FCTC; limited funding; limited enforcement capacity; lack of data; resistance from other sectors with competing interests; lack of evidence-base; limited human resources across different sectors for implementing FCTC; inadequate capacity for legal actions. The threats reported were: tobacco industry interference; globalization; international trade agreements; illicit trade in tobacco products; and pro-tobacco institutions (Tobacco Growers Associations, Economic Associations and Chambers of Commerce and Industry).

The following case study findings outline the programme inputs, barriers and facilitators to its implementation, achievements, future work and recommendations.

7.2.3 Programme activities and inputs

The FCTC 2030 programme:

- Provided funding which was the main lever behind taxation policy. Previously, there was no funding available to galvanise such efforts.
- Provided funding for tobacco control programmes and activities such as passing relevant legislation in Zambia.
- Provided funding and technical assistance which was utilised for the establishment and strengthening of the NCM.



- Provided funding and technical assistance for the formulation of the tobacco control bill/ tobacco control legal framework.
- The programme helped with making extensive resources available; the project was regarded as the backbone of tobacco control in Zambia and without it, it was perceived to be really difficult to implement any tobacco control laws.
- The programme brought different stakeholders from all the key ministries (Health, Foreign Affairs, Finance, Trade & Industry Agriculture) and representatives from CSOs together by holding workshops to start drafting the Tobacco Control Bill. This helped the stakeholders to carry out effective national tobacco control programmes in Zambia.
- Arranged for training of lawyers and people from the MoH on how to implement the ideas put forward by the FCTC 2030 programme e.g. how taxation was implemented in Australia. The project provided the parliamentarians and stakeholders with evidence-based knowledge on implementing tobacco control policies in Zambia especially on issues of plain packaging and health warnings. The programme also helped them to voice their opinions on tobacco control and be able to influence the government to take the necessary steps.

7.2.4 Facilitators to implementation

The following section describes the facilitators to implementing FCTC 2030 programme including the involvement and engagement of CSOs, engagement with parliamentarians and ministries, international engagement, helpful meetings with the FCTC 2030 project staff and promoting tobacco control champions and advocates.

CSOs involved in NCDs and tobacco control

CSOs are very strong and active in Zambia. According to the interview participants, there has been a lot of support from the CSOs in Zambia for tobacco control. As an advocate of tobacco control, they discussed the matters of tobacco and tobacco control policies with the President. The CSOs had connections with all the senior officials in the MoH and MoF due to which

they were able to influence the government to prioritise tobacco control and push for legislation.

“As line ministers for example, we failed to go and see or talk directly to the president. These organisations have actually been to discuss with the president one on one on matters relating to tobacco, tobacco control and tobacco products and things like that... They have really, really also increased their efforts and they are helping... These people have a quicker road to get to these very senior officials. So they have been very, very helpful and they are really, really pushing and they are actually becoming stronger by the day.” (Government other)

CSOs worked alongside the parliamentarians on issues of illicit trade and led discussions on the issues of taxations and lobbied for tax raise.

The interview participants informed that mass awareness campaigns were organised in Zambia due to the consolidated efforts of the CSOs and FCTC 2030 programme.

“What FCTC has done is to clearly indicate the need for participation of various stakeholders not only from government line ministers but also from society. So that has allowed us actually to even invite to our meetings that we have other stakeholders from CSOs, from other international agencies and things like that you see. So they come through to help. So the FCTC has just really opened us up to allow participation of various stakeholders.” (Government other)

The funding provided by the project helped in organising discussions to make the general public aware that tobacco is harmful and has many health implications.

The FCTC focal person facilitated meetings between the government and CSOs to correct tobacco control misinformation campaigns with tailored, evidence-informed messages, especially about the reality of tobacco farming and taxation. The FCTC 2030 assembled a team of



technical experts to participate in the June 2018 mission, including experts from American Cancer Society and the Economics of Tobacco Control Project at The University of Cape Town who have done important research on the economics of tobacco farming, supported the tobacco growers in developing alternative livelihoods in Zambia and on price, tax and tobacco product substitution.

Changing societal norms of using and growing tobacco

Helped the tobacco growers

Small tobacco farmers worked under contract with the tobacco industry. Since Zambia is a tobacco growing country and earns huge revenue out of it, it has been difficult for the farmers to choose alternative livelihoods. According to *Times of Zambia (2015)*, the tobacco industry employs 16% of the Zambian population and nearly 120,000 farmers every year. FCTC 2030 arranged meetings with the farmers to introduce sustainable alternative livelihoods such as transitioning out of tobacco growing and switching the crops (e.g. to soybean, maize etc.).

“I also have information that FCTC 2030 has made efforts or interventions in helping support alternative initiatives in the tobacco growing areas and helped farmers switch to other crops. FCTC 2030 supports some studies around labour issues in those same areas.”
(Ministry of Local Government)

It was considered important to establish positive relationships with government officials who were cautious about tobacco control objectives. This demanded building support/increasing engagement beyond the MoH. The Ministry of Agriculture was invited to attend meetings (arranged by FCTC 2030) on tobacco farming and alternative livelihoods. The officials from the Ministry of Agriculture were very receptive to hear from the FCTC 2030 delegation. This meeting led to the Ministry of Agriculture requesting more research on alternative crops.

Increased awareness among the general public

The FCTC 2030 programme helped in convincing the general public that there should be tobacco

control in Zambia. The programme interacted with the farmers, realising that the farmers regarded tobacco growing as something very normal and have been contracted by the tobacco industry for years. The participants argued that it was after FCTC 2030's awareness raising and discussions on the harms of tobacco that the farmers and general public became aware of tobacco-related harms.

Parliamentarians and Ministries willingness to engage on tobacco control

Formulation of Tobacco Control Bill

According to the American Cancer Society's internal review documents, the FCTC focal person reached out to FCTC 2030 and the WHO Country Representative for assistance in kick-starting the process of drafting comprehensive national tobacco control legislation to make it WHO FCTC compliant. This was the primary goal of the MoH's application for the FCTC 2030 programme. A stakeholder workshop was conducted by the programme officials to build a consensus and rewrite the Tobacco Control Bill.

The interview participants said that with the help of extensive involvement of the stakeholders including the parliamentarians, line ministries and CSOs and the funding provided by FCTC 2030, the government of Zambia was able to draft a Tobacco Control Bill. This was key in spearheading the implementation of tobacco control policies in Zambia.

“More recently we have been working with them trying to get us to push the government, to push the MoH to ensure that the much-awaited tobacco control bill is brought before parliament.” **(Member of Parliament)**

Increased impact on knowledge of tobacco control policies

The interview participants informed that FCTC 2030 has impacted positively on their knowledge of the tobacco control policies. They had become more aware of the issues pertaining to tobacco control. FCTC 2030 provided them with a platform to discuss and raise issues of tobacco control freely and comprehensively.



Increased multi-sectoral coordination:

Interactions with parliamentarians

The FCTC 2030 programme allowed engagement with the parliamentarians on the issues of tobacco control and raising awareness of the harms associated with tobacco use. Because parliamentarians are key stakeholders, it was important to have them on board for the Tobacco Control Bill to be successfully passed. It was also crucial to correct any misinformation regarding FCTC 2030 amongst the parliamentarians. The Programme also played a role in pushing the government and MoH to ensure that the tobacco control bill is brought before the parliament. FCTC 2030 also supported the parliamentarians to advocate on evidence-based decisions in order to plan out the constitution and how to raise tobacco control issues in the parliament.

“They are supporting parliamentarians to ensure that they advocate based on evidence. And helping us to plan out our constitution, how we're going to operate and how we should be raising the relevant questions on the floor of the house.” (Member of Parliament)

The programme helped in putting together the NCM with government ministries and CSOs, which was expected to be functional before FCTC 2030 ends.

External pressure but with regional focus

Increased international engagement

According to the participants, the FCTC 2030 project linked tobacco control actors in Zambia with international organisations such as UNDP, McCabe institute and WHO FCTC Secretariat to help focus on the tobacco control issues. This was regarded as a very positive step towards tobacco control in Zambia.

“FCTC 2030 has brought a lot of positive change, I would say, because I could see that our country was also engaged with international activities focusing on tobacco control issues.... because of the support from the FCTC 2030.” (MoH)

Impact on international/regional cooperation

FCTC 2030 allowed Zambia to link with international organisations, facilitating developments in tobacco control in policy making and implementation.

“I think it has linked Zambia to a number of international organisations which has made the fight against the tobacco use and exposure to smoke much easier for us at the policy making level as well as at implementation level.” (Policy maker)

FCTC 2030 also connected Zambia with other tobacco growing regions such as Tanzania, Malawi, Zimbabwe and facilitated the collaboration between them in order to establish common understanding of the WHO FCTC provisions.

The interview participants informed that the FCTC 2030 programme helped with exchange of knowledge on domestic imports and on border control. The programme facilitated interactions with the UNDP and WHO. The programme also linked the staff with different ministries to CTFK, arranged training at McCabe and collaborations with WHO FCTC Knowledge Hub.

Utilisation of clear, evidence-based and context specific information

Helpful meetings with parliamentarians

The meetings arranged by FCTC 2030 programme have been useful in making the parliamentarians more organised and willing to attend the discussions.

“I think personally this has been very, very useful, very, very instrumental in terms of what we have gained from these interactions, the exchange of emails, even just a literature review because sometimes you are in this meeting, after the meeting you are just compelled to go and sit and do some desk research, you go on the internet and then you tell your friends, 'Okay, you guys, what we were discussing I've also looked at this.' So it has been very, very encouraging and it has made us read and at least understand what else is happening in other countries across the world.” (Government other)



The programme provided materials to work on a statutory instrument and regulations to operationalise the Tobacco Control Bill. The way the meetings were structured and the discussions were led by the FCTC 2030 programme staff, made way for building a deeper understanding of the different articles of WHO FCTC.

Developing tobacco control champions and advocates

Increased capacity and leadership skills

According to the interview participants, FCTC 2030 helped them to become experts on tobacco control policies and in advocating for decisions related to tobacco control in Zambia. This gave them the confidence to lead on discussions around taxation and tobacco control. FCTC 2030 helped the parliamentarians to understand the WHO FCTC and its Articles and comprehend the basics of a strong tobacco control law.

“This project has helped me so much, becoming almost an expert on tobacco control. So, I can answer offhand that, yes, it has built my capacity to advocate around decisions, to provide leadership to my colleagues, yes.” **(Member of Parliament)**

The programme also funded training of lawyers on the issues of taxation and legislation in Australia (**McCabe Centre for Law and Cancer**).

7.2.5 Barriers in implementation

The following section briefly discusses barriers to the successful implementation of the FCTC 2030 programme mainly consisting of inadequate legislation, tobacco industry interference, value of tobacco production for the MoF, lack of multi sectoral coordination and the COVID-19 pandemic.

Limited enforcement undermined enthusiasm for legislation

One of the main barriers mentioned by participants was the inadequate legislation. Due to the lack of strong legislation, there was weak enforcement of the tobacco control laws in Zambia.

“I think it is inadequate legislation. We haven't had adequate legislation which can empower the enforcement agencies to try and control the use or access to tobacco and its products. So the law, I think, has been the biggest problem. There has not been a law that is strong enough to control the use of tobacco.” **(Government other)**

There were many loopholes in the law e.g. the laws existed but the penalties didn't. There was insufficient funding to support enforcement agencies such as the police force to monitor or enforce a ban on the use of tobacco products.

Tobacco industry Interference

Tobacco industry interference was highlighted as the main challenge given that Zambia is a tobacco growing and cigarette manufacturing country.

“I think the main obstacle I see is the industry itself. It is very manipulative, ensuring that the law doesn't get enacted because last year the industry appealed before the secretary to the cabinet requesting that the law they wanted to put in, we are not involved.” **(MoH)**

Industry interference was seen as focused mainly on taxation policy and relevant legislation. Several participants described the tobacco industry as being viewed as an important stakeholder in Zambia. The Industry was regarded as manipulative with significant financial and tactical resources at their disposal. This has already caused delays in enactment of the Tobacco Control Bill. For example, the industry appealed to the secretary of the Cabinet arguing that the tobacco industry had not been appropriately consulted in the process of formulation of the Bill. Further, they influenced the naming of the Bill from the original 'Tobacco Products and Nicotine Products Control Bill' to 'Tobacco Control Bill'. The tobacco industry was regarded so influential that the parliamentarians had to go through the Bill page by page with them to ensure that the industry's interests were not undermined.



“The main barrier is the tobacco industry itself is a barrier because it is like a giant... It's really very forceful and it's winning a lot of people's confidence and that also is something that is making people doubt the government. And It's not easy for us as a government to talk about issues of public health.” (MoH)

The tobacco industry also used financial donations to win government support. The interview participants highlighted that the industry recently donated Personal Protective Equipment (PPE) to schools in tobacco growing areas during the COVID-19 pandemic. The tobacco industry regularly donated computers to schools as well. Educational institutions are generally poorly resourced so they did not pay a heed when they were told that this was a 'tobacco industry tactic'.

Managing tobacco industry's delaying and indirect tactics

There was no system to regulate tobacco industry's interference in key government decisions on tobacco control in Zambia.

“Because they (tobacco industry) are a major stakeholder, we also have to listen to them. And when you say, 'Okay, yes. Government's going to listen to you', then they take forever to come back. So, these are some delaying tactics, which they have been using for so many years.” (Member of Parliament)

The tobacco industry had been involved in delaying the implementation of tobacco control policies especially taxation. The tobacco industry used funding, bribes and courts of law to influence the government and people. They manipulate people's minds by forging facts and by presenting their work to be in the 'best interest' of Zambia. FCTC 2030 empowered Zambia against the very powerful and influential tobacco industry by providing them with a legal framework to ensure that all the legislations were available, accessible and enforceable.

Lack of awareness about the WHO FCTC Article 5.3

The interview participants informed that only parliamentarians and stakeholders who attend the FCTC 2030 meetings were aware of FCTC Article 5.3.

“Only those colleagues are aware that have been engaged in the meetings and dealing with the tobacco control programmes, those basically are aware of those conditions, but other people may not be aware unless they interact during those meetings when these issues are discussed.” (MoH)

There was a sense that WHO FCTC has not been implemented extensively and there was a lack of information on WHO FCTC Article 5.3 and its importance with regards to the tobacco control policies. Among parliamentarians, the tobacco control knowledge was scanty.

“Not at all. In fact, you see the framework convention of tobacco control despite being very old, and implemented by WHO many years ago, it has not been implemented rigorously, you know, for members of the public to understand even parliamentarians. It's only the efforts of this project and those who read widely or for some reason or another. So, even among parliamentarians, their knowledge is very limited.” (Member of Parliament)

Perceived significance of tobacco production

The Tobacco Board of Zambia supports cigarette manufacturing. However, interview participants believed that the Tobacco Board of Zambia (a statutory body under the Ministry of Agriculture with the responsibility to regulate and promote production, marketing and processing of the tobacco crop, as well as its export) has limited resources to spend on monitoring the production and marketing of tobacco products.

“The biggest barrier has been poor investment in the control because even



if we have the Tobacco Board of Zambia, which is a government institution, charged with the responsibility to control the production of tobacco the board has not had it easy especially in relation to having sufficient resources for them to monitor the production and monitor the marketing of the completely transparent marketing platforms.” (Ministry of Commerce, Trade & Industry)

Due to the lack of sufficient funds, tobacco control resources have not been translated in other languages spoken in Zambia and therefore making it difficult to disseminate knowledge of tobacco and related harms in far flung areas and villages. The participants also emphasised on the importance of striking a balance between the commercial benefits of tobacco such as tobacco being viewed as a cash crop which generates huge revenue contributing to the economy of Zambia (as mentioned in the context) as well as the health issues. The MoF particularly valued tobacco production.

“ And one of the crops that they think is okay value and, basically, which can bring in a lot of money, sometimes calling it green-gold, is tobacco. And in fact, to me, they have been the culprits because they promote tobacco growth.” (Member of Parliament)

Lack of multi sectoral engagement

It was perceived by the participants that the NCM would have never been established if FCTC 2030 programme was not involved. The programme helped in establishing the NCM but it was not functional until recently when the terms of reference were formulated. Furthermore, FCTC 2030 has focussed only on a few health related sectors and this acted as a barrier to coordination meetings. The participants demanded for a more broader approach and inclusion of other non health sectors as well.

COVID-19 pandemic

The COVID-19 pandemic has affected the progress of Tobacco Control Bill enactment. The timelines

and schedules were disrupted. Majority of the activities (meetings and discussions) planned towards the attainment of the bill could not be carried out due to lockdown.

“ Yes. COVID-19 has impacted us because initially, we had to come up with a roadmap on the finalisation of the Bill but because of the COVID-19 outbreak, we were unable to hold most of the meetings. And that has changed the timing of the activities.” (Policy)

7.2.6 Progress of the programme

The following section records the achievements and impacts of the FCTC 2030 programme such as development of a tobacco control legal framework, appointment of a FCTC focal person, impact on tobacco control policies like tobacco taxation, Smoke-Free Policy, packaging and health warnings and ban on TAPS.

Development of tobacco control legal framework

According to the interview participants, FCTC 2030 provided Zambia resources and training in order to develop a legal framework. This framework guided tobacco control and strengthened the guidelines provided by the WHO FCTC to implement its various Articles. It also involved different stakeholders such as local councillors to work on the common objective of having a tobacco free country. Since the tobacco industry has been very influential in Zambia, it would have been really difficult to provide a counter narrative to them without the presence of a legal framework.

Appointment of a FCTC focal person

FCTC 2030 helped with the appointment of a tobacco control FCTC focal person in Zambia.

“ To the best of my knowledge, what I understand is that the tobacco focal point was established after the FCTC 2030 project. I would confidently say that the focal point was facilitated by the tobacco control



FCTC 2030 project and he has been an amazing addition, he helps and he facilitates so many meetings. He leads from the front.” (Researcher)

more money by growing tobacco, certainly, it is their interest. They also get in touch with tobacco industry frequently.” (Researcher)

Implementation of WHO FCTC Article 5.3

In Zambia, the guidelines for WHO FCTC Article 5.3 were adopted at national level. Soon after the Tobacco Control bill is passed, the guidelines are expected to be put in place at the regional level as well. With FCTC 2030 support, this is likely to strengthen CSOs and help them in monitoring industry interference. Without the FCTC 2030 programme, momentum might not have been there to deal with the industry interference.

Impact on tobacco taxation

Tobacco tax on cigarettes went up from 37% in 2016 to 41% in 2018, which is still below what is the requirement of WHO FCTC.

“ We have the Ministry of Finance which is key in the implementation through Zambia Revenue Authority, the implementation of the tax on tobacco because our target is to have 75%. Currently, I think it’s at 36. We want to raise it to at least 70% so that that acts as a deterrent to the young ones.” (MoH)

FCTC 2030 helped with raising tax on tobacco by providing technical and financial support. The physical interactions with the parliamentarians and the stakeholders also proved to be fruitful to raise marginal increases in taxation. The parliamentarians and the MoF attended training at the WHO Knowledge Hub for taxation. There has been no other assistance in the implementation of tax increases other than the help provided by FCTC 2030. A remaining challenge for taxation is the resistance from the MoF and their lack of cooperation with the MoH. The tobacco industry was seen to be engaging with the MoF before the budget to make deals not to increase tax on tobacco.

“ First of all, the Ministry of Finance. They’re interested in revenues. So, anyone who goes to them that can bring in

Impact on Smoke-Free Policy and smoke-free zones

FCTC 2030 helped with formulating smoke-free zones in Zambia and also helped the Tobacco Board of Zambia to ensure that these zones adhered to the restrictions. FCTC 2030 also helped in defining in the Tobacco Control Bill where people can smoke and what a smoke-free zone is.

“ FCTC 2030 helped the Tobacco Board of Zambia, to ensure that all these outlets and public space adhered to their restrictions of Smoke-Free Policy.” (Ministry of Commerce, Trade & Industry)

Impact on packaging and health warnings

Further legislative work on health warnings was expected to begin after the Tobacco Control Bill was passed. The Bill includes legislation on several WHO FCTC Articles proposed by the FCTC 2030 programme including those related to packaging and health warnings.

Impact on TAPS ban

A ban on TAPS was not part of the project application for Zambia. However, FCTC 2030 helped in clearly spelling out the ban on TAPS and also including it in the Tobacco Control Bill which was not the case previously.

7.2.7 Future work

The following section entails the reflections made by the interview participants on how FCTC 2030 can strengthen their support for tobacco control in Zambia mainly focussing on the enactment of the Tobacco Control Bill, financial assistance, training, capacity building activities, and engagement with stakeholders and non health sectors.



According to the interview participants:

- The foremost priority of the FCTC 2030 should be the enactment of the Tobacco Control Bill in Zambia.
- Zambia needs more funding to carry out tobacco control activities and enforcement of the laws. There should be more enforcement officers to implement the law.
- Zambia also needs more training especially of the health workers to assist in tobacco cessation. FCTC 2030 should take into account the traditional/cultural aspects of tobacco consumption whereby it is acceptable to smoke and work with religious leaders (imams and pastors) to engage communities in its efforts.

- There should be increased capacity building activities, focus on research and enforcement of the tobacco control law.
- FCTC 2030 should broaden its engagement with the tobacco control stakeholders rather than just a few.
- More sensitisation, awareness raising, consultations with non health sectors at all levels is needed.

7.2.8 Overall achievements

The following box details the most useful input, key barriers and biggest impacts of the FCTC 2030 project according to the participants involved in the qualitative interviews.

Most useful components of the FCTC 2030 programme

- **Financial support**

FCTC 2030 provided financial support for formulating and enactment of the Tobacco Control Bill which was very useful. The funding also helped in bringing people together to work on a common goal of tobacco control in Zambia.

- **Trainings and workshops**

FCTC 2030 organised training, workshops and provided materials for the politicians and parliamentarians to understand WHO FCTC, which helped in formulating the Tobacco Control Bill.

Key facilitators to implementation

- CSOs.
- Changing societal norms of using and growing tobacco.
- Parliamentarians and Ministries willingness to engage on tobacco control.
- External pressure but with regional focus.
- Utilisation of clear, evidence-based and context specific information.

- Developing tobacco control champions and advocates.

Key barrier to implementation

- **Tobacco industry**

The powerful tobacco industry has been the main barrier to successful implementation of tobacco control policies in Zambia.

Most significant impacts

- **Increased awareness of tobacco control**

FCTC 2030 helped in raising awareness among the general public and in convincing many parliamentarians on the importance of tobacco control.

FCTC 2030 helped in drafting the Tobacco Control Bill.

- **Increased multi sectoral collaboration**

FCTC 2030 not only involved the MoH but other ministries, CSOs and even farmers to work on tobacco control.

- **Enhanced advocacy**

FCTC 2030 helped with increased advocacy work for controlling the consumption of tobacco products.



7.3 Colombia

7.3.1 Tobacco use

The prevalence of tobacco smoking in adults (over 15) in Colombia is 11.1% and 4.3% for males and females, and in children is 2.1% and 1.5% in males and females, respectively (*Colombia Tobacco Atlas 2016*). Smokeless tobacco prevalence is not known, but is likely to be considerably less, as smokeless tobacco use is uncommon in Colombia. Tobacco is grown in Colombia but is a small fraction of the agriculture (0.03% of agricultural land grows tobacco, (*Colombia Tobacco Atlas, 2016*); 6.58 billion cigarettes were produced in Colombia in 2016 (*Colombia Tobacco Atlas, 2016*).

7.3.2 Context

Colombia became a party to the WHO FCTC in 2008 and adopted a comprehensive tobacco control law in 2009. The law covered smoking in public places; TAPS; and tobacco packaging and labelling (30% front and back of cigarette packages should be covered by pictorial health warning labels). It also prohibited individual cigarette sales, prevented the sale of tobacco from vending machines, and required tobacco company submission of cigarette ingredient information to the MoH (*Legislation by Country Colombia, 2020; Uang, Crosbie, and Glantz 2017*).

Colombia did not have a specific tobacco control strategy, but had a public health plan in place since 2012, which covered healthy lifestyles including tobacco use.

Before 2016, the average price of a 20-cigarette pack was around \$2,950 Colombian pesos, including an excise tax of COP\$700. Law 1819 of December 2016 increased the excise tax to COP\$1,400 in 2017 (*Maldonado, Gallego, and Llorente 2018*). This was the last change in relation to tax as support in Congress has been lacking for any further increase. Since 2016, any efforts to increase tax in accordance with FCTC had been defeated.

Tobacco industry interference is a significant problem in Colombia. Colombia was ranked 7th from the bottom of the countries listed for

tobacco industry interference according to the Global tobacco industry Interference Index (2020). Tobacco industry interference is well documented; for example, industry representatives, on a regular basis, met with the Tax and Customs Authority to offer an opinion on tobacco taxes.

The FCTC 2030 project was launched in 2018. The main focus was to implement existing policies. The initiative concentrated on three things: cessation programme implementation, strengthening inspection and enforcement of the law and to strengthen the multi-sectoral team including other ministries. The lack of coordination and cooperation in the government and a lack of sustainable alliances were the main potential obstacles identified in achieving this.

7.3.3 Programme activities and inputs

The FCTC 2030 programme provided:

- Training on inspecting and implementing smoke-free places to the customs agency and police in regions that haven't previously received such training. This included how to ensure that smoke-free areas are monitored in a standardised way across a country.
- Stability and funding for the focal person.
- Funding to enhance coordination between government, academia and CSOs.
- Funding for regional-level technical meetings to progress implementation in the districts.
- Funds for an external designer to work on health warnings.
- Technical and administrative assistance to help implement cessation programmes.

7.3.4 Facilitators to implementation

The following section describes facilitators external to the FCTC 2030 programme; these include the impact of CSOs and having a policy champion.

CSOs instrumental in progress

The role of CSOs has been important for the progress in tobacco policy and implementation.



Data from the case study interviews highlight CSOs's role in FCTC 2030 activities. They supported work in many areas, such as smoke-free places, TAPS bans, youth tobacco use campaigns.

“ I think the civil society's role throughout this process has been essential.” (CSO)

“ I think Anáas (civil society organisation) has the oldest team working in tobacco control and the most persistent one... Then we have Red Papaz (civil society organisation) ... they work in, you know, advocacy in Congress mostly dealing with smoke-free areas, TAPS bans, those are their main areas of concern. We collaborate closely with them both providing technical advice even organising education sessions for parents and schools.” (CSO)

Using their technical expertise and skills in communicating the problem, CSOs increased activism in Congress (Congress amends the constitution, makes the law and exercises political control over the government and the public administration) and created media attention to gain support for tobacco control efforts.

“ There's been more activism in Congress, I think that it has played a big role. The campaigns we have made with Anaas Foundation, the bills we have tried to introduce, we got national attention by the media, several times. I have given some debates in Congress, speaking on this issue, so this has created, you know ... it has been us, it has been our activism in Congress that has helped the cause.” (Senator)

“ it was more those in civil society who have more the technical expertise to engage in conversations and provide relevant input.” (CSO)

Although CSOs played an important role in WHO FCTC efforts, only one civil society organization worked directly with the MoH. The beneficial

impact of CSOs could have been enhanced with more collaboration with other organisations.

Prominent policy champion

Having a Senator who pushed the WHO FCTC agenda, had a positive influence on policies, especially in the area of taxation. This might have been a factor which contributed to changes in the government's stance on increasing tax.

“ I feel like they didn't have anybody who had the knowledge, the background and the desire to take up this fight to Congress, so now they have me and in a way it's easier for them because now they have a point of reference. Not to discredit the work done by others in the past, because in the past they raised taxes on tobacco already - in 2016, if I'm not mistaken - but we need to do more. And now I took up that cause as one of my causes, along with other things, so I believe that because I became a point of reference, communication strategy has become easier, in a way, you know, we can organise things in a... they have a direct access to Congress now, through me, and I think that, you know, it has softened things a little.” (Senator)

7.3.5 Barriers in implementation

The following section describes the principal barriers to the successful implementation of the FCTC 2030 programme in Colombia. The main barriers included tobacco industry interference, a lack of political will and support and structural weakness and corruption.

National and local level tobacco industry interference

Tobacco industry interference was a barrier to tobacco control efforts in Colombia and impacted progress towards FCTC 2030. This was an issue at a national level, and at a regional level within the districts.

The tobacco industry interfered with the implementation at a regional level by putting pressure on local authorities, preventing them from wanting to work on implementation.



“Yes, specifically with our local authorities after the technical meetings with the police and MoH and others the local authorities then implement laws, but the industry sends them legal claims. The local authorities don't have the capacity for monitoring and the police don't have enough personnel to monitor health issues and maybe only focus on other things. The local authorities think it is better not to work in tobacco control as the tobacco industry interferes in the job. This is a big challenge because the authorities feel scared, and therefore don't include tobacco control in their job. This is dangerous in relation to the progress in strengthening laws.” (MoH)

Implementation of FCTC Article 5.3 beyond the MoH had been difficult. Those who had been in the government for a while and those who worked in the MoH were clear on FCTC Article 5.3. However, this knowledge did not extend beyond the MoH.

“It has been really difficult for it to transfer it to other agencies and taking it to legislation... What we feel is that the people have it clear, the people who are there and who have been there for considerable time, who know... but I think that there's an issue, even from the Ministry, to formalize that type of relationships and extend it to all the other people in the government.” (CSO)

Beyond the MoH, the tobacco industry was viewed as a stakeholder and there was a lack of awareness about FCTC Article 5.3. The tobacco industry had working relationships with other Ministries which allowed them to influence policy.

“There is no awareness, I mean, people treat them as any other regular stakeholder, they are not aware that there is a convention – and Colombia is a party to the convention – that requires all public servants and all Congress people to abide by these procedures to guarantee transparency. It's not in the mindset of the politicians.” (Senator)

“You can see that outside the health sector the interference is quite high, many examples of how the industry has formal spaces of dialogue with the government and informal spaces of dialogue and specific areas where they heavily influence both the executive and with legislation.” (CSO)

The tobacco industry interfered in tax and illicit trade and hired people to help. It was reported in the Global tobacco industry Interference Index (2020), that PMI lobbied to defeat the MoF in their efforts to increase tobacco taxes. They also allegedly paid a Congressman to vote against the tax increase and produced inaccurate illicit trade figures, blaming the tax increase for illicit trade.

“Regarding tobacco taxes we have seen the interference of the tobacco industry in many ways... Illicit trade is one of the many contrary demands against increases in tobacco taxes. The tobacco industry say that illicit trade is everywhere in Colombia. And even though they are not directly saying that in Congress what you've seen in Congressmen everywhere is that they have the presentation... telling them that illicit trade is around 50% in the country when independent evidence shows that it is not higher than 6%. So, there is interference; it's strong especially in Congress. Even though there have been initiatives even led by the MoH Congress is always an obstacle. And in Congress the tobacco industry interference is always an obstacle.” (Researcher)

“The industry had to pay more, significantly more, money to a Congressman to get a vote against the initiative of increasing tobacco taxes.” (Researcher)

“Illicit trade figures produced by the industry widely disseminated by the media, arguing the upward trend is explained by the tax increase.” (MoH)



Tobacco industry interference was mentioned as the main reason why there has been no tax increase since 2016.

“Unfortunately, it has not been successful first, and mainly because of industry interference and second because of the national discussion that has been focussed on other policies regarding health.” (Researcher)

There were not enough resources to stop industry interference and work was sometimes duplicated, which was inefficient. To save on resources, it was therefore mentioned that previous work should be utilised rather than duplicating work.

“There are global initiatives in that area, for example the work by Anna Gilmour in the University of Bath. I think the strategy should be to strengthen that work that is already going on instead of trying to start from zero to work in that area. That’s my point. And I’m saying that last point because in some initiatives by external funders sometimes you observe that this funder A is going to start work that doesn’t build upon what has been built before on that area, and that’s inefficiency of use of resources.” (Researcher)

“I feel, in a way, that this is a sort of “fight” which is incredibly unequal. There’s a great amount of money from the tobacco companies invested in advertising with little or none Colombian regulation in that sense, and on the other hand, minimum resources.” (Researcher)

The Global tobacco industry Interference Index (2020) stated that tobacco companies tried to influence the WHO FCTC Conference of the Parties (COP) 2018 on its position on HTPs and ENDS through the Colombian Department of Foreign Affairs. Tobacco companies requested that HTPs and ENDS are classified as reduced risk products. The industry opposed policies regarding nicotine reduction and insisted that the industry should be involved in the policy making process.

The tobacco industry clearly had a huge impact on the progress of WHO FCTC policy and implementation in Colombia. There was no law to prevent interactions with the industry and no bill to regulate lobbying in Congress to prevent this interference and no resources to work in this area. There was no multi-sectoral plan to work together to combat tobacco industry interference; the lack of a NCM aggravated the situation.

Lack of political support

Legislative barrier within the Congress and the Senate:

Although there had been enhanced efforts and willingness from the MoH, there were still legislative barriers to push forward the FCTC articles.

“The barrier seems to be more on the legislative part, which I believe is the Congress and the Senate.” (Researcher)

As mentioned in the section on facilitators, there was one prominent policy champion in the Congress. However, it was stated that the lack of policy promotion could result from a lack of “visible figures” promoting tobacco control.

“One would expect to be able to identify with a proper name certain ‘visible figures’ within the Legislative branch, that could promote to a greater extent these tobacco control policies. I don’t really have clear knowledge of any of these ‘visible figures’, people that one could say that are really helping with this process, so there, from the beginning, I think there’s a problem. In a country like Colombia, it’s different if one could say ‘Look, there’s a law in relation to something, or there are people promoting certain legislation’ and if you could identify who those people are. This does not happen with the cigarette consumption issue. So, I think there’s a barrier: the fact that there aren’t visible figures.” (Researcher)

Health was less important to the government than commercial issues and ministries outside of



the MoH were not perceived as being concerned about health issues such as the negative impact of tobacco. The case study interviews highlighted that the Ministry of Commerce favoured the tobacco industry. These issues made it difficult to convince other sectors to work together on tobacco control.

“Health takes a back seat and commerce comes to the fore. Commercial issues become more important, supposedly productivity, employment, and I think that’s detrimental to the importance of this... I think that there’s unity of criteria in both of them as regards how they have to act... the MoH, we see there’s an acknowledgement of the need to set more rigorous protections to protect the right to health, while on other areas, we do not see the same concern. Even, they are satisfied, or pretend to keep the current status quo, like the Ministry of Commerce. They see it as a benefit for, a favour to the industry.” (CSO)

Structural weakness and corruption impacted implementation

Further barriers were weaknesses in governance in the country such as, inability to control all of the territory, and corruption. This was not only specific to FCTC 2030 but was the case across the board in Colombia and impacted governance.

“Yeah, I think the fact that in general Colombia and this is not specific to tobacco control, we need to figure out how to have a state that works, state with capital letter, the state is not able to control all the territory, that’s a major structural challenge right, in border areas the fact that we have big Mafias, that we have corruption. The difficulties of inter sectoral policy implementation, design and implementation, this is something that we see in the mining sector, in infrastructure, in health so it’s not specific to tobacco so we need to address structural weaknesses, we need to improve accountability in tobacco control and we need to strengthen civil society with these other actors that not necessarily are involved in health advocacy but also transparency so those

would be like, you know, nice places to work like lines of work in the future.” (CSO)

7.3.6 Progress of the programme

The following section highlights the achievements of FCTC 2030 programme such as, improvements in communication within the government and with other organisations, and international and regional cooperation, and the positive impact of the programme on tobacco control policy and its implementation. Advances in smoking cessation are also discussed.

Improved governmental and non-governmental communication

FCTC 2030 facilitated interactions within and outside the government. It helped the MoH in communicating complex matters such as industry interference with other government departments such as the Ministry of Commerce. Framing compliance with WHO FCTC as a country initiative rather than health sector responsibility, improved participation from other sectors.

“The project has been very useful for this. They helped to speak to people and translate our needs to other sectors... The FCTC project helps to communicate our issues with people external to the MoH... The project facilitates interaction with other sectors because it is presented as a country initiative and not as a health sector. In this way, sectors such as commerce, which are more complex, have received the information and have been involved in participating more actively in the project... They helped to increase the possibility to talk about this with other sectors. We try all of the time to communicate interference, but this argument is hard with other sectors. Other sectors think about the MoH as very radical, but when another person such as the FCTC comes and talks to them it is easier.” (MoH)

Through the focal person, efforts were made to extend communications beyond the government and bridged the gap between CSOs, academia, and the MoH. This helped enable researchers



to convey important and evidence-based information to decision makers and to also receive updates from the MoH.

“She has good ideas, so I start to relate with her and to understand what is really important to show the results, to try to do the workshops, to invite the people from the MoH to the academic workshops that we have, keep in contact with them and for me, that is the impact that will change because of that, we start to talking with the legislation that is very – in Colombia, the legislators are not going to talk with us (laughs) I mean they are not going to ask to an academic to present the idea they have. If the MoH bridges the gap between the academic and the legislators is one of the main impacts, so I think that is the thing that they are doing.” **(Health Economist)**

“And in those meetings, when I had results from studies carried out at our laboratory, she (the focal person) would open the spaces for us to present these results and she would also update us on some ideas, on plans and projects on the Ministry's side, very specifically, those related to labelling and packaging, which is my area of work. She would always offer me information in relation to that, and what I value the most is that she would create the spaces so I could communicate the results of the research we were doing. In addition, we started having more formal spaces. They were those technical training spaces organized by the Ministry for different entities, like territorial entities, or the civil society, or private companies, where we could talk about the findings from our studies... she has invited me to participate in the technical committee for the creation, design and selection of 2021-2022 warning labels. For us, this was what we had always wanted to accomplish: being able to be within the group that, in a way, takes that kind of decisions.” **(Researcher)**

The funding from the programme allowed continued communication and kept other organisations motivated and involved in tobacco control. Although there was no formal NCM,

the discussions which took place between government, academia, and civil society provided space to coordinate efforts.

“So, I would say that. And for the specific case of FCTC-2030 given that the coordination between government, academia, and civil society is around outputs and outcomes the FCTC has provided funds to keep those discussions active not only in tobacco taxes but in other tobacco control measures. And just by doing that it provides coordination because otherwise even though you can try to coordinate and try to get people involved if there is no funding for the Ministry to lead these kinds of initiatives then the initiative by definition is not going to be successful. I mean there is no way to have coordination; there is no way to motivate people to get involved in these initiatives. I'm going to say that the FCTC-2030 initiative moved the water with a positive net effect. And I'm saying that because, as I was saying before, there were some negative sides of the project but putting together the negatives and the positives in general carrying out the project led to more interaction between the government and the NGOs, not as the main goal of the project but just because the government and the focal point needed some help, technical support, technical back-up, working teams to carry on the project.” **(Researcher)**

Although there were improvements in communication within the government on tobacco control in Colombia, there was no NCM. Some meetings were arranged to prepare for the Conference of the Parties meetings, but not all elements of FCTC Article 5.2 were met.

“Colombia doesn't have a formal coordination mechanism, you know, it's not created... in the context of the need to prepare for the COP meetings, the biannual COP meetings. They decided to start like an informal group where they gathered and met twice a year or so but it was not formally established... it doesn't have all the elements required by Article 5.2 so in a strict sense there is no coordination mechanism. It doesn't even



have the decisions or the activities, they don't have any obligation to perform afterwards so the enforcement of the commitments that they reach in these types of scenarios are very weak so it's an informal arrangement." (CSO)

As part of their plan for Colombia, the FCTC 2030 programme intended to establish a NCM. However, this plan did not succeed. A lack of high-level commitment in the government and partners was suggested as a reason. Greater support from partners like the UNDP might have helped, as suggested below.

"So, going back to your question about 5.2, I know from this original meeting at the launching of the project work where they clearly stated, the ministry clearly stated that one of the strategic objectives was to establish a coordination mechanism and I applauded that because I think as I mentioned, this is one of the weakest aspects in terms of the institutional arrangement that we have and I think it was the right thing to do, unfortunately I think I have not seen tangible advancements in that specific area." (CSO)

"Quite frankly I didn't see that I saw more disconnect in the local office not because they were not well intended but I didn't see the level of commitment. If you saw the level of the officers involved from the local office in Colombia, they were very low level officers so they don't have the power to open the spaces to discuss the right... I think that's part of the reason why we didn't, we I mean the country. didn't succeed in FCTC 2030 in the case of 5.2, it would have been nice to have higher level commitment in the local office of UNDP." (CSO)

Improved relationships at a local level

The FCTC 2030 helped establish relationships between the government and the regions that did not exist before. Relationships and groundwork built by FCTC 2030 allowed further interventions to be put in place, such as inspectors using

technology to gather information for tobacco control law enforcement and monitoring.

"I have to point out another effect is that because of the strengthening of the relationship between the ministry and the regions that happens because of, you know, the training programme, that creates opportunity to communicate more fluently with the ministry to reach out when they see things that are not complying with the law, create inbuilt trust bonds that were not there before because the relationship was very distant, non-existent in many cases between the tobacco control focal point and these regions... Then we are able to promote additional interventions. For instance, right now we are in Anáas we are designing a tool so the inspectors can eventually use a tablet, an Android or an iPhone to enter all the data that is currently done on paper. And this creates opportunities for knowledge management that are more powerful and less expensive than having all these apps, all these... You know, the paperwork that they do can be shared easily with researchers, can be shared easily with other government agencies, and can be tracked down better. We are in the process of starting this process but the fact that we were able to, with the help of a ministry, have these conversations with some of the heads of the inspectors in some of the regions definitely was possible because of the previous work done in the context of FCTC 2030." (CSO)

Improved International cooperation

FCTC 2030 helped facilitate a helpful relationship with the Brazilian government, who provided general support and training. Further relationships were built through FCTC 2030 meetings with El Salvador and Jordan.

"They help get in contact with the Brazilian government and they have been very useful and important to support this initiative. They speak Spanish and they are so kind, xxxx and xxxx have been very helpful and nice, this is very important for us. They are warm people and It is good to communicate



our issues with them, we really appreciate the Brazilian government for this point.” (MoH)

“Yes, they helped by providing support to interact with other countries, especially with El Salvador. With El Salvador we have a closer communication which is important because they speak Spanish and have a similar culture, it is good to share this with them. When the secretariat organised the first meeting in South Africa, I met the other partners and countries such as Jordan.” (MoH)

Cessation programme progress

The MoH launched a national cessation programme prior to FCTC 2030 involvement in 2016. Since then, they have collaborated with SENA (public technical training centre) to offer a training course to health care practitioners. At the time of data collection, it was not known how many people have been certified with this course.

Colombia did not have a quit-line. However, brief advice was rolled out. In 2018, the MoH published a booklet describing a brief advice intervention, which was the approach prioritized by the national programme. In August 2020, the MoH issued guidelines for the public health system actors (HMOS, health care providers and others) to encourage implementation. The guidelines defined a set of indicators; however, the case study participants were not sure if the organizations were collecting and reporting data on this. If they were collecting this data, the information was not readily available. Therefore, there was no information on the level of implementation or patients enrolled/success of the programme. Those directly involved in the programme were not available to interview.

The FCTC 2030 programme provided technical and administrative assistance to help implement the cessation programme. As the government did not have resources for this, its implementation would have been unlikely without the FCTC 2030 programme.

“We received help implementing cessation programmes both professional and administrative; they received technical assistance and this assistance was provided from FCTC. This would have been impossible without FCTC as the government doesn’t have funding for this.” (MoH)

Progress in policy

There has been very little movement when it came to actual changes in policy in Colombia. However, there has been a great deal of effort and increased research in areas including taxation and packaging and health warnings and some progress has been made in the right direction.

Advances in taxation

There have been advances in taxation since FCTC 2030 involvement. There is now more evidence available from the UNDP investment case. The FCTC 2030 facilitated the use of this evidence through workshops with government stakeholders, including the Ministry of Development (DNP), MoF, National Tax Agency (DIAN), and Customs Police (POLFA). Activities underway at the time of data collection included policy dialogue with local and international experts, updating technical information to be presented during current discussions in the Congress, and hiring a consultant to produce recommendations regarding implementation of the protocol to eliminate illicit tobacco trade.

“Five years ago, that was really sad, I mean it was really – nothing happened, no discussion but this time at least we discuss and they present the other side, not well documented, no arguments so you see the difference between the academic putting all the real information and the research behind and with some ideas. They won but they – it was not totally...” (Health Economist)

“I have noticed that in the last couple of years there has been an effort to promote much more of the policies proposed by the Framework Convention, specifically tax-related issues.” (Researcher)



“MoH was able to include in a technical concept to Congress (January 2020); a recommendation to triple the tax, based on the investment case conclusions and on the local research gathered in several technical scenarios sponsored by the project. The tobacco control focal point presented the main recommendations emerging from the investment case during the debate of a tax increase proposal initiated by Congress (May 2020). However, the initiative was defeated.” (MoH)

Although the tax increase was defeated, the vote was much closer than it had been in the previous attempts.

“Regarding the FCTC investment case it was one of the elements to counter that interference. It is difficult to measure how the FCTC, and specifically the investment case, was able to counter those but to give you an example... one of the initiatives two years ago was brought in in Congress like ten to one from all the eleven Congressmen in one of the committees that had to approve the initiative, and ten Congressmen voted against the initiative and one voted in favour of the initiative. In the last one that also not approved two or three months ago; it was like 6 to 5, and that is progress.” (Researcher)

Research has also been conducted in this area to provide support for increasing tax. This included a modelling study indicating the financial and health benefits of a tax increase (James et al., 2019), and a study on illicit trade in Colombia. This study found that claims made by the tobacco industry on an increase in illicit trade as a result of increasing tax to be incorrect.

Advances in packaging and health warnings

Since FCTC 2030 involvement, there has been an increase in willingness in relation to moving towards plain packaging and increasing the size of the existing 30% coverage of pictorial health warnings. Data were collected to investigate the impact of the current health warnings.

“In terms of packaging, both which has to do with labelling as well as with the implementation of a plain packaging, I have noticed a great willingness from the sector (government).” (Researcher)

“No. There's been a previous process that they have conducted with the National University. That was for the 2018-2019 round. What happened there was – from my point of view – the ideal process. At that time, the Ministry had some funds that allowed them to contract an external team which was in charge of carrying out the process from beginning to end. From selecting the topics – and not just in a way involving only six people, but carrying out a study somewhat more rigorous, of which would be the topics and why – doing a pre-design process, testing in focal groups, then carrying out a macro-study, and then obtaining the final result.” (Researcher)

Although there has been more willingness and research, the packaging laws have remained the same with no change since 2017. Attempts were made to increase health warnings from 30% to 70%, however these did not succeed.

“Yes, I think there hasn't been any progress. Personally, I think that is serious, because we started with the warnings in 2009, we are in 2020, and the warnings still have the same structure, the same content, the same placement... Have I seen, since 2017, how that this has been enhanced? Well, honestly, my answer will be 'no'. (Researcher)

Since our interviews, a new study was published on the emotional impact of the current health warnings. Findings suggested that the health warnings produced a low emotional response and an increase in their size would generate more impact (Gantiva et al, 2021).

Advances in stopping tobacco industry interference

An increased awareness about FCTC Article 5.3



was reported. Those who work with the MoH on tobacco control signed a disclosure that they did not have a relationship with the tobacco industry. The MoH put protocols in place and made efforts to be transparent about tobacco industry interaction.

“We sign a document that is a disclosure of conflicts of interest. I signed it this year since I was on this committee. There we state that we don't have any interest whatsoever – nor immediate nor in relation to a close relationship – in connection to cigarette consumption. As far as I am aware, that is the only measure being taken.” **(Researcher)**

“If you allow me, I'd like to start with this answer: I think regarding FCTC Article 5.3, that is where one sees some discrepancy among entities. One sees that entities within the MoH have been deliberately interiorizing, appropriating, and becoming aware of what would entail any interaction with the industry in the tobacco control context, and they have internal protocols that allow them to guarantee transparency in those processes.” **(CSO)**

The FCTC 2030 programme helped the MoH to communicate about the industry interference with other departments and sectors. Further support in communicating about industry interference with other Ministries was provided by the Brazilian government. When they came to Colombia to provide training this was an area of focus.

“They help us to speak with other actors and other industries related to tobacco control, designers and store owners. It is important to show other sectors the ways of industry interference. The FCTC 2030 project facilitates this. In our multi-sectoral meetings the Brazilian government came to Colombia and for one of the days we all worked on interference and they explained all about this with other ministries and told them about the main issues. For example, with the ministry of agriculture this is important because the

industry grows tobacco, this conversation is not a friendly conversation. We need to communicate the legal obligation; this was difficult but very useful.” **(MoH)**

“Yes, this is connected to our work in multi-sectoral mechanisms. They provided training which was very useful (from the Brazilian government). Other aspects are that UNDP designed a tool kit for dealing with interference.” **(MoH)**

Although tobacco industry interference is still a huge problem in Colombia, there have been some advances in communication and transparency.

Improvements in law enforcement and monitoring

The FCTC 2030 programme produced important results in relation to inspection and market surveillance of tobacco products.

“I think, from what we've heard, the FCTC 2030 has had very important results, specially within the field of inspection, and all that has been really important, according to what we've heard.” **(Civil Society)**

More rigorous market surveillance has taken place since 2017. This included an inspection form that was rolled out to 33 territories.

“I think there has been a positive evolution in the subject, I think the monitoring. That is, even before 2017 it could continue with 2017 onwards until 2020, but once the tobacco law and industry behaviour and market monitoring come into effect. Well, it is much more rigorous, and I think there is a fairly strict compliance with that regulation, without prejudice to the problems always mentioned by the industry as smuggling that allows the entry of products into the market in an illegal framework.” **(Ministry of Industry and Commerce)**



“I saw for the first time also the emergence of a single instrument to perform those duties, a form which is an official form adopted now by all the 33 territories. You know, that we have a semi-decentralised government so inspection is not in the hands of the ministry, the ministry central government. The inspection duty is first and foremost held by the local inspectors in each health authority in each one of the territories. So the governors have that responsibility and the mayors of the larger cities” (CSO)

Successful inspections of tobacco sellers were carried out. The FCTC 2030 programme helped expand this to reach more territories.

“Officials who go to establishments, but visits are made where tobacco is being sold. That is, neighborhood shops, department stores and there we have never found interference from the industry in carrying out these visits, because the visit must be made without any kind of obstruction on the part of those who receive that visit.” (Ministry of Industry and Commerce)

“Technical assistance from the Ministry is a legal obligation, so we would have to do it. The advantage of having the FCTC Project is having been able to reach more territories in person and train local authorities in a better way.” (MoH)

The implementation work carried out would not have been possible without FCTC 2030, as there was no budget for tobacco control and no dedicated tobacco control group within the MoH.

“I don't think it would have been possible with the profile of the ministers that we had, I mean I think there was a clear commitment to tobacco control but again, the fact that there's no specific budget for tobacco control, there's no area of tobacco control in the MoH even, you know? There's the group

of non-communicable diseases that have very limited resources compared to the challenges that they have and if you go to the regions it's even less, right? And sometimes in the regions specifically resources are spent in activities that are not evidence based, that are mostly about education and with no evaluation about the impact and tiny budgets, even for large cities for tobacco control the budgets are miniscule.” (CSO)

7.3.7 Future work

● Establishing a NCM

Colombia did not succeed in establishing a NCM. This aspect would have benefited from commitment at a higher level within the government. FCTC 2030 has helped increase communication within government. However, this area requires further work especially to establish a NCM and more non-governmental connections involving other key organisations.

● Tobacco industry interference

Efforts have been made to tackle tobacco industry interference within the MoH with support from the FCTC 2030. However, a great deal of interference from the industry remains. This has had a direct negative impact on advances in policy, specifically on taxation and health warnings. A NCM could have provided a space and momentum to push this forward.

● Implementation of the cessation programme

A smoking cessation programme has been established. Implementation and expansion of the programme is now required.



7.3.8 Overall achievements

Most useful components of the FCTC 2030 programme

- **Financial support**
With limited funding for tobacco control in Colombia, financial assistance provided by the programme was most useful.
- **Coordination and communication**
The programme facilitated communication both within the government and with other non-governmental organisations.

Key facilitators to implementation

- **CSOs**
Aided the progression of WHO FCTC by supporting work in areas, such as smoke-free places, TAPS bans, youth tobacco use campaigns and taxation.

Key barriers to implementation

- **Tobacco industry Interference**
Extensive tobacco industry interference in public policy.
- **Lack of political will**
The lack of political will and government support for tobacco control in Colombia.

Most significant impacts

- **Coordination and communication**
Before FCTC 2030, the MoH had only a couple of professionals working in tobacco control. The programme strengthened the ministry considerably. This included working with other ministries and other organisations, for example, economists and researchers. The programme helped in building a team which can sustain ongoing work in tobacco control.

7.4 Sierra Leone

7.4.1 Tobacco use

According to WHO Report on the Global Tobacco Epidemic, 2019, in Sierra Leone, tobacco smoking prevalence among adults (15+ years) is 29.7 and 3.9% for males and females, respectively. Among the youth (10-14 years), tobacco smoking prevalence is 6.2% and 1.6% for males and females, respectively. Similarly, 6.5 % of males and 5.4% of females used smokeless tobacco (GYTS, 2017).

7.4.2 Context

At the time of Sierra Leone's application to WHO FCTC Secretariat for the programme (2 March 2017), there was an existing tobacco control strategy (2012 to 2016) which was in need of revision. Sierra Leone also had a National Multi-sectoral Tobacco Taskforce in place before FCTC 2030 which was not functional and needed

strengthening. Furthermore, Sierra Leone had no tobacco control restrictions or laws in place. There was no focal person appointed and inadequate multi-sectoral action for tobacco control.

While tobacco is farmed in Sierra Leone, it accounts for only a small fraction of agriculture in Sierra Leone, with less than 0.01% of agricultural land devoted to tobacco cultivation (*Tobacco Atlas, 2015*). There were fewer than 1000 metric tons of tobacco produced in Sierra Leone in 2014. Tobacco comes into the country through the legal importation of tobacco products from abroad and also through illicit channels. The tax levied on these tobacco products is also minimal. Due to heavy marketing and advertising of tobacco products, the prevalence of tobacco use increased, therefore the death toll grew every year as well. Following FCTC ratification, the MoH with assistance from WHO developed a draft Tobacco Control Bill in 2010. This bill was reviewed by the International Legal Consortium of the CTFK in 2011. In 2012, the Africa Tobacco



Control Consortium (ATCC) intended to provide support to CSOs to ensure that CTFK's comments were integrated into the draft legislation, but that effort was unsuccessful, reflecting limits in building a supportive coalition. In January 2013, ATCC supported a technical assistance mission to Sierra Leone and identified a roadmap for stakeholders to pursue a campaign to advocate for the adoption of national legislation, but the roadmap could not proceed.

In its FCTC 2030 application, Sierra Leone's stated top priority was to formulate legislation on tobacco control. The other priorities were to increase the price of tobacco through taxation and also raise public awareness about the harms of tobacco. Key weaknesses identified in SWOT analysis section of the application were: no dedicated office or tobacco control programme coordinator/manager; inadequate funds for tobacco control activities; no legislation on tobacco control; inadequate trained human resource dedicated to tobacco control; inadequate sustained awareness on the harmful effect of tobacco use nationwide; cheap tobacco products due to weak taxation structure; tobacco control not included in the United Nations Development Assistance Framework (UNDAF); and Tobacco Control Task Force not being fully functional. The threats reported were: pending elections in early 2018; sensitisation/mobilisation; some mobilised parliamentarians may not be re-elected or a change in the Health Committee membership/leadership will require fresh sensitization/mobilization; possible change of political ministerial leadership that might not be interested and be under heavy influence of the tobacco industry.

The following case study findings outline the programme inputs, facilitators and barriers to its implementation, achievements, future work and recommendations.

7.4.3 Programme activities and inputs

The following section entails all the inputs provided to Sierra Leone including funding, technical assistance, organising workshops and

training with stakeholders and parliamentarians, provision of toolkits and materials and enhancing the multi sectoral cooperation.

The FCTC 2030 programme:

- Provided funding for organising a retreat for the lawyers in Freetown to work on the legislation.
- Provided funding for organising the World No Tobacco Day in Sierra Leone.
- Provided funding and technical assistance which was utilised for the strengthening of NCM.
- Provided technical assistance for developing regulations for excise tax stamps. A consultant from Kenya was invited to support the process, organise the workshop and educate the MoF on the issues of illicit trade and benefits of increasing taxation on tobacco products.
- Arranged for training of lawyers and people from the MoH on how to implement the ideas put forward by the FCTC 2030 programme e.g. how taxation was implemented in Australia.
- Arranged training of lawyers and provided expert knowledge on how to draft a Tobacco Control Bill.
- Helped in developing extensive resources (in the form of toolkits and materials) available on the impact of tobacco on health and economy.
- Brought different stakeholders from the key ministries (e.g. MoF, MoH), the members of the parliament, CSOs, media and the department of police together to strengthen the National Multi-sectoral Tobacco Taskforce. The purpose of the Taskforce was to support finalisation and implementation of a new national strategy for tobacco control in Sierra Leone.

7.4.4 Facilitators to implementation

The following section describes the facilitators to implementing the FCTC 2030 programme in Sierra Leone. These include the involvement and engagement of CSOs, parliamentarians and ministries, district councillors and increased international cooperation.



Recognition of CSOs as an important stakeholder

The CSOs in Sierra Leone have been actively involved in raising awareness on the harms of tobacco even before FCTC 2030. As tobacco control advocates, they have been key in interacting with stakeholders within government ministries such as the MoH and MoF. There were several CSOs working on restricting the sales and advertising of tobacco, on issues of alcohol and tobacco and on raising awareness of tobacco harms in children. The FCTC 2030 arranged several workshops on tobacco control laws to which members of prominent CSOs were invited. Following the workshops and meetings, these CSOs were empowered to raise the profile of tobacco control by working together on the Tobacco Control Bill. They were also involved in disseminating knowledge of the harms of tobacco on television and radio.

“They (CSOs) have always been on television, radio since FCTC 2030 started. They approach government institutions. They approach ministers, the directorate, to talk about it and to encourage them to put policies in place because if there are no policies you cannot do anything. And then the police officers, they go to them as well. They raise awareness everywhere and they do posters, handbills.” (CSO)

The funding provided by the FCTC 2030 also helped the CSOs to meet students from various medical schools and arrange posters, banners and leaflets for the World No Tobacco Day every year.

Developing tobacco control champions

The participants highlighted that FCTC 2030 impacted positively on their knowledge of the tobacco control policies. Their perception of tobacco control completely changed since FCTC 2030. They had become more aware of the importance of having a Tobacco Control Bill in place. The awareness on the harmful effects of tobacco on health, economy and seeing Sierra Leone tobacco free strengthened as well.

“Before FCTC 2030, I was not aware really before that there was somebody who had a vision of a tobacco free society. And had a global vision that there should be a... strategy on how this can be accomplished globally. So, I was excited about the fact that something like that has been put in place.” (MoH)

The participants also affirmed that by attending the workshops held by FCTC 2030 on taxation and illicit trade, they became confident in holding discussions on tobacco control with their peers and colleagues.

Engagement with parliamentarians and stakeholders: Facilitating the enactment of the Tobacco Control Bill

The members of the Parliamentary Committee for Health expressed commitment to support tobacco control efforts in Sierra Leone. However, in order to keep the momentum, FCTC 2030 needed to gather support from other committees that had a stake in the passing of a Tobacco Control Bill in Sierra Leone. Therefore, several workshops and training were organised targeting key members of parliament to increase awareness of the WHO FCTC as well as on the rationale for tobacco control legislation. Several religious leaders, teachers, doctors were also invited to attend these workshops ensuring that the bill was passed in the parliament with the support of all the stakeholders. It was crucial because only after the passing of the Tobacco Control Bill could actual work on tobacco control within Sierra Leone start.

The FCTC 2030 programme also allowed engagement with different stakeholders on the issues of tobacco control and raising awareness of the harms associated with tobacco use. Religious authorities, traditional authorities and local government authorities were very supportive of a strong regulatory framework favourable for tobacco control in Sierra Leone. They expressed their interest in supporting more closely the MoH and other tobacco control stakeholders to educate/sensitise the population on the dangers of tobacco use and exposure to



secondhand smoke. They clearly expressed the need to accelerate measures that would prohibit smoking in public places. A key takeaway from the meeting with these stakeholders was that they were keen to get involved in whatever way in initiatives towards the passage of the Tobacco Control Bill. Therefore, this group seemed well positioned to develop activities aimed at building public support for the Tobacco Control Bill.

Helpful meetings with the district councillors

FCTC 2030 enabled greater interaction and understanding of the tobacco control activities at the district level in Sierra Leone. The shift of the focus from the national to the district level was particularly valuable. The meetings arranged with district councillors (including Imams and Pastors) made sure that FCTC 2030 was locally relevant as well.

“Well, for me the interaction was helpful because I feel I was able to learn from the people who came from the districts, how they are tackling tobacco use. And what they do to encourage the youth to have it banned. And then from the religious aspect how the imams and the pastors were saying they will bring it to their churches and mosques, say in their pulpits, the importance of coming to this meeting and the effect of having tobacco on health and the economy of Sierra Leone.” (CSO)

FCTC 2030 staff provided high quality resources on pictorial health warnings, banning TAPS and also on lessons learned from other African countries. These resources were used to disseminate knowledge on tobacco control at the radio and television talk shows. This also increased the outreach of the FCTC 2030 programme in far flung areas and villages of Sierra Leone.

7.4.5 Barriers to implementation

The following section briefly discusses barriers to the successful implementation of the FCTC 2030 programme in Sierra Leone. The main barriers preventing the passing of the Tobacco Control

Bill were tobacco industry interference, complex legislative system and the COVID-19 pandemic.

Tobacco industry interference

Tobacco industry interference in the passing of the Tobacco Control Bill in the parliament was widely reported in the interviews. The tobacco industry was seen as a powerful force that did not fear the actions of nation-states because of their extensive resources and global market power. The policy process involved consultations between the government and the industry, regarding the taxation of tobacco products, before the nation's budget was tabled.

“The main barrier is the tobacco industry interference. As I told you, tobacco industry interference is not seen. But you can feel it. Yeah, you feel it. Because I told the WHO, I have told the Ministry. Is there any reason why we should not pass this bill? For 11 years if there hasn't been any other underlying factor.” (CSO)

Stakeholders from key ministries (e.g. Finance and Trade) were aware of article 5.3, and related guidelines were included in the Tobacco Control Bill draft. However, in the absence of the visible local presence of tobacco industry within Sierra Leone and the non existent tobacco control policies, it seemed difficult for the participants to comment on the vested interests of the industry. Nevertheless, they did raise some concerns over external influences.

“I was shocked to find out that there is no taxation on the products coming inside the country. That means for our neighbouring countries, doing a business in cigarettes is very attractive to bring tobacco products to Sierra Leone. To me that was very frightening because it means the outside forces can prey on the ignorance of the people of Sierra Leone. Grassroot people.” (CSO)

“We don't have industries here in Sierra Leone, yeah, most of the products are imported so we will only get to know how



strong the industry or tobacco manufacturers are once we start implementing the tobacco control policies after the enactment of the Tobacco Control Bill.” (CSO)

These data indicate that up to the point of the Tobacco Control Bill being passed a lot of tobacco industry interference has remained largely hidden. Nevertheless, a number of participants were concerned that once the tobacco control bill is passed and they start implementing the tobacco control policies, there will be more direct and visible interference in the enforcement of those policies.

Complex legislative system

The system to pass legislation is complex and involves multiple steps in Sierra Leone. This was as alluded by a number of interview participants with one quote below:

“Working with the legislative system is the main barrier. I think it’s more of the procedures of going through Parliament, the documents they had to be presented. There are several stages you have to go through before something improves and for law to be passed into law. So I think the main focus is the MoH has been going through the government legislative system so that it can be passed as law. And once it’s passed as law, it can be enforced.” (Researcher)

COVID-19 pandemic

With limited resources for tobacco control, the COVID-19 pandemic greatly affected the coordination between the ministries. The change in priorities took place with a focus on dealing with the pandemic, thereby staff working on tobacco control were deployed on COVID-19 duties. Only the essential staff reported at the offices and so the engagement with tobacco control issues was minimal. The meetings on Zoom and Whatsapp were of limited benefit as members were not regularly interacting or participating in the meetings. This was crucial because it had a detrimental effect on the passing of the Tobacco Control Bill.

“Hugely. Hugely. COVID-19 has affected coordination hugely because of the gathering now, we don’t call meetings, you only call people individually on phones, and the result is not that much. Before Covid, we used to have our biannual meetings. Biannual meetings. Stakeholders meeting. But now since COVID-19 no meetings. The bill is getting delayed.” (CSO)

The World No Tobacco Day could also not be held due to lock down and medical colleges being shut down. This further pushed back the progress made by FCTC 2030 in terms of awareness raising.

7.4.6 Progress of the programme

The following section records the achievements and impacts of the FCTC 2030 programme. These include the appointment of a FCTC focal person, improved international cooperation, increased awareness of tobacco use as a health hazard and increased tobacco taxation.

Appointment of an enthusiastic FCTC focal person

FCTC 2030 helped with the appointment of a tobacco control FCTC focal person in Sierra Leone, who was very engaging and enthusiastic. He made use of the financial and technical resources provided to Sierra Leone and supported moves to strengthen the NCM.

“Because now since this FCTC 2030, we have a focal person, someone who is great and the support he’s getting from FCTC 2030, WHO, Afro and all the tiny, tiny support on technical things he’s receiving, that makes it easier for him to do his role. And since then he’s so eager to learn more about tobacco. He reads a lot and you can see the input from him. The output when he’s delivering in meetings is amazing.” (MoH)

Improved international cooperation

FCTC 2030 allowed tobacco control actors in Sierra Leone to link with international organisations, facilitating knowledge sharing.



“Well, when we have international meetings, we meet with different countries, I mean we share various experiences. And we’re able to learn from those experiences. For example, what is Gambia doing for tobacco control in their country. We will not be able to get an opportunity like that if FCTC was not involved.” (MoH)

The participants also recalled an arranged training for the staff from the Ministries of Health and Finance and from the National Revenue authority at the University of Cape Town. They were trained on issues of taxation and illicit trade. The positive impact of such training and workshops was evidenced by a number of interview participants and further supported by the data from the questionnaire.

Increased awareness of tobacco use as a health hazard

Before FCTC 2030, tobacco control was not a prominent issue in Sierra Leone. Other medical issues such as diabetes, heart diseases and cancer were more prominent. It was only in the context of FCTC 2030 that tobacco control started gaining a prominent place at the government and local level. The documents and resources provided by the FCTC 2030 helped the MoH in identifying tobacco use as a health hazard and a contributor to various diseases. It also highlighted the importance of raising tobacco taxes to reduce its consumption. FCTC 2030 brought this issue in the meetings with different stakeholders and ministries.

“The biggest impact is actually making us aware that cigarette smoking has a significant impact on our health and definitely in order basically to reduce its intake and whatever one of the ways to do it is to look at the tax condition and of course and media intervention, civil society intervention and basically partnership with other ministry departments and agencies not only the MoH that should handle it, the MoH usually sees the final damage but what actually initiated it is the way to the importation, taxation

and information to the general public.”
(Police Department)

Tobacco tax increase

Tobacco tax on cigarettes went up from 0% in 2016 to 30% in 2018, which was still below what was the requirement of WHO FCTC but nevertheless a major advancement and win for public health.

“I think there was zero excise tax for tobacco in Sierra Leone before the FCTC 2030 project started. Well now I think it’s 30%.”
(MoH)

FCTC 2030 facilitated face to face interactions with the parliamentarians and the stakeholders. The training provided to them at the WHO Knowledge Hub for taxation helped to foster support for the marginal increase in taxation. The involvement of CSOs in gathering support on raising tax on tobacco products was key.

The data from the questionnaire suggested that the MoH supported the increase in taxation, but they received limited cooperation from the MoF due to links with the tobacco industry.

7.4.7 Future work

The following section entails the reflections made by the interview participants on how FCTC 2030 can strengthen their support for tobacco control in Sierra Leone. The recommendations consist of a focus on facilitating the enactment of the Tobacco Control Bill, increased financial assistance, training, capacity building activities, and engagement with stakeholders and parliamentarians.

The case study data suggested that:

- The foremost priority of the FCTC 2030 should be to further facilitate the enactment of the Tobacco Control Bill in Sierra Leone.
- FCTC 2030 provided significant financial support for tobacco control activities in



Sierra Leone. Nevertheless, some interview participants still felt that it was short of what was required to continue working on tobacco control legislation. This was crucial because the proponents of tobacco control who were in support of a ban on tobacco often did not have sufficient funds to support the tobacco control activities. Sierra Leone did not have any other funding mechanism to support and sustain its tobacco control activities when the FCTC 2030 programme came to an end.

- Sierra Leone also needs more up to date written resources on tobacco control so evidence based information can be disseminated to the population.
- There needs to be more training especially on policy formation. For instance, the issues

of taxation need to be discussed in detail and staff from various ministries need to be able to understand how taxation policy can be formulated as well as strengthened over the years to come.

- There is a need to further build capacity among CSOs on tobacco control advocacy.
- Tobacco control would benefit from increased engagement activities such as consultative meetings with the stakeholders (at both national and district level) and parliamentarians.

7.4.8 Overall achievements

The following box details the most useful inputs, key facilitators, key barriers and biggest impacts of the FCTC 2030 project according to the interviews.

Most useful components of the FCTC 2030 programme

- **Financial support**
For accelerating the Tobacco Control Bill.
For strengthening NCM.
For strengthening the National Multi-sectoral Tobacco Taskforce.
- **Trainings and workshops**
For the staff at the Ministries of Finance, Health, Education and the National Revenue Authority on the Tobacco Control Bill.

Key facilitators to implementation

- Recognition of CSOs as an important stakeholder.
- Developing tobacco control champions.
- Engagement with parliamentarians and stakeholders to facilitate the enactment of the Tobacco Control Bill.
- Meetings with the district councillors.

Key barriers to implementation

- The tobacco industry interference caused delays in enactment of the Tobacco Control Bill.
- COVID-19 halted the coordination meetings on tobacco control.

Most significant impacts

- **Raising awareness of tobacco control**
Raising awareness among the key ministries and in convincing many stakeholders on the importance of tobacco control.
CSOs involved in disseminating tobacco control knowledge to the general population through television talk shows and radio shows.
- **Tobacco tax increase**
Tobacco tax on cigarettes went up from 0% in 2016 to 30% in 2018.
- **Increased multi sectoral collaboration**
FCTC 2030 not only involved the MoH but other ministries, civil societies and even religious leaders to work on tobacco control.



7.5 Nepal

7.5.1 Tobacco use

The prevalence of tobacco smoking in adults (over 15) in Nepal is 25.5% and 7.3% for males and females, and in children aged between 10-14 years is 0.83% and 0.4% in males and females, respectively (*Tobacco Atlas Nepal, 2015*). 21.5% of adults in Nepal use smokeless tobacco daily. Tobacco is grown in Nepal but is a small fraction of the agriculture (0.04% of agricultural land grows tobacco; *Tobacco Atlas Nepal 2015*).

7.5.2 Context

Nepal ratified the WHO FCTC in 2006 and became a party to FCTC in 2007. The main law which governs tobacco control is the Tobacco Product (Control and Regulation) Act, 2010. This law regulates, among other things, smoking in public places, workplaces, and public transport; TAPS; and tobacco packaging and labelling. Health warnings are in both pictorial and text forms and cover 90 percent of the front and back (effective since 2015). The law prohibits the sale of single cigarettes and small packs of cigarettes, as well as tobacco products sold by vending machines or the internet. In addition, the law prohibits the sale of tobacco products in cultural and recreational facilities, and within 100 meters of educational and health facilities, among other places. The sale of tobacco products is prohibited to persons under the age of 18 (*Legislation by Country Nepal, 2021*) Tobacco Control Laws Nepal, 2021). However, widespread implementation of the law is not believed to be carried out (*Legislation by Country Nepal, 2021*).

In 2015 Nepal underwent major constitutional change from a centralised governance structure to a federal state with 7 provinces and 753 local authorities. This allows for decentralised decision-making and local level governing bodies are now responsible for implementing the Tobacco Control laws. The process of transition has been a major undertaking with impacts on capacity to deliver plans across government (*Acharya, 2020*).

In relation to tobacco industry interference, the participants did not share any evidence of the

government interacting or consulting with the tobacco industry. It is documented that Nepal has been successful in counteracting tobacco industry interference (*Bhatta et al. 2020*).

Compared to other FCTC 2030 phase 1 countries, Nepal has been among the least engaged with the FCTC 2030 programme. The FCTC focal person is housed in the National Health Education Information and Communication Centre (NHEICC) under the MoH and Population. The focus of the FCTC 2030 programme in Nepal was implementation of 90% health warnings and working on plain packaging, enforcement of smoke-free places and working on taxation and pricing. The main challenges highlighted in achieving this were tobacco industry interference, low priority assigned to tobacco control by the ministries and gaps in law enforcement. There was a budget for tobacco control within the government, but this was very limited.

7.5.3 Programme activities and inputs

The FCTC 2030 programme provided:

- Guidance via routine meetings between the Secretariat and the government.
- Workshops, training, and technical support for smoking cessation.
- Financial support for the development of a multi-sectoral strategic action plan on tobacco control.
- Financial and technical support including the materials required to train health professionals in smoking cessation.
- Financial and technical assistance including supporting advocacy workshops and capacity building for policy makers on tobacco taxation.

7.5.4 Facilitators to implementation

The following section describes the main facilitator external to the FCTC 2030 programme.

CSOs

The CSOs provided support for tobacco control efforts in Nepal. Nepal Cancer Relief Society is



an advocacy organisation who speak out against tobacco. This organisation has been working to establish cessation services for tobacco users in the country and established its own quit line. Nepal Development Research Institute is another CSO, who has received funding from Cancer Research UK to build capacity for advocacy to raise tobacco taxation. It also received support from the Secretariat by linking in with technical experts.

Although CSOs has supported tobacco control efforts in line with FCTC in Nepal, their work was often perceived as independent and sometimes isolated from the government.

“ I do not see any programmes which are jointly organised and implemented. They work together in other areas, so this is something that the government needs to pick up”
(Professor of Medicine)

7.5.5 Barriers to implementation

The following section describes the key barriers to the successful implementation of the FCTC 2030 programme including tobacco industry interference and a relatively weak governance.

Tobacco industry interference in policy implementation

We did not find any evidence of a direct relationship between the tobacco industry and the government. However, tobacco industry interference was perceived as a key barrier in relation to policy implementation in Nepal. The tobacco industry delayed progress in health warnings, TAPS, and increasing tax.

The tobacco industry was found to be influential and dominant when it comes to making their voice heard when a policy was attempted.

“ The other challenge is of course, you know, the strong lobby that is put in place by the major tobacco manufacturing companies of Nepal and, you know, the tobacco manufacturing companies are the highest taxpayers of the country as well

and they are rewarded every year for that, for paying the highest amount of tax in the country. So obviously that means that their voice becomes very strong, whenever there is some sort of exercise to raise the tax on tobacco products then their voice, the tobacco manufacturing company's voice, becomes dominant over any other voices so that has been another big problem which can be considered as the hindrance to the progress.”

(Medical doctor, researcher)

The industry also impacted progress of the health warnings policy, as they did not accept the policy and did not apply this to their products in a uniform way.

“ The government has endorsed a strong policy but some of the tobacco industry didn't accept the 90% health warnings. They are not applying it in their tobacco products which has caused lack of uniformity and confusion and there is no monitoring from the concerned ministries. Therefore, we can say there is interference. This is a challenge we have to face.”

(Ministry of Health and Population)

There was further evidence of interference from the industry in the implementation of TAPS bans. The industry provided scholarships to students, advertised in entertainment and social media and provided protective screens during the COVID-19 pandemic to shops which also advertised their products.

“ The tobacco industries have been interfering in a lot of ways on TAPS. To promote their product, they provide scholarships to the students to attract the new generation. They sponsor parties and events and advertise it in entertainment media such as films, movies. Also, digital media has been an added advantage for them especially for the promotion of new products.”

(Ministry of Health and Population)



“What has happened is that many of the cigarette manufacturers have distributed screens to put in the shop between the shop keeper and the customer to protect them. But that piece of glass has an advertisement for cigarettes and writes the cost of the cigarettes for that particular brand, it also states the cost of a single cigarette which is against FCTC. So, on one hand they are doing good by giving them protective equipment, but they are also using this as a marketing tool.”
(Professor of Medicine)

The tobacco industry also interfered indirectly through Ministries within the government. The tobacco industry appeared to be successful in convincing the Finance Ministry not to increase tobacco taxation by using the old argument that this will cause revenue to decrease. This might have been a reason why despite so many meetings and a request letter to the MoF, tax increase was not considered.

“So it is unnatural that they will try to do something about the tobacco industry, it is like you are trying to close your own tap of water. So that won't happen unless there is some change in policy, change in the government.” **(Professor of Medicine)**

Limited capacity to support effective tobacco control governance

Nepal did not have a NCM that complied with FCTC and brought all relevant stakeholders to meet regularly.

“I have to say there is no regular coordinating meeting. I don't know about previously, but since two and a half years... we can blame it now on COVID, but even if there was no COVID, it is not functioning fully.”
(Medical doctor/Non communicable diseases)

Our findings indicated issues within tobacco control governance. Nepal lacked dedicated personnel in tobacco control and those who did work in tobacco control also had other roles

which meant that they couldn't fully dedicate their time to the programme.

“From the government side I can see no dedicated focal person, dedicated human resources only for tobacco control. Any institution, any people who are supporting or who are doing or who are working for the tobacco control, they have their own regular responsibilities. For example, for myself, I am the person in the MoH and Population responsible for multi sectoral coordination. Among the different sectors, coordinating to different sectors in different issues is very much important from the public health side as compared to only tobacco, no? Similar situations happen to the other ministries. In one sentence, I would prefer to say there are no specific institutions, there are no specific human resources dedicated for tobacco control.”
(Ministry of Health and Population)

Recent changes in the federal structure also slowed tobacco control progress. Since local-level governing bodies were made responsible for implementing the law. Evidence also suggested weak coordination between the federal government and with local government.

“There is weak coordination between the different stakeholders involved in tobacco control to the extent that it requires the role of local governments, schoolteachers, police, judicial systems, health systems and education systems and many more, but there is no strong coordination mechanism among these different kinds of stakeholders...The local governments have not been able to realise that tobacco control activities are under their jurisdictions as provided by the local government operation act... this is one of the major changes. Prior to this, the tobacco control policies or the activities were implemented by the district health offices.”
(Public health worker)

“One of the barriers as I told you has been this transition in the federal structure, and this has been a major transition where the power has shifted from the centre to the local governing



bodies and when that happens all the provisions of the law and the responsibility of implementing the majority of these provisions now falls upon the local government. And one of the challenges is that there is lack of human resources who are, you know, well orientated enough or well-trained enough to understand all these aspects of tobacco control and relate it to the health aspects and once there is no trained human resources then the local government also are not able to implement these provisions of the law and the progress becomes very slow is one of the major challenges... So because of all these things, the implementation of these policy aspects they become very slow.” **(Medical doctor/researcher)**

There was evidence of poor understanding about the harms of tobacco across sectors and not enough advocacy and political commitment.

“Another barrier is that some people are still not aware of the harms of tobacco and the importance of this work across sectors. Another challenge is that we need strong political commitment and there is not enough advocacy and lobby for tobacco control specifically for taxation.” **(Ministry of Health and Population)**

Multi-sectoral coordination and involvement of local government were lacking and might have significantly impacted the progress. The data suggested that the government worked independently of other stakeholders and did not collaborate with other countries on matters related to tobacco control.

7.5.6 Progress of the programme

The following section highlights the achievements of FCTC 2030 programme including progress in governance, capacity building, policy and implementation, and awareness and communication.

Progress in governance: improved interaction with other ministries and organisations

The programme improved relationships with

other ministries and organisations and worked together on a common agenda in relation to tobacco control.

“Yes, FCTC program provided support in strengthening multi sectoral participation. Inter sectoral ministerial meetings has helped us talk about tobacco control between different ministries. This includes civil societies and local level governments. That bond is very important to us... It could have been possible without FCTC 2030. But the fund that the government of Nepal provide to us for Tobacco Control programs every year is quite small. So, it also might have not been possible because of this.” **(Ministry of Health and Population)**

“I think this WHO... the secretariat are playing a very good role in this because they want everything in, you know, same page so they are providing funds to the NGOs also in Nepal and a few NGOs they come to the NHEICC and being the focal point for the NCD and tobacco control so there is a coordination going on and in that thing the secretariat are also playing a very good role is what I feel.” **(Ministry of Health and Population)**

Although improvements in communication were reported, there was still a lot of work to do in this area. There was a lack of coordination with local level government and there were no regular coordinating meetings about tobacco control as referred to in the barriers section.

“I think there is one central coordination, like monitoring, some mechanism in the centre, but that, the meeting of that particular body has not been conducted regularly.” **(Public Health worker)**

“I think before I joined here there were some very good coordination mechanisms going on and there used to be a workshop and being a focal point, NHEICC used to call the regular meetings and



workshops and invite the concerned ministry then stakeholders to, you know, plan and to execute these tobacco control activities and programmes but in my tenure there have been no such kind of, you know, activities.”
(Ministry of Health and Population)

The FCTC 2030 supported a new multi sectoral plan which was in progress and yet to be endorsed to improve governance.

“The FCTC 2030 programme has supported the development of the national multi sectoral strategy action plan for tobacco control, which is still yet to be endorsed, which will serve as a guiding document involving different sectors for the implementation of tobacco control law and programs. It is believed that this document will help in applying measures in reducing tobacco use in Nepal... Since the MoH and Population provide limited funds for tobacco control programs it would have been possible but hard. FCTC has been very useful to us to implement governance throughout the country.”
(Ministry of Health and Population)

Capacity building efforts for smoking cessation

For smoking cessation, some capacity building took place in Nepal. FCTC 2030 facilitated cessation workshops and health professionals were trained in cessation, but this later slowed down due to the COVID-19 pandemic.

“There have been some tobacco cessation workshops also in the past years... And also we are in a process of adapting tobacco cessation training materials packages, training packages into Nepali language and in context of Nepal so these are the things that are going on, yeah, so FCTC has supported in implementing these activities for this year actually.” **(Ministry of Health and Population)**

“I think before today we have carried out one training programme for the health professionals for providing the tobacco quit services. Around 35% [of those planned to be trained] have been trained. This year we also have plans for conducting the same types of programmes. Due to the COVID-19 pandemic, that is why we are not able to carry this out this year. But we can carry out these activities in the near future.” **(Ministry of Health and Population)**

Training in areas other than smoking cessation was not widely available and findings suggest that this was limited to the government officials. The responses on training highlight a deeper concern about lack of joint working between civil society, academia and government.

“There is a gap between the government and the other organisations, civil society organisations and academia. I do know that there has been training, but it has been very much limited to those within the government and probably most of them were from the health system itself. I am not aware that the government did anything to incorporate other organisations like civil society, academia so I would say that if they are having training that this is very limited.” **(Professor of Medicine)**

A lack of coordination was also evident in capacity building. Since other CSOs were not working directly with the government, this might have prevented capacity building outside of the government.

Progress in policy and implementation

A comprehensive tobacco control policy was in place prior to involvement in the FCTC 2030 programme. Therefore, the majority of the work conducted by the programme was focused on supporting effective implementation.

Progress in TAPS

There were reported improvements in TAPS implementation and enforcement. Following the tobacco advertising ban in the media, there was



a significant reduction of such advertisements in print and broadcast media.

“I'd like to mention regarding advertising and sponsorship there has been a significant improvement on that, it can be felt in our daily lives as well, tobacco advertising and sponsorship has not, you know, it has been significantly controlled in the media, in other fields as well.” **(Medical doctor/researcher)**

Even though there were reported improvements, sponsorship and advertising in digital media does remain to be an issue (see barriers sector).

Improved awareness and communication

Awareness and knowledge about tobacco control within the government was reported to have increased since the FCTC 2030 programme.

“The knowledge level has been changed. And another thing is, our government authority, government authority's mindset has been changed.” **(Ministry of Health and Population)**

Development of a communication strategy was facilitated by the FCTC programme. The programme provided support and guiding documentation. There was reported media communication on TV, radio, poster and signage about tobacco prevention.

“And similarly, we are using the mass communication activities for tobacco control and prevention. Another thing that we have developed, a lot of the audio video, the public service announcement PSA and we have aired throughout the country, specially through the local FM stations and national television channels... And then we have printed out a lot of materials like posters and like poster mount boards, signage also we have done.” **(Ministry of Health and Population)**

The media campaigns supported by FCTC 2030 increased awareness and interest in tobacco control.

“I think so because we have been running different awareness campaigns using the different multimedia channels and that has definitely helped people in increasing their knowledge and level of awareness and I think it has been useful in that way.” **(Ministry of Health and Population)**

More work is still needed in this area. Although awareness has improved, it seemed that awareness and implementation on the ground might still be lacking.

“But I must say, as a researcher that you don't see it around that much, in terms of visibility it has been quite in the shadows as far as the programme is concerned... But looking at the awareness about FCTC itself, it is not very visible. You don't see things that have been implemented strongly. So, you don't see it that much. For me it is more at an administrative level these things haven't really filtered out into the public to have an impact.” **(Professor of Medicine)**

7.5.7 Future work

Governance

There remains an ongoing need for efforts to build more effective tobacco control governance. Development of a NCM led by the federal government, which meets the FCTC criteria would be an important step for Nepal. Meetings about tobacco control do take place. However, the meetings were infrequent and did not include some key governmental and non-governmental stakeholders. Exchange of learning, observation and experiences of the countries where tobacco control has been successfully implemented could also be beneficial.

Due to the recently introduced democratic republic system, plans may need to be adapted to allow provincial and local level authority to effectively implement tobacco control policy. The existing policy is populated in the manner of the centralised government. Nepal would benefit from more involvement and capacity building of



the local level governments to help implement tobacco control policies.

Smoking cessation

Further work is needed to implement tobacco cessation services. Training at all levels from central to province and local levels would allow local-level government service providers to gain the capacity to implement this.

7.5.8 Overall achievements

Most useful components of the FCTC 2030 programme

● Financial support

With limited funding for tobacco control in Nepal, financial assistance provided by the programme was very useful.

Key facilitators to implementation

- CSOs conducted independent work on policy implementation.

Key barriers to implementation

- Interference from the tobacco industry.
- Weak tobacco control governance.

Most significant impacts

- Improved interactions between ministries.
- Increased awareness and communication across the government.

7.6 Findings from the value for money analysis

Between 2017 and 2021 (data cut off on 31 March 2021), the Phase I countries utilised a total of USD 4,272,704. In addition, between 2017 and 2020, UNDP utilised a total of USD 2,104,417 to develop the investment cases and provide other support for WHO FCTC implementation to project countries. Other spends included FCTC 2030 Secretariat utilising USD 6,585,397 to provide support to project countries and wider support to LMICs, and WHO Regional Offices utilising USD 470,345 to support regional activities that promoted implementation of FCTC 2030 priorities in project countries as well as other LMICs in the regions. Further details of the money flow by countries are provided in Appendix C.

Most focal persons agreed that FCTC 2030's contribution has been valuable or very valuable across all the eight activities that they scored (median scores between 4 and 5 with IQR 0-1). Figure 2 provides a visual representation of value for money. The size and shape of each octagon represents the 'payback profile' and in general, they indicate a positive payback from FCTC 2030. However, there was substantial variation in the focal persons' perceived payback by country. For example, Nepal was perceived to have provided the least payback amongst the 13 countries included (Figure 2, left chart) and Georgia the most (Figure 2, right chart), with other countries' payback profiles falling in between the two. The difference in both the size and the shape of the two octagons indicate that the magnitude and nature of the payback in the two countries were different. In addition, focal persons agreed that governance and capacity building were the most important drivers of payback in Nepal whilst in Georgia the agreement was that all eight activities including governance and capacity building equally drove the payback. In other words, the size of the payback in Georgia is bigger than that in Nepal.

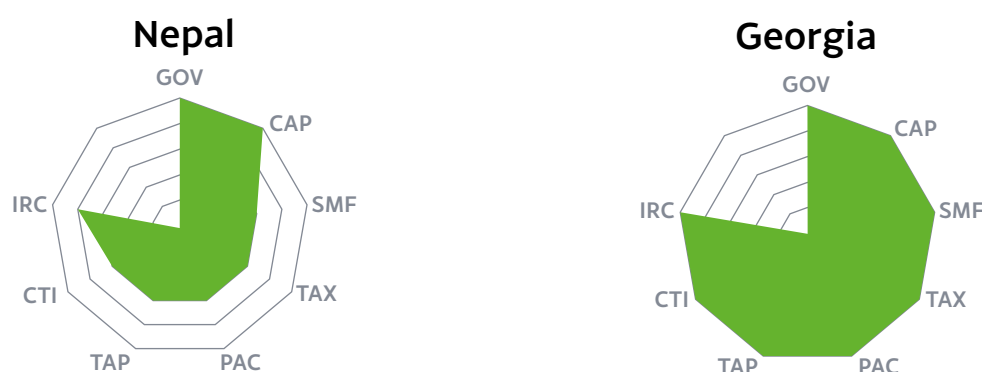


Figure 2: Payback profiles based on country focal persons' scores* across the eight activities

*Mean scores from a scale of 1 (Not valuable) to 5 (very valuable).

GOV=Governance; CAP=Capacity building; SMF=Smoke Free policies; TAX=Taxation; PAC=Packaging and health warnings; TAP=TAPS bans; CTI=Curbing tobacco industry interference; IRC=International and regional cooperation.

A more robust assessment came from an independent Scoring Panel, comprising of the core evaluation team and the consultants who provided regular inputs to the evaluation process. They had wider knowledge of FCTC 2030 activities and read the five country case studies included in deep-dive approach as follows to provide the payback scores. A total of nine Scoring Panel members returned their scores on the five case studies (n=45) with 405 data points available for analysis. Appendix C provides full results and a summary is provided here. Most scoring panel members agreed that FCTC 2030's contribution has been valuable or very

valuable across many activities that they scored. For example, the scorers agreed that FCTC 2030 had generated greater payback in terms of governance in Jordan, Colombia, Sierra Leone and Zambia (all median values ≥ 4 with $IQR \leq 1$) than in Nepal (median=3, $IQR=1$). However, there was a strong agreement that FCTC 2030 activities generated payback in capacity building activity in all five countries. Variation in the payback by countries existed in other activities. Overall, the scorers agreed that FCTC 2030's payback in Jordan, Colombia and Zambia have been greater than that in Nepal and Sierra Leone.

Table 15: Correlation between inputs (FCTC 2030 spend) and payback (scores) by activity

FCTC 2030 ACTIVITY	SPEARMAN'S CORRELATION COEFFICIENT
Governance	0.3530*
Capacity building	0.2336
Smokefree policies	0.3426*
Taxation	-0.4450*
Packaging and health warnings	0.5240*
TAPS bans	0.6770*
Curbing tobacco industry interference	0.3341*
International and regional cooperation	0.5839*
Overall payback	0.5282*

*significant at <0.05

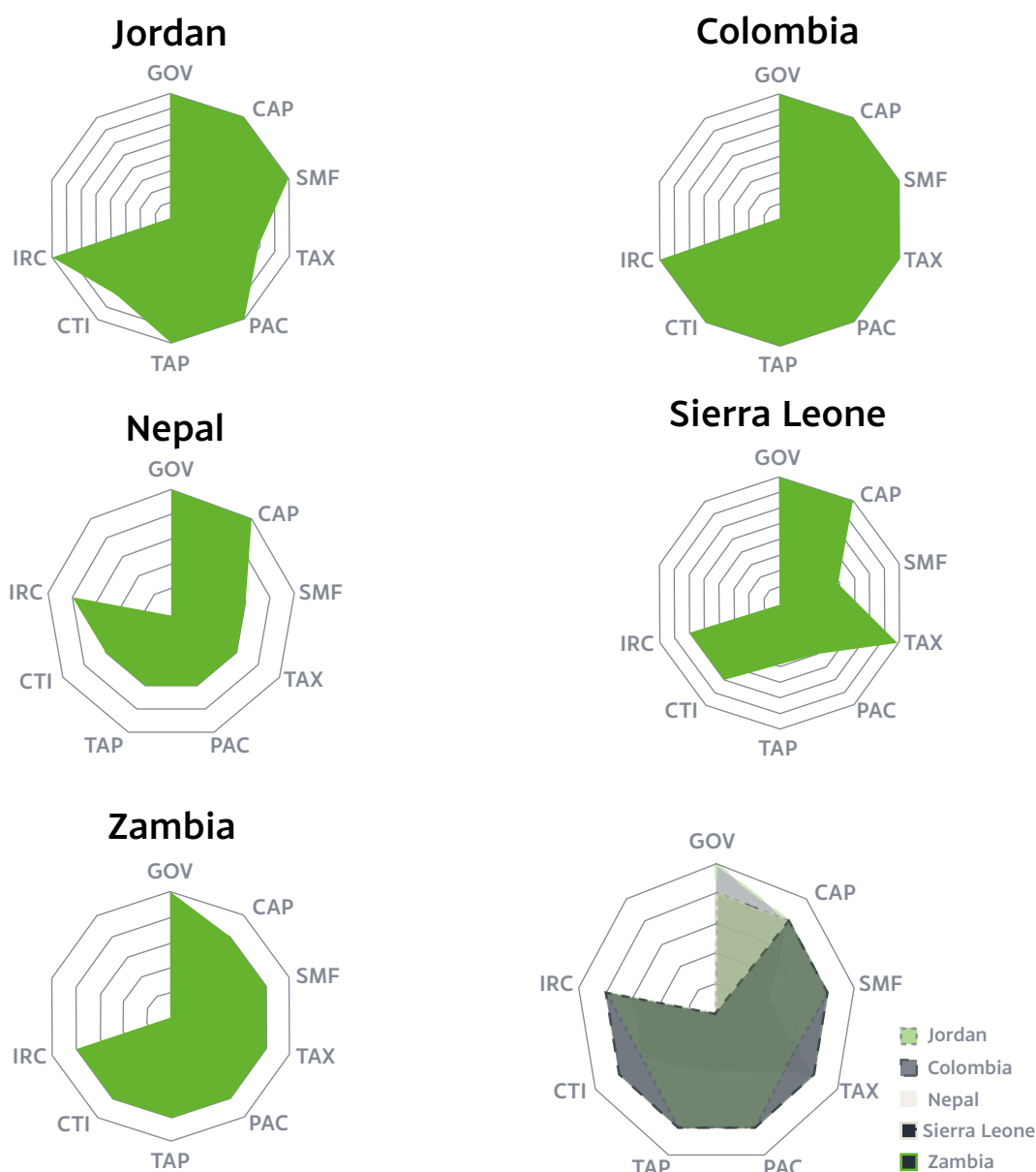


Figure 3: 'Payback profile' of the five countries based on the Scoring Panel's judgements

Legends: GOV=Governance; CAP=Capacity building; SMF=Smoke Free policies; TAX=Taxation; PAC=Packaging and health warnings; TAP=TAPS bans; CTI=Curbing tobacco industry interference; IRC=International and regional cooperation.

An extended analysis suggested that positive correlation existed between the inputs (FCTC 2030 dollars spent in the countries) and payback (scores) across all but one activity (taxation), as shown in Table 15. The negative correlation was linked to the smaller size of the payback. These findings were consistent with the analysis based on focal persons' assessments in which the financial inputs (defined as no support, financial only, technical only and both) and the progress made (defined as no change, some change, partial change and full change) were correlated (Table 14).

Figure 3 provides the payback profiles for each of the five countries. All the eight activities in Colombia equally contributed to the payback whilst in Jordan taxation and curbing tobacco industry interference did not contribute to payback as much as other activities. The size of the payback varied between the countries with Colombia and Zambia showing high payback, Jordan medium payback and Nepal and Sierra Leone low payback.



Whilst it is impossible to translate the above evidence of potential impact of FCTC across the five countries into a quantitative measure of cost-effectiveness, a crude and indirect mapping of ROI was attempted. These figures however need to be taken as indicative only, with an extreme caution that the limitations present in deriving these figures present huge uncertainties. Table 16 summarises modelled scenarios in which key FCTC 2030 activities reported earlier were assumed to have led to the level of investment required to realise the benefits of tobacco control in the five countries.

In these scenarios, all countries would have large returns on investment, provided FCTC 2030 played a critical role in generating those additional investments. Of course, there were other benefits of FCTC 2030 as described in the earlier section. However, just focussing on the most tangible policy changes in these five countries, the estimated ROI figures below provide an indication that FCTC 2030 spend might have been a good value for money, particularly in the context that this spend is a tiny fraction (between 0.02% and 0.57%) of the estimated value of the potential benefits generated.

Table 16: Modelled scenarios if FCTC 2030 spend led to other investments required to realise the benefits of tobacco control in the five countries*

COUNTRY	FCTC 2030 SUPPORTED IN	FCTC 2030 SPEND (USD)	OTHER INVESTMENT REQUIRED (USD)	VALUE OF BENEFITS GENERATED (USD)	POTENTIAL ROI FROM FCTC 2030 PLUS OTHER INVESTMENTS COMBINED	% OF FCTC SPEND AS THE VALUE OF THE BENEFITS
JORDAN	Pictorial health warnings** update; Prohibition of Point of Sale advertising**	1,033,565	8,460,000	3,168,270,000	333	0.03
COLOMBIA	Pictorial health warnings** update	946,169	7,848,000	5,179,680,000	588	0.02
NEPAL	Tobacco tax** increase; Strengthening of governance	735,347	1,862,400	1,083,916,800	416	0.07
SIERRA LEONE	Tobacco excise tax** increase	746,858	1,215,000	131,220,000	66	0.57
ZAMBIA	Drafting Tobacco Control Bill; Tax** increase	976,725	3,145,800	440,412,000	106	0.22

*Crude estimate based on the UNDP/RTI investment model. The ROI is for 'combined effect' of FCTC 2030 plus other investments required for the policy implementation. A 15-year time horizon is assumed.

**Assumes only these interventions in the calculation above.



8. SYNTHESIS AND CONCLUSIONS

This section pulls together the findings from the different elements of the evaluation: the questionnaire-based survey with FCTC focal persons in 14 countries and the case studies based on qualitative interviews with stakeholders, and the document and economic analyses in five of the FCTC 2030 countries.

The synthesis of the FCTC 2030 inputs (sub-section 8.1) and the subsequent progress (sub-section 8.2) is organised under: governance and NCMs; the role of non-government actors; capacity strengthening for action on tobacco control policies, legal frameworks, taxes and countering tobacco industry interference; and regional and international cooperation. In line with the WHO FCTC articles 5-13, we list the impact of FCTC 2030 and offer concluding statements in sub-sections 8.3 and 8.4, respectively.

8.1 The inputs

The FCTC 2030 programme made a range of financial and technical inputs available to the respective countries. The support was highest for the high priority domain of governance. The inputs were based on the needs, assessed at the start, and context of tobacco control within these countries. Furthermore, the FCTC 2030 had the flexibility to adapt their approach over the course of the implementation, responding to the dynamic nature of tobacco control and what would work in each country. Thus, the two types of inputs, financial and technical, did not correlate with each other and varied from country to country. These inputs were centred on several key strategies, as follows:

8.1.1 Strengthening governance and establishing NCM

FCTC 2030 inputs focused heavily on governance creating an alliance of key actors within and outside government to facilitate change. Establishing a NCM can be seen as a prerequisite

for change across all domains, and this explains FCTC 2030's consistent inputs in this area. FCTC 2030 provided both financial and technical inputs to establish their NCMs in all countries except for Nepal and Sri Lanka, where NCMs already existed and for Colombia, where efforts remained unsuccessful.

8.1.2 Strengthening the role of non-government actors

FCTC 2030's inputs here were predominantly technical and facilitative rather than financial as shown in Tables 9 and 10; seven countries benefited from technical inputs and four received both technical and financial inputs to help bring together multiple sectors, including CSOs and academia. Inputs focused on creating opportunities for multiple stakeholders to build alliances and developing strategies to share knowledge to strengthen engagement and influencing. Inputs were tailored to the country context, working with CSOs where the non-governmental sector was strong and able to influence the government as in Zambia and Nepal.

8.1.3 Strengthening technical capacity and communicating evidence

Much of FCTC 2030's technical inputs focused on building capacity of government and non-government actors through training and targeted communication of evidence and information to support action to strengthen policy, legal frameworks and taxation. Examples included specific technical training, as in Zambia where lawyers received training to develop legal



frameworks for tobacco control and Colombia where the police and customs agency were trained to inspect and enforce laws on smoke-free public places. Attempts to build capacity at sub-national levels were only identified in two of the case study countries, Zambia and Colombia. The UNDP-supported tobacco control business cases were highlighted as valuable inputs across the board. The business cases were developed and used in all five case study countries.

8.1.4 Facilitating regional and international cooperation

Eleven of the 14 countries received inputs, both technical and/or financial, to participate in a range of international and regional meetings and interactions. Many of these combined knowledge exchange activities and training. Activities were frequently targeted to support countries to address their own specific tobacco control challenges, such as bringing together southern African partners to identify strategies to reduce tobacco farming or linking actors in Colombia with those from Brazil to share experiences in addressing tobacco industry interference.

8.2 The progress

The FCTC 2030 investment saw improvements in the implementation of tobacco control in all 14 countries. Progress was positively correlated with the financial and technical inputs offered under all six domains. The extent of progress varied based on the existence and implementation of policies that pre-existed FCTC 2030, the wider in-country context including tobacco industry interference, and the specific strategies pursued by the programme.

8.2.1 Strengthening governance and establishing NCMs

FCTC 2030 placed significant emphasis on building a cross-government response, with a focus at the national level. Given Parties obligations under Article 5.2, FCTC 2030 focused on establishing and strengthening NCMs. The WHO FCTC focal persons' survey from 14

countries suggests that NCMs were established and operationalised in four countries, were partially functioning in five countries and remained unchanged in five other countries. The case studies highlighted the challenges in developing functioning NCMs, particularly in countries with strong tobacco industry interference within influential ministries (particularly Ministries of Finance and Commerce) as seen in Zambia and Colombia.

Given the different country contexts, FCTC 2030 was flexible in its approach, trying multiple strategies to strengthen cross-government work. For example, in Colombia, the FCTC 2030 strategy framed WHO FCTC compliance as a multi-sectoral, country-wide issue, to counter existing perceptions of tobacco control as a health only issue. In Zambia, in response to the delays in establishing the NCM, FCTC 2030 engaged directly with the Ministry of Agriculture to identify alternative livelihoods for tobacco farmers.

Where NCMs were established and functioning they frequently included a wider membership from across ministries, e.g. Jordan had 12 ministers represented. NCMs were felt to be particularly influential and effective in countries, such as Chad and Jordan, where they were strategically placed under the Office of the Prime Minister and had a technical committee to take forward specific actions. Multilateral organisations such as UNDP strengthened the NCMs further; and conversely, where multilateral organisations were not involved, as in Colombia, this was considered a missed opportunity for driving change within government.

In several countries, FCTC 2030 facilitated cross-government working from national to sub-national levels with positive impacts. For example, supporting monitoring and enforcement of tobacco control within Colombia's territories was particularly important given their decentralised government. Similarly in Sierra Leone, FCTC 2030's engagement with district councillors helped national leaders to understand wider perspectives on tobacco control and increasing public awareness of the harms of tobacco.



There was a consistent message from CSOs, government officials, academics and parliamentarians that the FCTC 2030 programme strengthened cross-government working in all case study countries. Furthermore, without FCTC 2030 inputs, the space and impetus needed to build alliances and identify concrete actions to progress towards an effective NCM infrastructure would not have been created. Progress in establishing a fully functioning NCM is clearly incremental and the evaluation identified multiple barriers, including: industry interference, frequent ministerial changes, lack of political will, weak governance structures or as in the case of Nepal, challenges in establishing such structures during a time of major constitutional change. Without consistent, focused yet flexible actions to energise cross-governmental action little progress would have been achieved. While progress may be slow in some contexts, it appears that without FCTC 2030 inputs it could well have been non-existent.

8.2.2 Strengthening the role of non-government actors

Non-government actors were a key part of FCTC 2030's strategy to progress tobacco control. This included drawing on their campaigning skills and networks to expose tobacco industry interference (Zambia, Egypt), monitoring tobacco sales (Sri Lanka), raising public awareness of tobacco control laws (Jordan) and the harms of tobacco (Sierra Leone, El Salvador, Samoa, Cabo Verde, Zambia). Several FCTC 2030 actions highlighted a clear understanding of the potential of CSOs in creating change and leveraging action within government, for example in Zambia, where CSOs were particularly influential, FCTC 2030 was able to leverage CSO influence to meet senior officials and initiate discussions on policies and tobacco taxation.

The programme's strategies for interactions with CSOs were not always fruitful. For example, in Colombia it was felt there could have been greater impact if rather than working with only one prominent CSO, connections were made with multiple CSOs with different strengths and spheres of influence. Getting the balance right between working with government and non-government

actors was clearly challenging. In Nepal, FCTC 2030 allowed the work to continue sometimes without the involvement of government actors as they could not participate and were occupied with other health priorities. The resources available through a programme such as FCTC 2030 have the potential to encourage meetings for the sake of meetings, and without a clear plan for action, non-governmental actors question the value of such interactions; this appeared to be the case in Jordan.



The case studies highlighted the challenges in developing functioning NCMs, particularly in countries with strong tobacco industry interference within influential ministries... as seen in Zambia and Colombia



FCTC 2030 interactions with non-governmental actors appear particularly effective when the programme was able to provide carefully targeted resources to key advocates at the right time. Countries where they had been able to run campaigns on the harms of tobacco, such as Sierra Leone, consistently cited the value of using FCTC 2030 materials in their campaigns. Where materials were not carefully targeted, the missed opportunity was evident, for example in Zambia, the lack of IEC materials in local languages undermined the impact of campaigns on the harms of tobacco at sub-national levels.

Another timely intervention evident in the case studies was FCTC 2030's role in creating space for academics to present tobacco control related study findings to government and non-government actors, this was specifically cited in Colombia. Furthermore, in countries such as Jordan and Colombia where there was a tendency to see FCTC 2030 as an external, foreign imposition, this allowed the presentation of nationally relevant findings by academics grounded in the country context. The presentation of locally relevant evidence in multi-



stakeholder fora helped to establish alliances between CSOs, academics, parliamentarians and prominent tobacco control advocates providing the evidence they needed to support their arguments for tobacco control.

8.2.3 Strengthening technical capacity and sharing evidence

Much of FCTC 2030's technical inputs focused on building capacity of government and non-government actors through training and knowledge sharing workshops. In addition, FCTC 2030 enabled targeted communication of evidence and information to support action to strengthen policy, legal frameworks and taxation. Given the limited levels of taxation within the 14 countries, FCTC 2030 was also able to provide a common training programme for seven countries on taxation. Further training was planned but had to be cancelled due to COVID-19 restrictions. There was little feedback on the long-term impact of this training in the interviews. However, the impact of training and capacity strengthening workshops was acknowledged specific to the challenges raised in the needs assessment. Examples included specific technical training, as in Zambia where lawyers received training to develop legal frameworks for tobacco control and Colombia where the customs agency and police were trained to inspect and enforce laws on smoke-free public places. Attempts to build capacity at sub-national levels were only identified in two of the case study countries, Zambia and Colombia.

A valuable input highlighted in three (Jordan, Colombia and Zambia) of the five case studies was the UNDP-supported investment case. This built understanding of the economic impacts of tobacco use and benefits of tobacco control. These perspectives were clearly new to many government officers and played a particular role in raising the priority of tobacco control within key ministries such as the MoF in Jordan and supported the case for increased taxation in Colombia.

FCTC 2030s efforts to strengthen capacity for action on tobacco control was particularly

effective when their inputs were clearly opposed to the specific contextual issues. The report commissioned on tobacco industry interference in Jordan and funding studies of alternative livelihoods for tobacco farmers in Zambia were clear examples of the pertinent use of the right kind of evidence to catalyse action across government and non-government actors. Making use of existing data but sharing it in such a way that it could easily be understood and used also appeared to work well and was seen in the use of the GATS and WHO's STEPwise Survey findings in Jordan. Making sure advocates from within and outside governments had evidence available to them in a format that they could use to argue the case for tobacco control was a key FCTC 2030 input identified as valuable in all country case studies and questionnaire responses.

8.2.4 Facilitating regional and international cooperation

FCTC 2030 supported a number of bi- and multinational cooperation events. Focal persons, government staff, CSOs and lawyers took part in these events; with 10 of the 14 focal persons who responded to the questionnaire stating partial or full benefit. These interactions appeared to be particularly beneficial when they were strategically chosen to boost capacity and understanding. This was done by sharing information and strategies to take forward priority national tobacco control agendas particularly taxation, legal frameworks (e.g. Zambia), and sharing information on tobacco industry strategies (e.g. Brazil and Colombia).

In countries where those working on tobacco control faced particular barriers with high levels of industry interference and limited political commitment, international cooperation seemed to be particularly helpful in building solidarity, allowing government staff, lawyers, CSO to feel that they are part of a global movement for tobacco control, giving motivation to continue their work back home. This was particularly evident where regional cooperation was required, for example building cooperation in southern Africa to find alternatives to tobacco farming.



8.3 The impact on WHO FCTC Articles 5-13

The evaluation highlighted significant tangible changes in tobacco control within the FCTC 2030 countries, as follows:

Article 5.2 NCM: NCM was functional in Jordan, established but limited in Zambia, not established in Colombia.

FCTC Article 5.3 tobacco industry interference: tobacco control bill including FCTC Article 5.3 guidelines drafted in Zambia, code of conduct for public servants in El Salvador and mechanisms put in place to monitor industry interference in Egypt, Sri Lanka and Cabo Verde.

Article 6 Price and tax measures to reduce the demand for tobacco: tobacco tax increases in Sierra Leone, Zambia, Myanmar, Samoa, Cabo Verde and Chad and supervision of 'tax stamps' in Cambodia.

Article 8 Smoke Free Places: bans on smoking in public places introduced in Zambia and Chad, reforms to policy in El Salvador and in 2020, smoking and vaping banned in all indoor public spaces in Jordan.

Article 11 Packaging and health warnings: TAPS and pictorial warnings, while not an area identified for support in many of the countries, improvements in pictorial health warnings were seen in Colombia, Georgia, and Chad with policy strengthened in Jordan.

Article 12 Education, communication, training and public awareness: campaigns to raise awareness of tobacco control issues were conducted in Jordan.

Article 13 ban on TAPS: an end to tobacco industry advertising at sporting events in Samoa and a ban on tobacco advertising became a punishable offence in Jordan.

Identifying whether these changes would have happened without FCTC 2030 is challenging without comparative data. However, with the use of counterfactuals, respondents in both our quantitative and qualitative data collection were asked to consider whether changes would have taken place without FCTC 2030. In several countries (Zambia, Jordan, Sierra Leone, Myanmar, El Salvador, Cabo Verde and Egypt) the respondents were clear that without FCTC 2030 financial and technical support such progress would not have been possible.

Different stakeholders, not just focal persons, emphasised FCTC 2030 role in change. In Jordan academic partners emphasised the role of FCTC 2030 in taking forward efforts to implement laws so not just on paper and in all the case study countries CSOs emphasised FCTC 2030s contribution to progress on tobacco control.

FCTC 2030 support was particularly important where there was significant tobacco industry interference. For example, in Zambia, despite challenges in setting up an NCM, FCTC 2030 found other ways to bring stakeholders together, drawing on CSOs to support – all interview participants felt progress with the NCM would not have happened without FCTC 2030. This was not always the case, for example in Georgia, ambition to join the EU gave an impetus to tobacco control activities that may have amplified FCTC 2030's efforts.

The value for money analysis showed that Colombia, Jordan and Zambia generated greater value for money than Nepal and Sierra Leone. However, this may not necessarily mean that the impact of the FCTC 2030 programme was less positive in Nepal and Sierra Leone. Rather, the lower value for money may reflect the reality that the marginal return on investment is lower precisely because tobacco control advancement was more challenging in those countries. The examples of strengthening activities in Nepal around governance, capacity building, taxation, health warnings, etc. could not have happened without FCTC 2030 support even though these changes were very small (incremental) in nature. Managing to escape any deterioration in tobacco control can still be a measure of success in such



challenging contexts. Therefore, this does reflect a marginal return on investment; the size of which is smaller though than the other countries such as Colombia and Zambia.

As illustrated in the modelled scenarios, if FCTC 2030 could facilitate a policy change, this change alone would generate a return of at least USD 66 for every dollar spent. In particularly successful countries where marginal return on investment was higher (Colombia and Zambia), all eight activities contributed almost equally to generate the value for money. In low success countries where marginal return on investment was smaller (Nepal, Sierra Leone), however, payback was largely driven by FCTC 2030's contribution to advancing change (even if small) in their taxation policies. These variations in the drivers of payback paints a mixed picture that FCTC 2030 can be very effective in some countries across all activities whereas in other countries effectiveness in a small number of activities can still be considered as FCTC 2030's success.

In addition, having more resources to fund FCTC 2030 activities might have provided more or better opportunities for more effective support and that might in turn have led to impact or payback. In other words, it costs more to make more progress with tobacco control but this additional cost seems to have been justified by the marginal benefits (i.e. the overall impact of FCTC 2030). This is further supported by the fact that the correlation was negative but statistically significant for taxation. This may be because in the two countries where most payback came from taxation (Nepal and Sierra Leone) the size of the marginal benefits assessed for these countries were smaller compared to the other three. As might have happened in Nepal and Sierra Leone, very often less favourable baseline (challenging contexts) means that they require more resources but the challenging context can have an extremely limiting effect on the progress to be made.

8.4 Conclusions and recommendations

The FCTC 2030 programme was able to offer substantial inputs (financial and technical) across a wide range of tobacco control activities in all countries involved in the evaluation of the programme. The specific inputs were in line with the needs of each country, assessed at the start of the programme, and had the nimbleness to respond to the dynamic nature of the politics of tobacco control in respective countries.

The FCTC 2030 inputs stimulated a wide range of tobacco control activities. The emphasis was rightly placed on establishing and strengthening NCMs and fostering multi sector support, both within and outside governments, for tobacco control. Activities specific to a number of WHO FCTC articles ranged from advocacy and awareness raising campaigns to preparing technical documents and securing political support for policy change. FCTC 2030 played a valuable role in generating, providing and communicating appropriate evidence to underpin the tobacco control activities and influence of government and non-government actors. The programme also generated a range of capacity building activities and enhanced regional and international cooperation in tobacco control.

The activities stimulated by FCTC 2030 resulted in many substantial changes in most countries progressing the implementation of WHO FCTC articles. The achievements included establishing NCMs, securing sector-wide support, policy amendments, tobacco tax increases and effective implementation of existing policies. Our counterfactual approach to the evaluation provided good evidence that the vast majority of these changes would not have happened without the inputs received from FCTC 2030. The progress varied significantly from country to country based on the pre-existing structures, achievements and gaps in tobacco control, level of support from politicians, public and CSOs and the extent of tobacco industry interference in public policies.



For all six domains (Governance, Smoke-Free, Taxation, Warnings, TAPS ban, International/Regional Cooperation), there was a positive correlation between FCTC 2030 inputs (especially technical inputs) and the progress made. In the majority of the domains (five of the six for technical inputs, four of the six for combining financial and technical inputs), this positive correlation was statistically significant despite the low number of countries.

We acknowledge but were unable to measure the potentially substantial impact of COVID-19 pandemic on the achievements of the programme. During the pandemic, most governmental resources and attention shifted away from tobacco control and the tobacco industry exploited the situation by enhancing their Corporate Social Responsibility (CSR)

activities in many instances. On the other hand, the pandemic also increased people's interest in quitting tobacco and lockdowns limited their access to purchase tobacco and smoke outdoors.

Our economic analysis using a payback framework approach suggests that the FCTC 2030 programme provided value for money and the financial inputs led to substantial changes and progress in respective countries. The payback, however, varied across the five case-study countries. The economic analysis was not able to capture many other potential positive externalities. We recognise that many countries that need the most inputs often have weak structures, low political and CSOs support and much industry interference at the baseline and therefore the real value of the FCTC 2030 investment may not be realised for some time to come.

Recommendations

Based on the findings of our evaluation, we strongly recommend further investment into global programmes such as FCTC 2030 in order to accelerate the implementation of WHO FCTC in many LMICs. We also make a few specific recommendations on the basis of our observations, as follows:

- As found in the case of FCTC 2030, any future efforts to support the implementation of WHO FCTC should be based on initial country-level needs assessments that take the wider political context of tobacco control into consideration.
- Like FCTC 2030, such programmes must offer a flexible portfolio of inputs that can be adapted to respond to the dynamic tobacco control context and lessons learnt during implementation.
- Such efforts must also support the generation and targeted dissemination of relevant and locally owned evidence to support tobacco control at national and sub-national levels.
- Tobacco control governance – the bedrock for tobacco control – must continue to receive priority even if the impact is less visible in the short-term.
- Future programmes directly addressing tobacco industry interference in public policies would be in a strong position to achieve effective implementation of WHO FCTC. Countries participating in programmes such as FCTC 2030 must offer assurances to achieve compliance with the WHO FCTC Article 5.3 across all of its government departments.



9. REFERENCES

- Acharya, K. K. and Zafarullah, H. (2020) 'Institutionalising federalism in Nepal: operationalising obstacles, procrastinated progress', *Public Administration and Policy*, 39, p. 88.
- Al Zawawi M, A. A. (2020) 'Tobacco Industry Interference Index In Jordan (II). World Health Organization'. Available at: <https://www.fctc.org/wp-content/uploads/2020/09/Tobacco-Industry-Interference-Index-In-Jordan-II-1.pdf>
- Alleyne, G., Beaglehole, R. and Bonita, R. (2015) 'Quantifying targets for the SDG health goal', *The Lancet*. thelancet.com, pp. 208-209.
- Bhatta, D.N., Crosbie, E., Bialous, S.A. and Glantz, S., 2020. Defending Comprehensive Tobacco Control Policy Implementation in Nepal From Tobacco Industry Interference (2011-2018). *Nicotine and Tobacco Research*, 22(12), pp.2203-2212.
- Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative research in psychology*, 3(2), pp. 77-101.
- Centers for Disease Control and Prevention (US), National Center for Chronic Disease Prevention and Health Promotion (US) and Office on Smoking and Health (US) (2011) *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US).
- de Beyer, J., Lovelace, C. and Yürekli, A. (2001) 'Poverty and tobacco', *Tobacco control*. tobaccocontrol.bmj.com, pp. 210-211.
- Chung-Hall, J. et al. (2019) 'Impact of the WHO FCTC over the first decade: a global evidence review prepared for the Impact Assessment Expert Group', *Tobacco control*, 28(Suppl 2), pp. s119-s128.
- Colombia Tobacco Atlas (2016a) *Tobacco Atlas*. Available at: <https://tobaccoatlas.org/country/colombia/>
- Donovan, C. and Hanney, S. (2011) 'The "Payback Framework" explained', *Research Evaluation*, pp. 181-183. doi: 10.3152/095820211x13118583635756.
- Drummond, M. F. et al. (2015) *Methods for the Economic Evaluation of Health Care Programmes*. Oxford University Press.
- Eriksen MP, Mackay J, Schluger NW, et al. (2015) *The tobacco atlas*. Available at: https://ncdalliance.org/sites/default/files/resource_files/TA5_2015_WEB.pdf
- 'Jordan Global Youth Tobacco Survey 2014' (2014a) *World Health Organisation*. Available at: <https://extranet.who.int/ncdsmicrodata/index.php/catalog/300/related-materials>
- 'Jordan Ministry of Health' (2008a) *Public Health Law 47/2008 and its Amendments*. Available at: <https://www.tobaccocontrollaws.org/legislation/country/jordan/laws>
- 'Jordan Ministry of Health' (2017) *Law Number 11 for the Year 2017, Amendments to Public Health Law. 2017*. Available at: http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=108107&p_classification=15.01
- 'Tobacco Atlas Jordan' (2015a). Available at: <https://tobaccoatlas.org/country/jordan/>
- 'Tobacco Atlas Nepal' (2015). Available at: <https://tobaccoatlas.org/country/nepal/>
- Lecours, N. et al. (2012) 'Environmental health impacts of tobacco farming: a review of the literature', *Tobacco control*, 21(2), pp. 191-196.



- Legislation by Country Colombia (2020a) *Tobacco Control Laws*. Available at: <https://www.tobaccocontrolaws.org/legislation/country/colombia/laws>
- Legislation by Country Jordan (2021). *Tobacco Control Laws*. Available at: <https://www.tobaccocontrolaws.org/legislation/country/jordan/laws>
- Legislation by Country Nepal (2021). *Tobacco Control Laws*. available at: <https://www.tobaccocontrolaws.org/legislation/country/nepal/laws>
- Maldonado, N., Gallego, J. M. and Llorente, B. (2018) 'An evaluation of the cigarette tax increase impact on illicit trade in 5 Colombian cities', *Tobacco induced diseases*, 16(1). doi: 10.18332/tid/84330.
- Mehrotra, R. et al. (2019) 'Smokeless tobacco control in 180 countries across the globe: call to action for full implementation of WHO FCTC measures', *The lancet oncology*, 20(4), pp. e208–e217.
- Ng, M. et al. (2014) 'Smoking prevalence and cigarette consumption in 187 countries, 1980–2012', *JAMA: the journal of the American Medical Association*, 311(2), pp. 183–192.
- Organization, W. H. and Others (2017) *WHO report on the global tobacco epidemic, 2017: monitoring tobacco use and prevention policies*. World Health Organization.
- Reitsma, M. B. et al. (2017) 'Smoking prevalence and attributable disease burden in 195 countries and territories, 1990–2015: a systematic analysis from the Global Burden of Disease Study 2015', *The Lancet*, 389(10082), pp. 1885–1906.
- RTI International (2017). Available at: <https://www.rti.org/impact/studying-investment-tobacco-control-lmics>.
- 'Sierra Leone Tobacco Atlas' (2015). Available at: <https://tobaccoatlas.org/country/sierra-leone/>
- Uang, R., Crosbie, E. and Glantz, S. A. (2017) 'Smokefree implementation in Colombia: Monitoring, outside funding, and business support', *Salud publica de Mexico*, 59(2), pp. 128–136.
- Warner, K. E. (1995) 'The importance of tobacco to a country's economy', in *Tobacco and Health*. Boston, MA: Springer US, pp. 301–308.
- WHO 2021 (no date). Available at: <https://www.who.int/fctc/implementation/fctc2030/en/>.
- 'World Bank Group' (2019a) Tobacco use, tobacco control, legislation and taxation. Available at: <https://openknowledge.worldbank.org/handle/10986/31954>
- 'Zambia Tobacco Atlas' (2015). Available at: <https://tobaccoatlas.org/country/zambia/>
- (2015) 'Zambia: Tobacco Vital to Economy'. Available at: <http://www.times.co.zm/?p=57328>



10. APPENDICES

Appendix A: FCTC 2030 Evaluation – Questionnaire

Country: _____

Date: _____

Questionnaire completed by (list of all those who provided information) _____

Introduction

Purpose of questionnaire:

The FCTC 2030 programme is a global initiative funded by the UK Government to accelerate the implementation of the WHO Framework Convention on Tobacco Control in 15 low- and middle-income countries.

This questionnaire is part of an independent study to evaluate the impact of the FCTC 2030 programme. The survey asks questions to gather information and insight from FCTC 2030 countries on:

- What support was provided to your country under this programme?
- For example: funding, technical assistance, materials, workshops, toolkits, and other forms of assistance.
- What impact did this support have on tobacco control in your country?
- For example: on governance, capacity building, support for stronger legislation, policy development and/or implementation, stronger enforcement etc.
- What would have happened if the FCTC 2030 was not carried out in your country? Would these changes/impacts have occurred in your country?
- What aspects of the programme led to these changes?

Process and instructions:

Overall responsibility for ensuring completion of the survey has been assigned to the FCTC focal person from each country. To cover the broad range of possible impacts of the FCTC 2030 programme, please consult with others with various areas of expertise. A call will be arranged to complete the questionnaire with a member of our team. You will be sent the questionnaire beforehand to prepare and you will be sent the completed survey, once it has been completed by our team, when you will have time to make any changes or add information. Please indicate the names and contact information of those who contributed to completing this survey on the cover page and please provide supporting documents or web links where possible.

Research team:

This project is jointly led by Dr. Kamran Siddiqi, Professor in Global Public Health and Dr Helen Elsey, Associate Professor in Global health at the Department of Health Sciences, University of York, UK. The FCTC 2030 Evaluation is funded by the World Health Organization (WHO). The University of York's Research Governance Committee has approved it for ethics.



Would you like to provide contact details here:

.....

Governance and policy coherence (General obligations)

1. Did the FCTC 2030 programme provide assistance aimed at strengthening mechanisms for tobacco control planning and implementation in your country?

1.1 Financing and/or other support for establishment of a National Coordinating Mechanism (NCM) such as a Tobacco Control Cell

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, complete a, b and c. If **NO**, please go to d

IF YES:

a) Describe the assistance that the FCTC 2030 Programme provided:

.....

b) Describe the impact of the assistance that was provided.

.....

c) Would this advancement in financing and/or other support for establishment of a Tobacco Control Cell have happened without the FCTC 2030 Programme?

Explain: It would not have happened. It would have been left way back/ FCTC 2030 project has accelerated implementation of FCTC in Zambia and tobacco control.

.....

d) If NO:

Explain:

.....

1.2 Financing and/or other support for the development and implementation of a national tobacco control strategy, plan, programme

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, complete a, b and c. If **NO**, please go to d

IF YES:

a) Describe the assistance that the FCTC 2030 Programme provided:

.....

b) Describe the impact of the assistance that was provided.

.....



c) Would this advancement in financing and/or other support for the development and implementation of a national tobacco control strategy, plan, programme have happened without the FCTC 2030 Programme?

Explain:

.....

d) If NO:

Explain:

.....

1.3 Support for strengthening multi-sectoral participation in tobacco control (policy development and/or implementation)

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, complete a, b and c. If **NO**, please go to d

IF YES:

a) Describe the assistance for strengthening multi-sectoral participation that the FCTC 2030 Programme provided:

.....

b) Describe the impact of the assistance that was provided.

.....

c) Would this strengthening of multi-sectoral participation in tobacco control have happened without the FCTC 2030 Programme?

Explain:

.....

d) If NO:

Explain:

.....

1.4 Support for strengthening engagement of civil society partners in tobacco control

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, complete a, b and c. If **NO**, please go to d

IF YES:

a) Describe the assistance that the FCTC 2030 Programme provided:

.....



b) Describe the impact of the assistance that was provided.

.....

c) Would this engagement of civil society partners in tobacco control have happened without the FCTC 2030 Programme?

Explain:

.....

d) If NO:

Explain:

.....

1.5 Other forms of assistance provided to strengthen mechanisms for tobacco control planning and implementation in your country?

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, complete a, b and c. If **NO**, please go to d

IF YES:

a) Describe the assistance that the FCTC 2030 Programme provided:

.....

b) Describe the impact of the assistance that was provided.

.....

c) Would this strengthening of the mechanisms for tobacco control planning and implementation have happened without the FCTC 2030 Programme?

Explain:

.....

d) If NO:

Explain:

.....



2. Do you have funds to sustain and to continue to further strengthen tobacco control coordinating mechanisms after FCTC 2030 support ends?

.....

3. What challenges remain in developing and/or implementing multi-sectoral tobacco control plans in your country?

4. Describe any tobacco industry interference in the area of governance and the effect of this interference.

5. In your opinion, how valuable the FCTC 2030 contributions have been for governance:

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable

Capacity building

6. Please provide details of support your country has received from FCTC 2030 for capacity building in tobacco control that you have not already described in this survey:

7. Please describe any additional impacts of the FCTC 2030 programme that you have not already mentioned.



8. What further assistance is needed to build capacity in tobacco control in your country?

9. Have you engaged with the FCTC 2030 tobacco control research and development plans?

i) If **YES**, how have they helped?

ii) If **NO**:

Explain:

.....

10. Describe any tobacco industry interference in the area of capacity building and the effect of this interference.

11. In your opinion, how valuable the FCTC 2030 contributions have been for capacity building:

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable

Smoke-free policies (Article 8)

12. Has the FCTC 2030 programme provided assistance aimed at strengthening Smoke-Free Policies in your country?

12.1 Building sensitization and/or political or public support for a comprehensive Smoke-Free Policy

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, complete a, b and c. If **NO**, please go to d

IF YES:

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

.....



b) Describe the impact of the assistance that was provided.

c) Would this sensitization and/or political or public support for a comprehensive Smoke-Free Policy have happened without the FCTC 2030 Programme?

Explain (why/why not):

d) If NO:

Explain:

12.2 Providing technical support for the development of stronger Smoke-Free Policies

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, complete a, b and c. If **NO**, please go to d

IF YES:

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

b) Describe the impact of the assistance that was provided.

c) Would this provision of technical support for the development of stronger Smoke-Free Policies have happened without the FCTC 2030 Programme?

Explain (why/why not):

d) If NO:

Explain:

12.3 Providing training and/or funding for stronger policy implementation and/or enforcement

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, complete a, b and c. If **NO**, please go to d

IF YES:



a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Describe the impact of the assistance that was provided.

.....

c) Would this training and/or funding for stronger policy implementation and/or enforcement have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

13. Have you seen FCTC 2030 guidelines on definition of terms, scope of coverage of Smoke-Free Policy? If YES, how have they helped? Please give examples.

.....

14. What future assistance is required for sustainability of Smoke-Free Policies?

.....

15. What are the remaining challenges and barriers in developing and/or implementing a comprehensive Smoke-Free Policy in your country?

.....

16. Describe any tobacco industry interference in the area of Smoke-Free Policies and the effect of this interference.

.....

17. In your opinion, how valuable the FCTC 2030 contributions have been for Smoke-Free Policies:

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable

If there were resources by FCTC 2030 to implement a smoke-free environment, that would be really handy. But at the moment, it is not our priority. so I can mark it as neutral.



Tobacco taxation (Article 6)

18. Has the FCTC 2030 programme provided assistance aimed at strengthening taxation policies in your country?

If **YES**, please provide details of any of the following support you have received from FCTC 2030:

If **NO**, please explain: N/A

.....
Have these activities impacted price/tax policy development or implementation in your country?

If **YES**, please describe any changes, for example:

18.1 Building political or public support for stronger price/tax policies:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....
b) Have these activities impacted price/tax policy development or implementation in your country?

.....
c) Would this building political or public support for stronger price/tax policies have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....
d) If NO:

Explain(why/why not):

.....

18.2 Enhancing technical capacity for taxation policy development:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance



IF YES, complete a, b and c. If NO, go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Have these activities impacted price/tax policy development or implementation in your country?

.....

c) Would this enhancement in technical capacity for taxation policy development have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain (why/why not):

.....

18.3 Implementation of price/tax increases:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Have these activities impacted price/tax policy development or implementation in your country?

.....

c) Would this implementation of price/tax increases have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

18.4 Impacts on affordability:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO go to d.



a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Have these activities impacted price/tax policy development or implementation in your country?

.....

c) Would these impacts on affordability have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

18.5 Other activities:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Have these other activities impacted price/tax policy development or implementation in your country?

.....

c) Would these other activities have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

19. What are the remaining challenges and barriers to further strengthening price and taxation policies in your country?

--



20. Describe any tobacco industry interference in the area of tobacco taxation and the effect of this interference.

21. In your opinion, how valuable the FCTC 2030 contributions have been for tobacco taxation:

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable

Packaging and health warnings (Article 11)

22. Has the FCTC 2030 programme provided assistance aimed at strengthening tobacco health warnings in your country?

If **YES**, please provide details of any of the following support you have received from FCTC 2030 to strengthen health warnings:

*If **NO**, Explain:*

.....

22.1 Design and development of pictorial warnings?

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO, go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme impacted health warning policy development or implementation in your country? Please describe any changes for example:

.....



c) Has the Health Warnings Database been utilised for the design and development of pictorial warnings without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

22.2 Has the FCTC 2030 helped in increasing political or public support for stronger policies?

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme impacted health warning policy development or implementation in your country? Please describe any changes for example:

c) Would an increase in political or public support for stronger policies have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

any comments?

.....

22.3 Has FCTC 2030 helped in enhancing technical capacity for health warning policy development?

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO, go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided: N/A

.....

b) Has the support provided by the FCTC 2030 programme impacted health warning policy development or implementation in your country? Please describe any changes for example:

.....

.....



c) Would this enhancement in technical capacity for health warning policy development have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

22.4 Implementation of stronger health warning policies (such as larger text or pictorial warnings, switching text to pictorial warnings, specification of rotation periods, requiring warnings on non-cigarette forms of tobacco, other changes to health warning policy development or implementation)

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO, go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme impacted health warning policy development or implementation in your country? Please describe any changes for example:

.....

c) Would this implementation of stronger health warning policies have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

22.5 Other activities:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO, go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....



b) Has the support provided by the FCTC 2030 programme impacted health warning policy development or implementation in your country? Please describe any changes for example:

.....

c) Would these other activities have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

23. What are the remaining challenges and barriers to further strengthening health warning policies in your country?

24. Has the FCTC 2030 programme provided assistance to help your country develop and/or implement a plain packaging policy?

If YES, what forms of assistance have been provided?

If NO:

Any comments:

.....

25. Have you seen FCTC 2030 guidelines on plain packaging?

If YES, in what ways have the guidelines been helpful? Please give examples.

If NO:

Any comments:

.....

26. What are the remaining barriers and challenges to achieving implementation of plain packaging in your country?



27. Describe any tobacco industry interference in the area of packaging and health warnings and the effect of this interference.

28. In your opinion, how valuable the FCTC 2030 contributions have been for packaging and health warnings:

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable

Ban on TAPS (Article 13)

29. Has the FCTC 2030 project provided assistance to strengthen tobacco advertising, promotion, and sponsorship (TAPS) in your country?

If **YES**, please provide details of any of the following support you have received from FCTC 2030 to strengthen TAPS bans:

Funding/resources:

Materials:

Expert/technical support:

If NO:

Any comments:

.....

30. How has the FCTC 2030 program impacted the development and implementation of TAPS ban policies in your country? Please describe any changes, for example:

30.1 Building political or public support for TAPS bans:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO, go to d.



a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme impacted TAPS ban policy development or implementation in your country? Please describe any changes for example:

.....

c) Would this building of political or public support for TAPS bans have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

30.2 Enhancing technical capacity for TAPS ban policies:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme impacted TAPS ban policy development or implementation in your country? Please describe any changes for example:

.....

c) Would these enhancements in technical capacity for TAPS ban policies have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

30.3 Implementation of stronger TAPS ban policies:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO, go to d.



a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme impacted TAPS ban policy development or implementation in your country? Please describe any changes for example:

.....

c) Would this implementation of stronger TAPS ban policies have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

30.4 Other advertising promotion and sponsorship activities:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c, if NO, go to d

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme impacted TAPS ban policy development or implementation in your country? Please describe any changes for example:

.....

c) Would these other activities have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

31. Have you seen FCTC 2030 guidelines on TAPS bans?

If YES, were the guidelines used to strengthen TAPS bans? In what ways were they used?

.....

If NO:

Any comments:

.....



32. What are the remaining barriers and challenges to achieving a comprehensive ban on TAPS in your country?

33. Describe any tobacco industry interference in the area of ban on TAPS governance and the effect of this interference.

34. In your opinion, how valuable the FCTC 2030 contributions have been for a ban on TAPS:

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable

Tobacco industry interference (FCTC Article 5.3)

35. Did the FCTC 2030 programme provide you with assistance in curbing tobacco industry interference?

35.1 Establishing or strengthening systems to monitor tobacco industry interference

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, please complete a, b and c. If **NO** go to d.

IF YES:

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Describe the impact of the assistance that was provided.

.....

c) Would this establishment or strengthening of systems to monitor tobacco industry interference have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....



d) If NO:

Explain:

.....

35.2 Raising awareness of tobacco industry interference among the public, government departments, and/or other stakeholders

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, please complete a, b and c. If **NO** go to d.

IF YES:

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Describe the impact of the assistance that was provided.

.....

c) Would this raising awareness of tobacco industry interference among the public, government departments, and/or other stakeholders have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

35.3 Establishing or strengthening guidelines or policies to curb tobacco industry interference.

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, please complete a, b and c. If **NO** go to d.

IF YES:

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

N/A

.....

b) Describe the impact of the assistance that was provided.

.....



c) Would this establishment or strengthening guidelines or policies to curb tobacco industry interference have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

36. What are the remaining challenges and barriers to curbing tobacco industry interference in your country?

37. In your opinion, how valuable have the FCTC 2030 contributions been for governance:

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable

International and regional cooperation

38. Did the FCTC 2030 programme provide assistance to enhance your country's cooperation in tobacco control at regional and international levels?

If **YES**, please describe any program assistance in enhancing your regional and international cooperation in the following forms:

If NO:

Explain:

.....

39. How has the FCTC 2030 program impacted your country's cooperation in tobacco control with other countries and with other regional and international organisations? Please describe any changes, for example:



39.1 Participation in relevant knowledge exchange activities (e.g. regional and international conferences/meetings/workshops):

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If YES, complete a, b and c. If NO, go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme fostered regional and international cooperation in your country? Please describe any changes for example:

.....

c) Would this participation in relevant knowledge exchange activities have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

39.2 Engagement with regional and international tobacco control bodies/organisations (e.g. WHO FCTC Knowledge Hubs, Campaign for Tobacco Free Kids, The UNION):

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, please complete a, b and c. If **NO** go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme enhanced regional and international cooperation in your country? Please describe any changes for example:

.....

c) Would these engagements with regional and international organisations have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....



d) If NO:

Explain:

.....

39.3 Participation in any regional and international tobacco control research and/or capacity building activities:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, please complete a, b and c. If **NO** go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme enhanced regional and international cooperation in your country? Please describe any changes for example:

.....

c) Would this participation in regional and international research and/or capacity building activities have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

39.4 Other regional and international activities:

YES – The FCTC 2030 Programme provided assistance

NO – The FCTC 2030 Programme did not provide assistance

If **YES**, please complete a, b and c. If **NO** go to d.

a) Describe the assistance (such as funding, resources, materials, training, sensitization, workshops, and technical/expert advice) that the FCTC 2030 Programme provided:

.....

b) Has the support provided by the FCTC 2030 programme enhanced regional and international cooperation in your country? Please describe any changes for example:

.....



c) Would these other regional and international activities have happened without the FCTC 2030 Programme?

Explain (why/why not):

.....

d) If NO:

Explain:

.....

40. What are the remaining barriers and challenges to cooperating with other countries and organisations at regional and international levels?

41. In your opinion, how valuable the FCTC 2030 contributions have been for international and regional cooperation:

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable

42. In your opinion, how valuable the overall FCTC 2030 achievements have been in your country

☐ Very valuable ☐ Valuable ☐ Neutral ☐ Not very valuable ☐ Not valuable



Appendix B: FCTC 2030 Evaluation – Interview topic guide

We will be asking the questions for each of the policy domains of the FCTC 2030 listed below:

(Note: This is just a general topic guide and further questions will be asked based on the answers we receive from the survey questionnaires -there will be a separate topic guide for each country)

- a. Governance (e.g. dedicated resources, national coordination mechanism, multi sectoral strategies, civil society partnerships)
- b. Capacity building Smoke-Free Policies (e.g. building public support, technical capacity, training and funding)
- c. Tobacco taxation (e.g. public support, training and capacity, implementation, affordability)
- d. Packaging and health warnings (e.g. database, public support, technical capacity, implementation)
- e. Ban on TAPS (public support, technical capacity, implementation)
- f. Other country specific priority FCTC policies
- g. Tobacco industry interference (e.g. monitoring, raising awareness and guidelines/policies)
- h. International and regional cooperation

1. Background information

(also act as ice breaker question)

- Participants' experience, training and current role in tobacco control.
- General position on tobacco control within the country.

2. Knowledge of tobacco control policies

(for the policy domain such as Tobacco taxation)

- Have you heard of the FCTC 2030 project? and if so, please tell us any involvement they have had in your country *(probe on provision of resources, technical expertise, materials and/or guidelines, also duration of*

FCTC 2030 implementation in their country as this may be different from FCTC adaptation and implementation in their country.)

- Describe the existing policies (policy domain X) in tobacco control **before FCTC 2030**.
- Barriers and drivers to their delivery and impact – what were they able to achieve before FCTC 2030 and what were the main obstacles.
- How has FCTC 2030 impacted your knowledge of tobacco control policies over the years?

3. Interactions with FCTC 2030 programme and personnel

- Who among the FCTC 2030 staff have you interacted with?
- What was the nature of the contact? How extensive were they? How many times did the interaction take place?
- How helpful was the interaction?
- How did the interactions with the FCTC 2030 staff add to your knowledge and expertise of tobacco control in your country?

4. Impact of WHO FCTC on tobacco control governance:

- **Coordination and coherence:**
Is there a national coordinating mechanism (NCM) or focal point for tobacco control? Has FCTC 2030 either contributed to the NCM or focal point or to strengthening its operation?
Beyond the MoH, which ministries and other stakeholders participate in tobacco control activities in the country?
Are there any barriers to effective coordination of positions and perspectives on tobacco control across ministries/sectors?
To what extent has participation in FCTC 2030 helped to address coordination problems?
- **Managing tobacco industry interference**
Are you aware of any initiatives to limit interactions with the tobacco industry in policy making?
Have there been any measures to implement FCTC Article 5.3 or to adopt its implementation guidelines at National or sub-national level?



To what extent do you think colleagues/officials are aware of FCTC Article 5.3 within the MoH? – within other ministries?

Has involvement in WHO2030 impacted on efforts to regulate tobacco industry interference in policy making?

Any evaluation/report/media reporting of Impact of FCTC 2030 in managing tobacco industry interference.

Any Industry response to FCTC 2030?/ Any opposition?

• **CSOs/NGOs**

Which CSOs have been most significant in advancing tobacco control policies in your country?

How would you describe the involvement of CSOs/NGOs in tobacco control activities?

Has their involvement with CSOs in tobacco control strengthened over the years?

Has FCTC 2030 played any role in facilitating interactions with CSOs? Has it helped in supporting effective engagement and collaboration between government and CSOs?

5. Impact of WHO FCTC 2030 on tobacco control policies in the country

- Have tobacco control policies been influenced by the FCTC 2030 project? If so, how?
- *(Probing questions)*
- What measures/policies were implemented (in the policy domain X) after FCTC 2030 was implemented in the country?
- Was FCTC 2030 influential in formulating X policy action? if YES, how?
- What support in terms of funding, technical assistance, materials, workshops, toolkits were provided? How did it help in implementing policy X? (Expand on these with further probing questions)
- What changes in tobacco control policies have you observed happening because of FCTC 2030 involvement?
- Would you have expected to see any changes in tobacco control policies if FCTC 2030 was not involved? Please explain why? Is there any additional support from FCTC 2030 that would have helped to further tobacco control in your context? Please explain what and why?

- How in your opinion was the FCTC 2030 programme received in your government? Did the government welcome it? Was there any opposition?
- Media reports on FCTC 2030?
- Impact on change in infrastructure- setting up of tobacco control department, tobacco control cell etc.?

6. Perception of FCTC 2030

- Do you think your government would have implemented (Identify a policy domain X) measures/policies if your country was not a party to FCTC 2030? Why or why not?
- What component of FCTC 2030 do you think was the most useful in your country in the implementation? Why?
- What component in your opinion has not been useful? Please describe.
- Is your government working towards implementing new or stronger (identify policy domain X) measures/policies to strengthen your country's implementation of Article X of FCTC? If YES, please describe/ What do you think is driving this change?
- Would this have happened anyway, without any inputs from FCTC 2030? Explain how?
- What opportunities have been brought about by FCTC 2030?
- Overall in your opinion how successful or unsuccessful has FCTC 2030 been in achieving the objectives that were set out?
- What priority is accorded to Tobacco control by non-Health sector ministries with implementation of FCTC 2030?

7. Barriers/challenges to implementation

- Describe the challenges/ barriers to fully implementing Article X?
- How in your opinion the challenges and barriers could be countered?

8. Evaluation of existing measures

- Are there any on-going efforts to monitor and evaluate whether the existing measures/ policies (Identify domain policy domain X) are effective? Please provide details.



- Are there any other ways that being part of the FCTC 2030 has changed the work on tobacco control in your context? What could be done to strengthen the support provided from FCTC 2030 in future?

- What do you think is the potential for FCTC 2030 in the future?
In your opinion, how can FCTC 2030 improve (in terms of communication, providing assistance, guidelines etc)?

[To be administered separately at the end of the interview]

9. Overall achievement of FCTC 2030 programme

- What in your opinion has been the biggest impact of FCTC 2030 till now?
- What in your opinion was the biggest impact of the assistance provided by FCTC 2030?
- In your opinion, how valuable the FCTC 2030 contributions have been for the following:
- For governance
 - *very valuable, valuable, neutral, not very valuable, not valuable*
- For tobacco industry interference
 - *very valuable, valuable, neutral, not very valuable, not valuable*
- For international and regional cooperation
 - *very valuable, valuable, neutral, not very valuable, not valuable*
- For capacity building
 - *very valuable, valuable, neutral, not very valuable, not valuable*
- For Smoke-Free Policies
 - *very valuable, valuable, neutral, not very valuable, not valuable*
- For tobacco taxation
 - *very valuable, valuable, neutral, not very valuable, not valuable*
- For packaging and health warnings
 - *very valuable, valuable, neutral, not very valuable, not valuable*
- For ban on TAPS
 - *very valuable, valuable, neutral, not very valuable, not valuable*
- For other country specific priority FCTC policies
 - *very valuable, valuable, neutral, not very valuable, not valuable*



Appendix C: Value for money assessment

42.4.1 Background

This part of the evaluation project focussed on the following research question: What is the estimated cost-effectiveness or economic return on investment (ROI) of FCTC 2030 programme?

This evaluation therefore sought to determine the extent to which the FCTC 2030 spend that provided financial and technical support to several low- and middle-income countries (LMICs) led to 'payback' or value for money. The FCTC 2030 programme was designed to provide financial and technical support to: (a) build countries' capacity and infrastructure for advancing tobacco control; and (b) provide a suite of supporting materials, tools and activities to the countries facing the tobacco challenge. The project received a grant of £15m over five years (2016-2021) from the UK government. However, other governments also supported the programme financially and the FCTC Secretariat in Geneva primarily offered the technical support.

The ultimate aims of the above two key areas contained within the technical support were: (a) to improve tobacco control governance, primarily through the implementation of FCTC Article 5: increase tobacco taxation; (b) to facilitate the implementation the two FCTC time-bound measures on tobacco packaging (FCTC Article 11) and on banning TAPS (FCTC Article 13); and (c) to support the implementation of other WHO FCTC articles (Notably taxation (FCTC Article 6) and Smoke-Free Policies (FCTC Article 8) that were positioned as being a national priority.

Thus, FCTC 2030 was an activity-based programme to provide financial and technical support to countries in need, and thus, was not structured in a way that was amenable to evaluating its cost-effectiveness. Because FCTC 2030 was primarily focused on establishing and strengthening the necessary infrastructure and capacity for policy development and implementation, many of the primary outcomes

were not calculable to build standard cost-effectiveness models. To illustrate this point, consider programmes whose primary objectives are to implement laws. Such programmes are amenable to cost-effectiveness and ROI models. For example, programme that increases implementation of graphic warnings could quantify the impact of graphic warnings on quitting and then use this information with other country-specific statistics on direct and indirect health care costs and productivity to estimate the ROI. However, since the FCTC 2030 programme was focused on building infrastructure and capacity via financial and technical assistance, those inputs were not readily linked to those same standard components of cost effectiveness models. For instance, it is not at all clear what the ROI would be for the creation of a multi sectoral coordinating mechanism. Instead of forcing a linkage between these infrastructure/capacity outcomes and ROI, which would be speculative at best, we chose to conduct a 'value for money assessment' that was better suited to the nature and objectives of the FCTC 2030 programme.

In short, the nature of the FCTC 2030 programme presented two important limitations for the evaluation team in applying the standard methods of economic evaluations described elsewhere (1):

- i. **Absence of a control (and thus no reliable comparative data):** There was no other programme that could be compared with FCTC 2030 and it was not realistic to have an evaluation design involving matched-control (countries without FCTC 2030).
- ii. **Outcome measurements and attribution of effects to FCTC 2030:** As the FCTC 2030 inputs were facilitators of future country-based activities and potentially supported acceleration of WHO FCTC implementation, it was not possible to confidently assign a quantitative measure of health and economic outcomes against this programme. For example, where a policy change such as smoke-free legislation was implemented, it was challenging to determine what fraction of that change could be



realistically attributed to FCTC 2030. To do this would be forced and speculative.

The original economic evaluation plan was thus revisited together with the WHO FCTC Secretariat and a revised method was agreed. Whilst the original research question remained the same, the method to answer this question has now been largely built around a “narrative assessment” of value for money, which was extensively adapted from an established method called the “Payback Framework”,² a logic model originally developed to help measure impacts known as “payback” from research investments. Where possible, key aspects of economic evaluation methods¹ were also considered in building the payback or value for money narratives or drawing conclusions from those narratives.

Methods

The logic model

Whilst the Payback Framework² guided the research team to an alternative methodology to economic evaluation to be applied in this context, the logic model more relevant to use in this evaluation was the flow from inputs to impact (progress) as outlined in the Department of Health Business Case.³ Given the ‘deep-dive’ approach taken to understand the impact of FCTC 2030, the FCTC 2030 spend level in each of the five case study countries included in the analysis were mapped out to the following trajectory:

Following this, the logic model allowed the evaluation team to provide narratives around the value for money from the FCTC 2030 programme and also to present some data to indicate likely return on investment (ROI) from the programme.

Scope of analysis (decision problem):

The scope of analysis was refined in consultation with the advisory panel members, key stakeholders and WHO FCTC Secretariat as follows:

MAPPING FROM...	DATA SOURCES / CORROBORATIVE EVIDENCE	TYPE OF ANALYSIS
INPUTS (i.e. the FCTC 2030 spend or money flow – annual and total) to...	FCTC Secretariat	Descriptive
... ACTIVITIES (i.e. what happened in the country following the money flow) to...	Literature review; FCTC focal person survey; Stakeholder interviews	Narrative synthesis
... POLICY CHANGES (i.e. whether any of the FCTC articles implemented or strengthened) to...	Literature review; FCTC focal person survey; Stakeholder interviews	Descriptive/Narrative synthesis
...IMPACT OR ‘PAYBACK’ (i.e. health and wider benefits to be achieved in the longer term, to include, for example, decline in tobacco use, healthcare cost-savings, productivity gains)	UNDP/RTI FCTC Investment Case Models	Qualitative assessment, with some quantitative measures



COMPONENT	DESCRIPTION	RATIONALE	DATA SOURCES
POPULATION	Current and potential future tobacco users in a country	FCTC 2030 improves health, wellbeing and productivity in this population	UNDP/RTI models ⁴
INTERVENTION	Activities identified as FCTC 2030 technical support in a country (spill-over activities may be included)	FCTC 2030 spend in a country allows certain activities to happen, leading to implementation or acceleration in implementation of WHO FCTC articles	Literature review; FCTC focal person survey; Stakeholder interviews
COMPARATOR	Absence of FCTC 2030 programme	No comparative programme or matched-control identified; a no FCTC 2030 scenario could be included in the analysis	Literature review; FCTC focal person survey; Stakeholder interviews
OUTCOME	Policy changes or significant progress in that direction as a result of FCTC 2030 technical support	Given the short term nature of the project, significant progress in any area of FCTC article is considered sufficient to be included as a key outcome. Long term outcomes (mortality and morbidity) where possible to assess, leading to measures of healthcare savings and economic productivity	Literature review; FCTC focal person survey; Stakeholder interviews UNDP/RTI ROI models

Whilst the above scope provided the research team the opportunity to assess the FCTC 2030 programme for its payback or value for money in each of the five case study countries, it is important to acknowledge that the quality of the narrative assessment depended largely on the availability of corroborative evidence. This analysis, together with some supplementary data on the other eight countries not among the case study countries,

also allowed the evaluation team to compare and contrast the findings to offer a qualitative estimate of the 'overall cost-effectiveness' of the FCTC 2030 programme in general.

Other considerations:

A number of other key considerations are included:

ITEM	DESCRIPTION	RATIONALE	DATA SOURCES
PERSPECTIVES	(UK) government or other international donors who intend to fund such projects	By receiving financial and technical support, national governments are in a position to change the outcomes for current and potential future tobacco users	DH Business Case; ⁴ FCTC Secretariat
TIME HORIZON	Two years (2018-20) or five to fifteen years (2018-2033), depending on the outcome	Long enough to measure significant progress made by the FCTC 2030 or the impact of any policy change will have on current and potential future tobacco users	Literature review; Interviews; UNDP/RTI models



ITEM	DESCRIPTION	RATIONALE	DATA SOURCES
TYPE OF ANALYSIS	Narrative analysis following Payback Framework ² Incremental or threshold analysis (if feasible) ¹	As discussed above, standard economic evaluation was not possible. Extrapolation of narrative findings to indicate ROI	Literature review; Interviews; UNDP/RTI models
ATTRIBUTION OF EFFECTS	Research team's assessment (scoring) based on payback narratives, to include a range of plausible values	No direct method to quantify the attribution ratio was available / feasible	Literature review; Interviews; UNDP/RTI models
DISCOUNTING	As in UNDP/RTI models; country-specific	No discounting was used as ROI was narratively described	Not applicable
HANDLING UNCERTAINTY	Through narrative analysis	No standard sensitivity analysis was feasible to do	Literature review; Interviews; UNDP/RTI models

Data collection and analysis:

A multi-method approach was used to collect and analyse the data needed to develop the narratives around the value for money delivered by the FCTC 2030:

Rapid literature review – The research team searched key literature using Scopus for published research articles, Google for generic articles, and specific sites including Tobacco Atlas, the Ministries of Health of the countries, WHO, World Bank, UNDP, and tobacco control laws database. In Scopus and Google, a combination of the following keywords – FCTC 2030, FCTC, tobacco, smoking, Nepal, Jordan, Colombia, Sierra Leone, Zambia, tax*, Cigarette*, smoke-free, policies and smokeless tobacco – were used to search for relevant documents for this analysis. All documents relating to tobacco control policies in the selected countries from the grey literature above were included in this report. The search was limited to articles published from 2016 onwards to ensure the inclusion of papers that assessed or reported the impact of FCTC 2030 in the chosen countries. Data were analysed and reported by the two components of the logic model – ‘activities’ and ‘policy changes’ (if any).

FCTC Focal Person Survey and Stakeholder Interviews – These were included as a part of the overall evaluation. For the economic analysis purpose, key findings from the survey and

interviews were extracted from the descriptive analyses (e.g. on Likert-scale questions) and thematic analyses (on qualitative data) conducted by the evaluation team (see the main report).

UNDP/RTI ROI models – Relevant FCTC investment case documents including final results spreadsheets provided by the UNDP were reviewed. The aim of the investment case was to support policymakers with evidence needed to inform their tobacco control implementation decisions. Such investment cases utilise the economic rationale (benefit-cost arguments), demonstrate that tobacco control can be a win-win for development, and thus connect with a broad range of government policymakers. Developed by Research Triangle Institute (RTI) International, the Investment Case models, the health and wider paybacks of tobacco control interventions spanned a five- to fifteen-year time horizon (5,6). Importantly, the included interventions normally reflected the WHO FCTC articles. The models estimate the monetary value of payback for each dollar spent on implementing the policy/intervention measures. ROI estimates included lower and upper bounds to reflect the uncertainties in model input data. The Investment Cases were available for all five countries included in the case study analysis. Three UNDP staff who had the responsibility to oversee the development and dissemination/impact of investment case studies as well as two staff from



RTI who modelled the investment cases for UNDP were interviewed. Following these interviews, a discussion took place between the research team and the FCTC 2030 Secretariat where the latter responded to further queries about the investment cases and agreed to provide the evaluation team with FCTC 2030 spend data by countries. The FCTC 2030 contribution to UNDP to support the development and dissemination of investment cases were directly obtained from the UNDP. Some of the figures reported in the investment case documents and spreadsheets were used to support the FCTC 2030 'value for money' case studies for each of the five countries. no attempt to develop its own ROI model was made due to methodological complexities described above. The UNDP/RTI model outputs were used to illustrate the combined ROI of FCTC 2030 and other investments when it could be shown that there was sufficient evidence to suggest that FCTC 2030 activities in a particular country led to either implementation of a FCTC policy/intervention or strengthening of their implementation.

Country case studies – Each country case study evaluated the contribution of FCTC 2030 to either implementing or strengthening of eight key activities: (i) governance; (ii) capacity building; (iii) Smoke-Free Policies; (iv) tobacco taxation; (v) packaging and health warning; (vi) TAPS ban; (vii) curbing tobacco industry interference; (viii) international and regional cooperation. These activities were primarily derived from the six FCTC domains as described in the main report. In addition, curbing tobacco industry interference (a part of governance domain) and capacity building (a generic activity) were included separately to detect the nuances around the relationship between inputs and the impact of FCTC 2030. Each case study utilised the mix of data from the literature review, FCTC focal person surveys, stakeholder interviews and the UNDP/RTI investment cases. Each case study was organised and presented using the logic model flows.

Scoring 'payback' from FCTC 2030 – The five-point Likert scale responses from FCTC focal person surveys (n=13) were used to estimate the likely 'payback' from FCTC 2030 on each of the eight activities and overall. The mean

scores reflected the 'perceived payback' of the FCTC 2030 activities from the FCTC focal person perspectives. Spider charts were used to show how scoring varied across the eight activities. The shape and the size of the octagons provided 'payback' profiles for those countries. In addition, members of the advisory panel (n=9; hereafter, the 'scoring panel') were asked to score the five country case studies on the same Likert-scale. A guidance document for the Scoring Panel was created to guide the process. As the case study provided synthesised findings and conclusions from a mix of sources and the scoring panel were independent of FCTC 2030, this analysis reflected a more objective and independent assessment of the 'payback' of FCTC 2030 and allowed us to compare the findings against the ones reported by the FCTC focal persons.

The data from the scoring panel were tested for internal consistency using Cronbach's alpha and descriptive statistics were used to summarise the results. In addition, Spearman correlation coefficients were calculated to see to what extent inputs (the actual dollars spent on a country) were correlated with the 'payback' as perceived by the scoring panel. The threshold for a positive return on investment (defined as 'having sufficient evidence of payback') was set at a median score of ≥ 4 with an inter-quartile range (IQR) of ≤ 1 . A score meeting this threshold criteria means that more than half of the opinions fall within one point of the scale and a consensus in opinions can thus be established. In addition, a positive and statistically significant correlation between inputs and the scores indicated a positive return on investment. Subsequently, a final section in the case study was added to provide a narrative around the overall payback or 'value for money' of the FCTC 2030 in the country, also paying attention to the context against which FCTC 2030 operated in that country.

Assessing overall cost-effectiveness of FCTC 2030

– The five case study data were then compared and contrasted to provide an estimate of overall cost-effectiveness of the FCTC 2030 programme. Additional data from the other eight countries were also used to triangulate this narrative.



Findings:

FCTC 2030 Inputs

Between 2017 and 2021 (data cut off on 31 March 2021), the Phase I countries (Table A1a) utilised a total of USD 4,272,704. In addition, between 2017 and 2020, UNDP utilised a total of USD 2,104,417 to develop the investment cases and provide other support for WHO FCTC implementation to project countries. Other spends included FCTC 2030 Secretariat utilising USD 6,585,397 to provide support to project countries and wider support to LMICs, and WHO Regional Offices utilising USD 470,345 to support regional activities that promoted FCTC 2030 priorities in project countries as well as other LMICs in the regions.

The monies were utilised to support one or more of the following eight activities either as financial and/or technical support: (i) governance;

(ii) capacity building; (iii) Smoke-Free Policies; (iv) tobacco taxation; (v) packaging and health warning; (vi) TAPS ban; (vii) tobacco industry interference; (viii) international and regional cooperation. The Budget at country-level also funded activity-related costs and the costs of hiring national consultants. The Secretariat spend included the costs of central staff and short-term assistants and interpreters who provided support to all 15 countries, general operating costs including IT and contractual services, travel and subsistence (until Dec 2019 and this expanded to 24 countries since), and 13% programme support costs in accordance to WHO regulations. The WHO Regional Office spend included technical support to FCTC 2030 project countries in the region and other activities in line with FCTC 2030 priorities, with these regional activities often benefiting other LMIC countries who were included in the activities.

Table A1a: FCTC 2030 Inputs (spend in US Dollars)

	2017	2018	2019	2020	2021	TOTAL
PHASE I COUNTRY DIRECTLY RECEIVED SPEND						
CABO VERDE	11,897	48,236	144,393	66,413	7,672	278,611
CAMBODIA		81,427	141,808	184,623	82,567	490,425
CHAD	19,251	103,815	188,294	151,439	31,681	494,480
COLOMBIA		136,811	104,346	39,566	54,769	335,492
EGYPT	6,067	35,127	98,561	88,552	79,828	308,135
EL SALVADOR		71,995	75,299	18,000	25,895	191,189
GEORGIA	17,378	159,738	154,707	138,100	30,676	500,599
JORDAN		40,520	208,844	111,062	62,462	422,888
MADAGASCAR		8,315	49,398	81,449	19,846	159,008
MYANMAR		11,012	52,008	144,851	20,485	228,356
NEPAL		19,742	50,302	46,162	8,464	124,670
SAMOA	1,384	2,713	55,736		5,940	65,773
SIERRA LEONE		3,558	85,015	38,899	8,709	136,181
SRI LANKA		2,193	109,090	14,360	45,207	170,850
ZAMBIA	3,525	68,379	156,872	94,770	42,502	366,048



Table A1a: FCTC 2030 Inputs (spend in US Dollars)

	2017	2018	2019	2020	2021	TOTAL
TOTAL FOR 15 COUNTRIES	59,502	793,581	1,674,673	1,218,246	526,703	4,272,705
OTHER CENTRAL SUPPORT COSTS FOR ALL COUNTRIES						
UNDP SPEND		810,000	356,261	938,156		2,104,417
FCTC SECRETARIAT*	1,571,406	1,079,330	1,985,424	1,697,320	251,917	6,585,397
REGIONAL OFFICE		68,512	278,882	20,908	102,043	470,345
TOTAL CENTRAL SUPPORT COSTS	1,571,406	1,957,842	2,620,567	2,656,384	353,960	9,160,159
TOTAL UTILISED GRANT MONIES	1,630,908	2,751,423	4,295,240	3,874,630	880,663	13,432,864

*includes 2016 staffing costs of USD 63,192. Only **bold**-faced countries were included in the value for money assessment in this report using a deep-dive approach.

Whilst the directly received monies are a small proportion of the total utilised grant monies, it appears that central support from the Secretariat and regional offices as well as from the UNDP in developing business cases were other key inputs that further supported the in-country FCTC activities. It was not possible to analyse

the 'spend data' in any further detail. Therefore, it was assumed that an equitable allocation of central support costs (i.e. divide by 15) would be a reasonable assumption to determine the level of inputs in each of the five countries included in the value for money assessment as shown in Table A1b below.

Table A1b: Directly received and centrally allocated FCTC 2030 Inputs (spend in US Dollars) in the countries included in the analysis of value for money

COUNTRIES	2018	2019	2020	2021	TOTAL DIRECTLY RECEIVED	UNDP SPEND	CENTRAL SUPPORT SPEND	TOTAL COUNTRY INPUTS
JORDAN	40,520	208,844	111,062	62,462	422,888	140,294	470,383	1,033,565
COLOMBIA	136,811	104,346	39,566	54,769	335,492	140,294	470,383	946,169
NEPAL	19,742	50,302	46,162	8,464	124,670	140,294	470,383	735,347
SIERRA LEONE	3,558	85,015	38,899	8,709	136,181	140,294	470,383	746,858
ZAMBIA	71,904*	156,872	94,770	42,502	366,048	140,294	470,383	976,725

*includes USD 3,525 spend in 2017.



FCTC 2030 Activities and impact

FCTC 2030 programme delivered a number of activities in the five countries included in the search (and later in the case study analyses): Jordan, Colombia, Nepal, Sierra Leone and Zambia. These activities aimed at multilevel, multi sectoral impact and generally strengthened the implementation of FCTC, an indicator of 'payback'. In summary:

- In **Jordan**, activities ranged from reactivation of the NCM under the Office of the Prime Minister⁷ to support training of doctors for providing tobacco cessation (TCC) services.^{7,8} FCTC 2030 also helped build political support towards policy level changes.^{7,8} Since the introduction of FCTC 2030, Jordan has successfully prohibited the import of equipment used to illegally manufacture tobacco products.⁹ Total taxes on retail price of tobacco products stayed at 79.9%, the level that was increased before FCTC 2030 (10).
- In **Colombia**, FCTC 2030 provided direct exhaustive technical support to implement smoke-free laws and was simultaneously involved in intensive capacity building.^{8,11} Since the introduction of FCTC 2030, Colombia has prohibited point of sale advertising for tobacco products.¹² It has also successfully raised taxes on tobacco retail price from 62.46% to 78.4% in 2018.¹³
- In **Nepal**, FCTC 2030 has been involved in the finalisation of a national tobacco control strategic plan while simultaneously working downstream to train stakeholders to establish tobacco cessation assistance.^{8,14} Nepal has now implemented Smoke-Free Policies in health-care facilities, educational facilities and other public spaces.¹⁵
- In **Sierra Leone**, FCTC 2030 aided in reactivation of the tobacco task force and also advocated towards an increase in tobacco taxation^{8,14} FCTC 2030 provided technical support, materials for tobacco control regulations and related activities; and facilitated information sharing on tobacco control.^{8,14} Since its introduction, Sierra Leone has successfully increased the tobacco excise tax by 30% in 2018.^{16,17}

- In **Zambia**, FCTC 2030 has supported the establishment of core tobacco control programmes, aided dialogue between different stakeholders in the field of tobacco control while simultaneously working towards strengthening NCM for tobacco control.^{8,14} Since the introduction of FCTC 2030, Zambia has managed to strengthen the existing ban on public smoking by legislating a complete (no exemption allowed) ban on smoking in government, educational and health-care facilities, universities, restaurants, public transports, pubs, and bars.¹⁸

Whilst the literature review provided some key insights on how effectively FCTC 2030 contributed to strengthening the implementation of WHO FCTC articles (i.e. indicators of payback), no study was identified that estimated the cost-effectiveness or return on investment (ROI) of the FCTC 2030 activities.

Findings from the surveys and interviews are detailed in the main report. Key findings from the surveys and interviews that indicated the 'payback' of FCTC 2030 are reported in the country case studies described below.

Focal persons' assessment of payback

Focal persons' scores on the value of FCTC 2030 are summarised in Table A2. A total of 13 countries are included in this table (data not available for Cambodia and Madagascar). Most focal persons agreed that FCTC 2030's contribution has been valuable or very valuable across all the eight activities that they scored.



Table A2: Focal persons' scores* on payback (how valuable FCTC 2030's contribution has been, n=13)

FCTC 2030 ACTIVITY	MEAN	STANDARD DEVIATION	MEDIAN	INTERQUARTILE RANGE (IQR)
GOVERNANCE	4.85	0.38	5	0
CAPACITY BUILDING	4.92	0.28	5	0
SMOKEFREE POLICIES	4.38	0.77	5	1
TAXATION	4.23	0.83	4	1
PACKAGING AND HEALTH WARNINGS	4.31	0.75	4	1
TAPS BANS	4.08	0.76	4	1
CURBING TOBACCO INDUSTRY INTERFERENCE	4.46	0.66	5	1
INTERNATIONAL AND REGIONAL COOPERATION	4.15	1.14	4	1
OVERALL PAYBACK	4.85	0.38	5	0

* Scores coded as 1=Not valuable; 2=Not very valuable; 3=Neutral; 4=Valuable; 5=Very valuable. A median score of ≥ 4 with $IQR \leq 1$ (**bold** faced figures) indicated consensus among the respondents. A Cronbach's alpha of 0.68 indicated a reasonable internal consistency meaning that the different items on the scale are reflecting one overarching construct.

The mean scores were then used to generate a visual representation of value for money, known as the 'payback profile' for each country. The size and shape of each octagon represents the 'payback profile' and in general, they indicate a positive payback from FCTC 2030 (Figure 1). However, there was substantial variation in the perceived payback by country. For example, Nepal was perceived to have provided the least payback amongst the 13 countries included and Georgia the most (Figure 1), with other countries' payback profiles falling in between the two. The difference in both the size and the shape of the two octagons indicate that

the magnitude and nature of the payback in the two countries were different.

The payback profiles also help us understand which FCTC 2030 activities were the key drivers of the payback. As can be seen from Figure 1, country focal persons agreed that governance and capacity building were the most important drivers of payback in Nepal whilst in Georgia the agreement was that all eight activities including governance and capacity building equally drove the payback. In other words, the size of the payback in Georgia is bigger than that in Nepal.

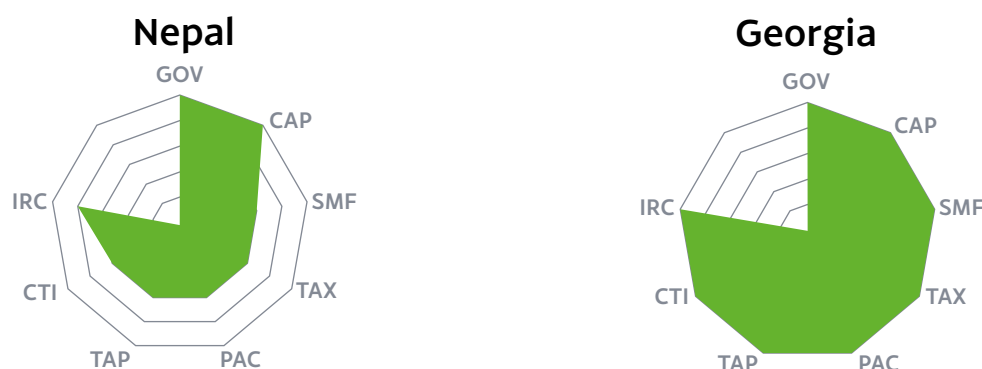


Figure 1: Payback profiles based on country focal persons' scores* across the eight activities

*Mean scores from a scale of 1 (Not valuable) to 5 (very valuable).

GOV=Governance; CAP=Capacity building; SMF=Smoke-Free policies; TAX=Taxation; PAC=Packaging and health warnings; TAP=TAPS bans; CTI=Curbing tobacco industry interference; IRC=International and regional cooperation.

Scoring Panel's assessment of payback

Whilst country focal persons' assessment of FCTC 2030's payback was useful starting point to understand the value for money generated by FCTC 2030 across the Phase I countries, a more robust assessment came from an independent Scoring Panel, comprised of the core evaluation team and the consultants who provided regular inputs to the evaluation process. They had wider knowledge of

FCTC 2030 activities and read the five country case studies included in deep-dive approach as follows to provide the payback scores.

Country case studies:

Findings from the literature review, surveys, interviews and UNDP/RTI ROI models were used to construct country case studies, using the flows from the "Payback" logic model described as follows:

Jordan Case Study:	
CONTEXT	Jordan has an adult (18+) population of 6.4 million of which 42.7% smoke tobacco products. The total annual burden attributable to tobacco has been estimated at \$2.25billion. Tobacco use costs \$68 per smoker to the healthcare system and \$813 per smoker to the economy. Jordan ratified the WHO FCTC in 2004. If Jordan implemented the FCTC package of interventions – namely tax increase, mass media, TAPS bans, Smoke-Free Policies and warning labels – the country could save \$1.19 billion in healthcare costs and \$7.98 billion on productivity gains. The ROI of successful implementation of the FCTC package, which costs Jordan \$37 million, could be as high as 247:1. ¹ However, there are several challenges around effective implementation of FCTC package, e.g. low socio-economic status and high cigarette smoking are strongly correlated, the levels of secondhand smoke is rising, shisha use is socially acceptable despite awareness of its harmful effects, e-cigarettes serve as a gateway for smoking initiation and lifetime addiction in young people, affordability of cigarettes is still high, there is no law requiring plain packaging, regulatory and enforcement systems are weak, and tobacco industry interference is strong. ¹
INPUTS	A total of \$422,888 was directly spent on FCTC 2030 programme in Jordan: \$40,520 in 2018, \$208,844 in 2019, \$111,062 in 2020 and \$62,462 in 2021 (until 31 March). UNDP spent \$2,104,417 over four year (2017-2020) to develop investment cases across several countries and a part of this money (\$140,294 assuming an equitable distribution over 15 Phase 1 countries) was used to develop the Jordan investment case. In addition, a part of the central FCTC 2030 programme costs (\$470,383 assuming equitable distribution over 15 Phase 1 countries) can be attributed to Jordan as being spent on international coordination and other technical support. Thus, of the total financial spend from the UK government (\$19 million) on FCTC 2030, \$1.03 million was effectively spent to provide financial and/or technical support to Jordan between 2018 and 2021 (until 31 March). ²

1 UNDP (2019), Investment case for Tobacco Control in Jordan: The Case for Investing in WHO FCTC Implementation. Available from: <https://www.jo.undp.org/content/jordan/en/home/library/jordan-tobacco-control-investment-case.html>.

2 Data obtained from the FCTC 2030 Secretariat, April 2021



Jordan Case Study:

ACTIVITIES

Governance and advocacy: FCTC 2030 provided funds for communications campaigns and also seemed to have provided impetus to the overall governance and advocacy efforts in the country.³ Having prohibited sale of single cigarettes, sale of cigarettes to minors and distribution or sale of counterfeit tobacco products in 2017,^{4,5} Jordan became the only country in the region to have an active National Multi sectoral Coordinating Mechanism (NCM) under the Office of the Prime Minister giving an unprecedented high stature to the committee in 2019. This Committee is expected to have a strong effect on spearheading a multi-sectoral approach to policy making on tobacco control.^{6,7} Anti-tobacco campaign launched under the slogan: «Tobacco and Lung Health – Don't Let Tobacco Take Your Breath Away» in May 2019 led to efforts in making hospitals in Amman tobacco-free.⁸ The FCTC Investment Case was launched in July 2019.⁹

Capacity building: FCTC 2030 trained doctors to provide tobacco cessation services.^{10,11} Assistance to build political support was also provided.^{10,11} Greater involvement of the CSOs and training and workshops for the MoH and Finance staff developed the country's technical capacity in tobacco control.¹¹

Smokefree policies: FCTC 2030 specifically provided technical support to implement Smoke-Free Policies.¹² Having introduced enhancement in smoke-free regulations in 2017 (the regulation had remained stagnant since 2009) that included prohibition of smoking in public areas including public and private sector offices, failure to provide notice that smoking is prohibited in a public place became punishable.¹³ In 2018, an official information circular was issued calling on all UN staff in the country to comply with General Assembly Resolution 63/8 mandating smoke-free UN premises in Jordan. Following that the Jordanian government banned smoking and vaping in all indoor public spaces in 2020.¹³ Tobacco taxation: FCTC 2030 worked with the taxation department to revise the tax structure.¹² A 200% tax on electronic cigarettes, vapes and their paraphernalia was introduced in 2019 but total taxes on retail price of tobacco products stayed at 79.9%, the level that was increased before FCTC 2030.¹⁴ FCTC 2030 activities did not appear to have influenced further tax increase despite sincere efforts.⁶

Packaging and health warnings: FCTC 2030 provided technical assistance, e.g. workshops to explain pictorial health warnings, contributed to relevant meetings and provided technical documentations to draft regulations.¹²

TAPS bans: FCTC 2030 provided technical support to the MoH in drafting the ban on sponsorship. Subsequently, the Ministry issued a ban on sponsorship and printing, displaying, or publishing any advertisement for any tobacco products, or distributing any brochure, instruments, or materials for introducing it, also became punishable offences.¹³

Curbing tobacco industry interference: FCTC 2030 helped in raising awareness and advocating through various means including the investment case.¹⁵

International and regional cooperation: FCTC 2030 provided support via annual meetings and sharing opportunities, e.g. mission to Turkey, exchanges with Georgia on curbing tobacco industry interference, sharing health warning pictures with Brazil, and smoke-free inspection in Colombia.^{15,16}

3 WHO. (2018). Available from: <https://aidstream.org/files/documents/FCTC-2030-6-month-report-Oct-2018-redacted-20190618050653.pdf>

4 Burki, T. K. (2019). Tobacco control in Jordan. *The Lancet Respiratory Medicine*. doi:10.1016/s2213-2600(19)30077-3

5 Amendment to Public Health Law. (2017). Available from: <https://www.tobaccocontrolaws.org/files/live/Jordan/Jordan%20-%20Law%20no.%2011%20of%202017.pdf>

6 See Section 7.1.6 of this report

7 WHO. (2019). Available from: <https://aidstream.org/files/documents/FCTC-2030-Annual-Report-Year-2-redacted-20190618050651.pdf>

8 Jordan Times. (2019). Jordan Launches Anti tobacco campaign starting smoke-free hospitals. Available from: <http://jordantimes.com/news/local/jordan-launches-anti-tobacco-campaign-starting-smoke-free-hospitals>

9 UNDP (2019). Investment case for Tobacco Control in Jordan: The Case for Investing in WHO FCTC Implementation. Available from: <https://www.jo.undp.org/content/jordan/en/home/library/-jordan-tobacco-control-investment-case.html>

10 Ministry of Health. (2019c). Jordan's FCTC 2030 Action Plan Amman, Jordan. Available from: https://www.dropbox.com/scl/fi/e5z9ff0kq9pwaj5oeur9k/Copy-of-FCTC-2030-Jordan-WorkPlan-2019-2020_nobudget.xlsx?dl=0&rkey=7jj9ckgoz3l8z2dt1zacjd1u0

11 WHO. (2018). Available from: <https://aidstream.org/files/documents/FCTC-2030-6-month-report-Oct-2018-redacted-20190618050653.pdf>

12 See Section 7.1.6 of this report

13 Amendment to Public Health Law. (2017). Available from: <https://www.tobaccocontrolaws.org/files/live/Jordan/Jordan%20-%20Law%20no.%2011%20of%202017.pdf>

14 World Bank. (2019). Available from: <http://documents1.worldbank.org/curated/en/809891561045747696/pdf/Jordan-Overview-of-Tobacco-Use-Tobacco-Control-Legislation-and-Taxation.pdf>

15 See Section 7.1.6 of this report

16 Ministry of Health. (2019c). Jordan's FCTC 2030 Action Plan Amman, Jordan. Available from: https://www.dropbox.com/scl/fi/e5z9ff0kq9pwaj5oeur9k/Copy-of-FCTC-2030-Jordan-WorkPlan-2019-2020_nobudget.xlsx?dl=0&rkey=7jj9ckgoz3l8z2dt1zacjd1u0



Jordan Case Study:

POLICY CHANGES	Working together with, and by supporting other national activities, FCTC 2030 activities led to policy changes in two areas during 2018-2020: (1) Pictorial health warnings updated; (2) Prohibition of Point of Sale advertising.
IMPACT OR PAYBACK	One way to evaluate the payback of FCTC 2030 would be to ask the following question: what would tobacco control in Jordan have looked like if the FCTC 2030 had not been funded? This judgement about the counterfactual becomes difficult in the absence of comparative data. Based on the data on FCTC 2030 activities in Jordan and how they might have contributed to country's capacity building as well as to the two key policy changes as described above, it can be suggested that some of the benefits including survival gains, healthcare savings and economic productivity that may arise in Jordan in the next 5-15 years could be attributed to FCTC 2030. Direct technical support in various areas of tobacco control (8 activities as described above) could still lead to wider benefits that are not directly measurable or attributed to FCTC 2030. Any potential 'spill-over' effects, such as improved partnership building with wider tobacco control community or additional funding that Jordan has attracted as a result of FCTC 2030,¹⁷ can add further value.

Colombia Case Study:

CONTEXT	Colombia has an adult (18+) population of 35 million with 8.8% smoking prevalence. The total annual burden attributable to tobacco has been estimated at \$5.57billion. Tobacco use costs \$449 per smoker to the healthcare system and \$1,808 per smoker to the economy. Colombia ratified the WHO FCTC in 2008. If Colombia implemented the FCTC package of interventions – namely cigarette tax increase, Smoke-Free Policies, plain packaging, and warning labels – the country could save \$7.29billion in healthcare costs and \$11.83billion on productivity gains. The ROI of successful implementation of the FCTC package, which costs Colombia \$23.8million, could be as high as 305:1. ¹⁸ However, a number of challenges exist around effective implementation of the FCTC package, including high smoking prevalence among Colombians, socio-economic disparity in the society, availability of illicit tobacco products at affordable prices, limited coverage of graphic warnings on tobacco products and moderate levels of compliance to TAPS ban. ¹⁸
INPUTS	A total of \$335,492 was directly spent on FCTC 2030 programme in Colombia: \$136,811 in 2018, \$104,346 in 2019, \$39,566 in 2020 and \$54,769 in 2021 (until 31 March). UNDP spent \$2,104,417 over four year (2017-2020) to develop investment cases across several countries and a part of this money (\$140,294 assuming an equitable distribution over 15 Phase 1 countries) was used to develop the Colombia investment case. In addition, a part of the central FCTC 2030 programme costs (\$470,383 assuming equitable distribution over 15 Phase 1 countries) can be attributed to Colombia as being spent on international coordination and other technical support. Thus, of the total financial spend from the UK government (\$19million) on FCTC 2030, \$946,169 was effectively spent to provide financial and/or technical support to Colombia between 2018 and 2021 (until 31 March). ¹⁹
ACTIVITIES	Governance and advocacy: FCTC 2030 supported and promoted the addition of tobacco control to the National Development Plans. It has been actively involved in promoting collaborative research in tobacco control. FCTC 2030 was also involved in informing sub-national authorities about procedures for enforcing the tobacco control law.^{20,21} FCTC 2030 has helped build a structured and multifaceted team to advocate tobacco control and furthered the development of inter-sectoral public agenda.²⁰ Capacity building: FCTC 2030 was involved in directed and intensive capacity building to train health professionals to provide tobacco cessation services. It was also involved in capacity building of police and lawyers to improve enforcement of tobacco control laws.^{20,21} Smoke-free policies: FCTC 2030 specifically provided technical support to implementation of Smoke-Free Policies.²¹ It was also involved in cooperative exchanges with other countries for smoke-free inspections.²⁰

17 University of Edinburgh. (2017). Tobacco Control Capacity Programme: building capacity for applied research to reduce tobacco-related harm in LMICs. Available from: <https://www.ed.ac.uk/usher/research/projects/tobacco-control-capacity>

18 RTI International (2019). Available from: <https://www.rti.org/impact/studying-investment-tobacco-control-lmics>

19 Data obtained from the FCTC 2030 Secretariat, April 2021

20 WHO. (2018). Available from: <https://aidstream.org/files/documents/FCTC-2030-6-month-report-Oct-2018-redacted-20190618050653.pdf>

21 See Section 7.3.3 of this report



Colombia Case Study:

ACTIVITIES continued	Tobacco taxation: FCTC 2030 organised a foreign mission to learn about taxation from Turkey and facilitated the exchange of information with other countries, including Colombia.²⁰ FCTC 2030 was also actively involved in workshops with stakeholders to gain political traction for tax policies. It also provided a forum for a policy dialogue with local and international experts, providing updated insights and information on tobacco taxation.^{20,21,22} FCTC 2030 also supported the lobbying against tobacco interference at play which led to the previously adopted tax Law 1943 of 2018 being declared as unconstitutional.²² Packaging and health warnings: FCTC 2030 provided intensive technical support to introduce and implement health warning images on packaged tobacco products.^{20,21} FCTC 2030 also helped with resources and design of health warnings including funding for designers.²⁰ It has also actively promoted and been involved in advocating the plain packaging law.²⁰ TAPS bans: Since Colombia had a pre-existing ban on TAPS, FCTC 2030 provided technical assistance and training to improve monitoring and inspection by local authorities. It helped specifically with training, workshops, and technical advice.^{20,21} FCTC 2030 has also been actively engaged in combating tobacco industry interference in the implementation of the existing TAPS ban.²⁰ Curbing tobacco industry interference: FCTC 2030 helped in raising awareness and advocating through various means including the investment case.²¹ It has also actively facilitated inter sectoral dialogue between stakeholders including ministry of agriculture.²⁰ International and regional cooperation: FCTC 2030 provided support via annual meetings and sharing opportunities, e.g. mission to Turkey, exchanges with Georgia on curbing tobacco industry interference, sharing health warning pictures with Brazil, and smoke-free inspection in Colombia.^{21,23}
POLICY CHANGES	Working together with, and by supporting other national activities, FCTC 2030 activities led to policy changes in a single area during 2018-2020: (1) Pictorial health warnings updated.^{24,25}
IMPACT OR PAYBACK	One way to evaluate the payback of FCTC 2030 would be to ask the following question: what would tobacco control in Colombia have looked like if the FCTC 2030 had not been funded? Such a judgement regarding the counterfactual becomes difficult in the absence of comparative data. Based on the data on FCTC 2030 activities in Colombia and how they might have contributed to the country's capacity building as well as to the key policy change as described above, it can be suggested that some of the benefits including survival gains, healthcare savings and economic productivity that may arise in Colombia in the next five to fifteen years could be attributed to FCTC 2030 to some extent. In addition: Direct technical support in various areas of tobacco control (eight activities as described above) could perhaps lead to wider benefits that are not directly measurable or attributable to FCTC 2030. Any potential 'spill-over' effects, such as improved partnership building with wider tobacco control community or additional funding that Colombia has attracted as a result of FCTC 2030,²⁶ can add further value.

22 Assunta, M. (2019). Global Tobacco Industry Interference 2020. Available from: <https://globaltobaccoindex.org/upload/assets/OeQLgCFNDGHfy6gBe6BM5xASQ2Ciksf1EjzyWXQzwaDykgKMYJ.pdf>

23 Ministry of Health. (2019c). Jordan's FCTC 2030 Action Plan Amman, Jordan. Available from: https://www.dropbox.com/scl/fi/e5z9ff0kq9pwaj5oeur9k/Copy-of-FCTC-2030-Jordan-WorkPlan-2019-2020_nobudget.xlsx?dl=0&rlkey=7jj9ckgoz3l8z2dt1zacjd1u0

24 Ministry of Welfare. (2019). Pictograma Advertencias Sanitarias. Available from: <https://www.tobaccocontrolaws.org/files/live/Colombia/Colombia%20-%20Pictograma%202019-2020%20-%20national.pdf>

25 Ministry of Welfare. (2020). Pictograma Advertencias Sanitarias. Available from: <https://www.tobaccocontrolaws.org/files/live/Colombia/Colombia%20-%20Pictograma%202020-2021%20-%20national.pdf>

26 University of Bath. (2018). Developing effective tobacco control measures in Colombia. Available from: <https://researchportal.bath.ac.uk/en/projects/developing-effective-tobacco-control-measures-in-colombia>



Nepal case study:

CONTEXT	Nepal has an adult (18+) population of 20.5 million with a smoked tobacco use prevalence of 18.3%. The total annual burden attributable to tobacco has been estimated at \$440 million. Tobacco use costs \$2.51 per smoker to the healthcare system and \$117.7 per smoker to the economy. Nepal ratified the WHO FCTC in 2006. If Nepal implemented the FCTC package of interventions – namely tax increase, plain packaging and Smoke-Free Policies – the country could save \$112million in healthcare costs and \$1billion on productivity gains. The ROI of successful implementation of the FCTC package, which costs Nepal \$8million, could be as high as 51:1. ²⁷ However, there are several challenges around effective implementation of the FCTC package including limited enforcement of existing laws and uneven directives in place. Furthermore, Nepal currently allocates limited funds to the enforcement of smoke-free public places, thereby making full enforcement unrealistic. While a 2015 directive mandated 90% coverage by graphical health warnings on the front and back of all packaged tobacco products, reports suggest that implementation has not been comprehensive. High levels of turnover among key government positions in Nepal has also been cited as a challenge to enforcement of the tobacco control laws. ²⁷
INPUTS	A total of \$124,670 was directly spent on FCTC 2030 programme in Nepal: \$19,742 in 2018, \$50,302 in 2019, \$46,162 in 2020 and \$8,464 in 2021 (until 31 March). UNDP spent \$2,104,417 over four year (2017-2020) to develop investment cases across several countries and a part of this money (\$140,294 assuming an equitable distribution over 15 Phase 1 countries) was used to develop the Nepal investment case. In addition, a part of the central FCTC 2030 programme costs (\$470,383 assuming equitable distribution over 15 Phase 1 countries) can be attributed to Nepal as being spent on international coordination and other technical support. Thus, of the total financial spend from the UK government (\$19million) on FCTC 2030, \$735,347 was effectively spent to provide technical support to Nepal between 2018 and 2021 (until 31 March). ²⁸
ACTIVITIES	Governance and advocacy: Despite the approval of a new tobacco control bill (The Tobacco Product and Regulatory Bill, 2010) which ensured a complete ban on smoking in public places, transportation and workplaces, Nepal does not have an established national system for surveillance of patterns of tobacco consumption.²⁹ FCTC 2030 team met Ministers and other high-level officials to discuss issues that matter most to each Ministry to promote multi-sectoral action on FCTC implementation.^{30,31} The FCTC 2030 team has also been involved in the finalization of the national tobacco control strategic plan. In 2018, Nepal enforced a complete Smoke-Free Policy in health-care facilities, educational facilities, public transport, government facilities, universities, indoor offices, restaurants, pubs, and bars with simultaneous advocacy for tobacco restrictions.^{29,32} Since Nepal has no existing toll-free tobacco quit line, FCTC 2030 team was also involved in training stakeholders to establish tobacco cessation assistance. Capacity building: FCTC 2030 was actively involved in training various stakeholders to provide tobacco cessation services. Furthermore, it was also involved in organising workshops and developing technical training material. MPOWER training, both at local and national levels, was conducted.³⁰ Smoke-free policies: FCTC 2030 was specifically involved in provision of technical support and national level consultations to develop a Tobacco Control Strategy including Smoke-Free Policies.^{30,31} Nepal successfully brought in Smoke-Free Policies including prohibition of smoking in health care facilities, public transport, government facilities, universities, indoor offices, restaurants, pubs, and bars even before the introduction of FCTC 2030.^{30,33} FCTC 2030 has been involved in formation of sub-committees at the local level to ensure better law enforcement.³⁰ Tobacco taxation: FCTC 2030 was involved in advocacy of tobacco tax increase. It also planned advocacy workshops and taxation training of government officials by international experts to support an increase in taxes on all tobacco products.³⁰ In 2019, Nepal raised total taxes on tobacco products to 30%.³² However, tobacco tax in Nepal continues to remain one of the lowest in the South East Asia region.

27 RTI International (2019). Available from: <https://www.rti.org/impact/studying-investment-tobacco-control-lmics>

28 Data obtained from the FCTC 2030 Secretariat, April 2021

29 WHO (2020). FCTC report: Nepal. Available from: <https://untobaccocontrol.org/impldb/nepal/>

30 WHO. (2018). Available from: <https://aidstream.org/files/documents/FCTC-2030-6-month-report-Oct-2018-redacted-20190618050653.pdf>

31 See Section 7.5.6 of this report

32 Tobacco Control Policies. (2019). Nepal. Available from: https://staging.tobaccocontrolaws.org/legislation/factsheet/policy_status/nepal

33 The tobacco atlas (2020). Nepal. <https://tobaccoatlas.org/country/nepal/>



Nepal case study:

ACTIVITIES continued	Packaging and health warnings: Nepal introduced 90% health warnings on tobacco packaging in 2015, before the introduction of FCTC 2030.²⁹ However, the implementation of the mandate has previously been reported as of low effectiveness.²⁷ TAPS bans: Strong TAPS ban policy already in place in Nepal prior to FCTC 2030, no support from FCTC 2020.^{27,29} International and regional cooperation: FCTC 2030 provided support via provisions of international training and conferences, however Nepal was unable to attend due to time and resource constraints.³⁰
POLICY CHANGES	FCTC 2030 was involved in multiple activities both at local and provincial level in Nepal which led to policy changes in two areas during 2018-2020: (1) Tax increased to 30%; ³³ (2) NCD and Tobacco control section was established which serves as a focal person for the implementation of Tobacco control programs. ²⁹
IMPACT OR PAYBACK	One way to evaluate the payback of FCTC 2030 would be to ask the following question: what would tobacco control in Nepal have looked like if the FCTC 2030 had not been funded? The comparison between presence and absence of FCTC 2030 becomes difficult in the absence of comparative data. Based on the data on FCTC 2030 activities in Nepal and how they might have contributed to the country's capacity building as well as to the two key policy changes as described above, it can be suggested that some of the benefits including survival gains, healthcare savings and economic productivity that may arise in Nepal in the next five to fifteen years could be attributed to FCTC 2030. In addition: Direct technical support in various areas of tobacco control (eight activities as described above) could still lead to wider benefits that are not directly measurable or attributable to FCTC 2030. Any potential 'spill-over' effects, such as improved partnership building with wider tobacco control community or additional funding that Nepal has attracted possibly as a result of FCTC 2030,³⁴ can add further value.

Sierra Leone case study:

CONTEXT	Sierra Leone has an adult (18+) population of 3.6million of which 16.2% smoke tobacco products. The total annual burden attributable to tobacco has been estimated at \$54.5 million. Tobacco use costs \$7 per smoker to the healthcare system and \$91 per smoker to the economy. Sierra Leone ratified the WHO FCTC in 2009. If Sierra Leone implemented the FCTC package of interventions – namely tax increase, mass media, TAPS bans, Smoke-Free Policies and warning labels – the country could save \$68million in healthcare costs and \$188million on productivity gains. The ROI of successful implementation of the FCTC package, which costs Sierra Leone \$9.7million, could be 26:1. ³⁵ However, there are several challenges around effective implementation of FCTC package, e.g., weak tobacco law enforcements, low socioeconomic status which correlates with tobacco use, shisha smoking among the youths, illicit tobacco trade from neighbouring countries, no laws mandating health warnings on tobacco packages, complex legislative systems, and lack of multi-sectoral strategy for tobacco control. ³⁵
INPUTS	A total of \$136,181 was directly spent on FCTC 2030 programme in Sierra Leone: \$3,558 in 2018, \$85,015 in 2019, \$38,899 in 2020 and \$8,709 in 2021 (until 31 March). UNDP spent \$2,104,417 over four year (2017-2020) to develop investment cases across several countries and a part of this money (\$140,294 assuming an equitable distribution over 15 Phase 1 countries) was used to develop the Sierra Leone investment case. In addition, a part of the central FCTC 2030 programme costs (\$470,383 assuming equitable distribution over 15 Phase 1 countries) can be attributed to Sierra Leone as being spent on international coordination and other technical support. Thus, of the total financial spend from the UK government (\$19million) on FCTC 2030, \$746,858 was effectively spent to provide technical support to Sierra Leone between 2018 and 2021 (until 31 March). ³⁶

34 Bloomberg Initiative to Reduce Tobacco Use. (2018). Action Nepal. https://tobaccocontrolgrants.org/What-we-fund?who_region=SEARO&country_id=11&date_type=2&date_from=&date_to=&submit=Search

35 UNDP Investment Case (2019). Sierra Leone. Available from: <https://www.sl.undp.org/content/sierraleone/en/home/library/investment-case-for-tobacco-control-in-sierra-leone-report.html>

36 Data obtained from the FCTC 2030 Secretariat, April 2021



Sierra Leone case study:

ACTIVITIES	Governance and advocacy: FCTC 2030 reactivated Sierra Leone's tobacco task force and appointed a focal person for tobacco control.³⁷ It also drafted the tobacco control bill, with the support of the government, for legislative review. FCTC 2030 provided technical and financial support for tobacco control activities, such as workshops for World no tobacco day.³⁷ Even though Sierra Leone does not have Smoke-Free Policies and bans on TAPS, FCTC 2030 facilitated multi sectoral collaborations for tobacco control legislations.³⁷ FCTC 2030 also advocated for the adoption of excise tax stamps regulation in the finance act, 2019.³⁷ The FCTC Investment Case was launched in June 2019.³⁵ Capacity building: FCTC 2030 provided expert knowledge and trained lawyers on Tobacco Control Bill.³⁷ FCTC 2030 arranged for training on tobacco taxation in South Africa for staff from the finance sector. It also collaborated with CSOs to create awareness on dangers of tobacco use on radio and TVs and organised training for staff in the NCDs directorates.³⁷ Smoke-free policies: FCTC 2030 provided financial support for the implementation of FCTC 2030 interventions. However, there are no instituted Smoke-Free Policies in Sierra Leone currently.³⁸ Tobacco taxation: FCTC 2030 worked with the Sierra Leone government on tobacco tax legislation and ensured an excise tax raise from 0% to 30% on tobacco products.³⁹ FCTC 2030 further provided training and subsequently increased knowledge on tobacco taxation among government officials.³⁷ Packaging and health warnings: FCTC 2030 contributed to knowledge on plain tobacco packaging through workshops; however, Sierra Leone is yet to implement plain packaging and health warning policies.^{37,38,40} TAPS bans: FCTC 2030 provided support for enacting tobacco control policies. Regardless, Sierra Leone has not implemented any bans on tobacco products advertisement, promotion, and advertisement.³⁸ Curbing tobacco industry interference: FCTC 2030 provided guidelines on managing tobacco industry/business interferences.³⁷ International and regional cooperation: FCTC 2030 provided funding for training and workshops on tobacco taxation and control policies in South Africa and Australia.³⁷
POLICY CHANGES	Working together with, and by supporting other national activities, FCTC 2030 activities led to a policy change: (1) tobacco excise tax increased from 0% to 30%.^{37,39}
IMPACT OR PAYBACK	One way to evaluate the payback of FCTC 2030 would be to ask the following question: what would tobacco control in Sierra Leone have looked like if the FCTC 2030 had not been funded? This judgement about the counterfactual becomes difficult in the absence of comparative data. Based on the data on FCTC 2030 activities in Sierra Leone and how they might have contributed to country's capacity building as well as to the key policy change as described above, it can be suggested that some of the benefits including survival gains, healthcare savings and economic productivity that may arise in Sierra Leone in the next five to fifteen years could be attributed to FCTC 2030. In addition, Direct technical support in various areas of tobacco control (eight activities as described above) could still lead to wider benefits that are not directly measurable or attributed to FCTC 2030. Any potential 'spill-over' effects, such as improved partnership building with wider tobacco control community,³⁷ can add further value.

³⁷ See Section 7.4.6 of this report

³⁸ WHO report on the global tobacco epidemic. (2019). Country profile: Sierra Leone. Available from: https://www.who.int/tobacco/surveillance/policy/country_profile/sle.pdf

³⁹ Witter, S., Zou, G., Diaconu, K., Senesi, R. G., Idriss, A., Walley, J., Wurie, H. R. (2020). Opportunities and challenges for delivering non-communicable disease management and services in fragile and post-conflict settings: perceptions of policymakers and health providers in Sierra Leone. *Conflict and health*, 14(1), 1-14

⁴⁰ WHO (2020). FCTC report: Sierra Leone. Available from: <https://untobaccocontrol.org/impldb/sierra-leone/>



Zambia case study:

CONTEXT	Zambia has an adult (18+) population of 7.9million of which 13.8% smoke tobacco products. The total annual burden attributable to tobacco has been estimated at \$304million. Tobacco use costs \$7 per smoker to the healthcare system and \$276 per smoker to the economy. Zambia acceded to WHO FCTC in 2008. If Zambia implemented the FCTC package of interventions – namely tax increase, mass media, TAPS bans, Smoke-Free Policies and warning labels – the country could save \$73million in healthcare costs and \$1.25billion on productivity gains. The ROI of successful implementation of the FCTC package, which costs Zambia \$31.9million, could be 42:1. ⁴¹ However, there are several challenges around effective implementation of FCTC package, e.g., strong tobacco industry interferences, weak law enforcement, no restrictions on sale of tobacco products from vending machines, no law prohibiting sale of cigarettes individually or in small packets there is no law requiring plain packaging, lack of multi-sectoral engagement, and lack of clear government objectives on tobacco control. ^{42,43}
INPUTS	A total of \$366,048 was directly spent on FCTC 2030 programme in Zambia: \$3,525 in 2017, \$68,379 in 2018, \$156,872 in 2019, \$94,770 in 2020 and \$42,502 in 2021 (until 31 March). UNDP spent \$2,104,417 over four year (2017-2020) to develop investment cases across several countries and a part of this money (\$140,294 assuming an equitable distribution over 15 Phase 1 countries) was used to develop the Zambia investment case. In addition, a part of the central FCTC 2030 programme costs (\$470,383 assuming equitable distribution over 15 Phase 1 countries) can be attributed to Zambia as being spent on international coordination and other technical support. Thus, of the total financial spend from the UK government (\$19million) on FCTC 2030, \$976,725 was effectively spent to provide technical support to Zambia between 2017 and 2021 (until 31 March). ⁴⁴
ACTIVITIES	Governance and advocacy: FCTC 2030 provided funds for the establishment of a tobacco control secretariat, core tobacco control management team, and for drafting a tobacco control bill. FCTC 2030 further appointed a focal person for tobacco control in Zambia. FCTC 2030 also raised awareness on risk factors of NCDs through advertisements with the president of Zambia. FCTC 2030 held bilateral meetings with relevant ministries, students, parliamentarians, civil societies, media, tobacco farmers and academia on tobacco farming and the prospects of other alternative sources of livelihoods.⁴⁵ The FCTC Investment Case was launched in July 2019.⁴¹ Capacity building: FCTC 2030 provided funding for the training of lawyers on tobacco taxation and legislation in Australia. FCTC 2030 also offered technical support to politicians and parliamentarians, through workshops, to understand the FCTC provisions on tobacco control, and this subsequently led to the formulation of the Tobacco Control Bill.⁴⁵ Smoke-free policies: FCTC 2030 helped Zambia in zoning smoke-free areas/facilities and promoted the adherence to Smoke-Free Policies by the populace.^{42,45} Tobacco taxation: FCTC 2030 provided technical support to Zambia to raise its tax on tobacco products tax from 37% in 2016 to 41.2% in 2018 (4.2% increase).⁴⁶ Packaging and health warnings: FCTC 2030 provided technical and financial support for the drafting of a tobacco bill which included articles on health warnings on tobacco packages.⁴⁵ TAPS bans: FCTC 2030 assisted in spelling out clearly bans on tobacco advertisement, promotion, and sponsorship in the formulation of Zambia's Tobacco Control Bill.⁴⁵ Curbing tobacco industry interference: FCTC 2030 encouraged Zambia to defend against tobacco industry interference by providing them with a legal framework to address such interferences.⁴⁵ International and regional cooperation: FCTC 2030 helped Zambia engage with countries like Tanzania and Zimbabwe that also grow tobacco to understand FCTC 2030 provisions on viable alternatives for tobacco farmers. FCTC 2030 also promoted interactions between tobacco stakeholders in Zambia and international organisations such as the UNDP to understand tobacco control policies.⁴⁵
POLICY CHANGES	Working together with, and by supporting other national activities, FCTC 2030 activities led to policy changes in three areas during 2018-2020: (1) drafting of tobacco control bill; (2) Zoning of smoke-free areas; and (3) Tax increase from 37% to 41.2%. ^{45,46}

41 UNDP Investment Case (2019). Zambia. Available from: <https://www.dropbox.com/s/6ixlow4mwjn9i9c/Report%20Zambia%20FCTC%20Investment%20Case.pdf?dl=0>

42 WHO (2019). Report on the global tobacco epidemic. Country profile, Zambia. Available from: https://www.who.int/tobacco/surveillance/policy/country_profile/zmb.pdf

43 WHO FCTC (2020). Factsheets. Zambia. Available from: <https://untobaccocontrol.org/impldb/zambia/>

44 Data obtained from the FCTC 2030 Secretariat, April 2021

45 See Section 7.2.6 of this report

46 Stoklosa, M., Goma, F., Nargis, N., Drope, J., Chelwa, G., Chisha, Z. Fong, G. T. (2019). Price, tax and tobacco product substitution in Zambia: findings from the ITC Zambia Surveys. Tobacco Control, 28(Suppl 1), s45-s52



Zambia case study:

IMPACT OR PAYBACK

One way to evaluate the payback of FCTC 2030 would be to ask the following question: **what would tobacco control in Zambia have looked like if the FCTC 2030 had not been funded?** This judgement about the counterfactual becomes difficult in the absence of comparative data. Based on the data on FCTC 2030 activities in Zambia and how they might have contributed to country's capacity building as well as to the two key policy changes as described above, it can be suggested that some of the benefits including survival gains, healthcare savings and economic productivity that may arise in Zambia in the next five to fifteen years could be attributed to FCTC 2030.

Direct technical support in various areas of tobacco control (eight activities as described above) could still lead to wider benefits that are not directly measurable or attributed to FCTC 2030.

Any potential 'spill-over' effects, such as improved partnership building with wider tobacco control community,⁴⁷ can add further value.

Results from the Scoring Panel's assessment

A total of nine Scoring Panel members returned their scores on the five case studies (n=45) with 405 data points available for analysis. The mean, median and IQR are provided in Table A3. As can be seen in Table A3, most scoring panel members agreed that FCTC 2030's contribution has been valuable or very valuable across many activities that they scored. For example, the scorers agreed

that FCTC 2030 had generated greater payback in terms of governance in Jordan, Colombia, Sierra Leone and Zambia (all median values ≥ 4 with $IQR \leq 1$) than in Nepal (median=3, $IQR=1$). However, there was a strong agreement that FCTC 2030 activities generated payback in capacity building activity in all five countries. Variation in the payback by countries existed in other activities. Overall, the scorers agreed that FCTC 2030's payback in Jordan, Colombia and Zambia have been greater than that in Nepal and Sierra Leone.

Table A3: Scoring Panel's assessment of payback (how valuable FCTC 2030's contributions have been) by countries

FCTC 2030 ACTIVITY	SUMMARY MEASURE	JORDAN (N=9)	COLOMBIA (N=9)	NEPAL (N=9)	SIERRA LEONE (N=9)	ZAMBIA (N=9)	ALL FIVE COUNTRIES (N=45)
GOVERNANCE	Mean	4.33	4.22	3.55	4.33	4.56	4.2
	SD	0.5	0.44	0.73	0.71	0.53	0.66
	Median	4	4	3	4	5	4
	IQR	1	0	1	1	1	1
CAPACITY BUILDING	Mean	4.22	4.11	3.89	4.11	4.44	4.16
	SD	0.67	0.6	0.78	0.33	0.53	0.6
	Median	4	4	4	4	4	4
	IQR	1	0	1	0	1	1
SMOKEFREE POLICIES	Mean	4.22	3.56	4	2.22	3.89	3.58
	SD	0.44	0.53	0.87	0.67	0.33	0.92
	Median	4	4	4	2	4	4
	IQR	0	1	2	1	0	1

⁴⁷ See Section 7.2.4 of this report



Table A3: Scoring Panel's assessment of payback (how valuable FCTC 2030's contributions have been) by countries

FCTC 2030 ACTIVITY	SUMMARY MEASURE	JORDAN (N=9)	COLOMBIA (N=9)	NEPAL (N=9)	SIERRA LEONE (N=9)	ZAMBIA (N=9)	ALL FIVE COUNTRIES (N=45)
TAXATION	Mean	2.78	3.89	4.11	4.33	4.33	3.89
	SD	0.67	0.6	0.6	0.5	0.5	0.8
	Median	3	4	4	4	4	4
	IQR	1	0	0	1	1	0
PACKAGING AND HEALTH WARNINGS	Mean	3.89	3.89	2.22	2.67	3.67	3.27
	SD	0.93	0.93	1.09	0.87	0.87	1.14
	Median	4	4	2	2	4	3
	IQR	2	0	2	1	1	2
TAPS BANS	Mean	3.89	3.89	2.11	2.33	4	3.24
	SD	1.27	0.33	0.93	0.87	0.5	1.17
	Median	4	4	2	2	4	4
	IQR	1	0	2	1	0	2
CURBING TOBACCO INDUSTRY INTERFERENCE	Mean	3	3.78	2.44	3.11	3.89	3.24
	SD	1.22	0.44	0.893	1.67	0.6	1.03
	Median	3	4	3	3	4	3
	IQR	1	0	1	1	0	1
INTERNATIONAL AND REGIONAL COOPERATION	Mean	4	4.11	2	3.56	4.22	3.58
	SD	0.87	0.6	1	0.73	0.44	1.1
	Median	4	4	2	3	4	4
	IQR	2	0	2	1	0	1
OVERALL PAYBACK	Mean	4	3.89	3.22	3.44	4.22	3.76
	SD	0.5	0.33	0.67	0.73	0.44	0.65
	Median	4	4	3	3	4	4
	IQR	0	0	1	1	0	1
ROBUSTNESS CHECK							
INTERNAL VALIDITY	Cronbach's alpha**	0.7035	0.5206	0.8729	0.7729	0.7408	0.7784
IMPACT OF WIDER KNOWLEDGE	Mann Whitney U-test***	0.000	0.707	-0.433	-0.586	-0.808	-0.758

* Scores coded as 1=Not valuable; 2=Not very valuable; 3=Neutral; 4=Valuable; 5=Very valuable. A median score of ≥ 4 with $IQR \leq 1$ (**bold** faced figures) indicated consensus among the respondents.

**A Cronbach's alpha of ≥ 0.70 (*italicised bold*-faced figures) indicates high internal consistency, as would be expected if the scale items measured a single construct. The 'Overall payback' category was excluded in calculating Cronbach's alpha.

***Mann Whitney U test assessing the impact of a scorer's wider knowledge on their scoring (all insignificant). not



shown in the table are Mann Whitney U test scores for the eight activities – all but ‘packaging and health warnings’ and ‘international and regional cooperation’ were not statistically significant.

The above findings showed substantial variation in payback (as perceived by the Scoring Panel) in FCTC 2030 activities and by countries. As expected, these variations were much greater than the focal persons’ assessments presented above [see section 6.1 of main report]. An

extended analysis however suggested that positive correlation existed between the inputs (FCTC 2030 dollars spent in the countries) and payback (scores) across all but one activity (taxation), as shown in Table A4.

Table A4: Correlation between inputs (FCTC 2030 spend) and payback (scores) by activity

FCTC 2030 ACTIVITY	Spearman's correlation coefficient
GOVERNANCE	0.3530*
CAPACITY BUILDING	0.2336
SMOKEFREE POLICIES	0.3426*
TAXATION	-0.4450*
PACKAGING AND HEALTH WARNINGS	0.5240*
TAPS BANS	0.6770*
CURBING TOBACCO INDUSTRY INTERFERENCE	0.3341*
INTERNATIONAL AND REGIONAL COOPERATION	0.5839*
OVERALL PAYBACK	0.5282*

*significant at <0.05

The median scores were used to generate a visual representation of value for money, known as the ‘payback profile’ for each country. Figure 3 provides the ‘payback profiles’ for each individual country as well as for all five countries together. The size and shape of each octagon represents the ‘payback profile’ and in general, they indicate a positive payback from FCTC 2030. However, there was substantial variation in the perceived payback by country. For example, Nepal and Sierra Leone were perceived to have provided the lowest payback amongst the five countries included (the innermost octagons, in Figure 2 bottom right) and Zambia the most (the

outermost octagon in Figure 2 bottom right), with other countries’ payback profiles falling in between the two. The observation that Nepal provided the least payback amongst the five countries is also consistent with the country focal persons’ assessment as described above [see section 6.2.5 of main report]. The payback profiles also indicate what FCTC 2030 activity drove the overall payback. As can be seen in Figure 2, all eight activities in Colombia equally contributed to the payback whilst in Jordan taxation and curbing tobacco industry interference did not contribute to payback as much as other activities.

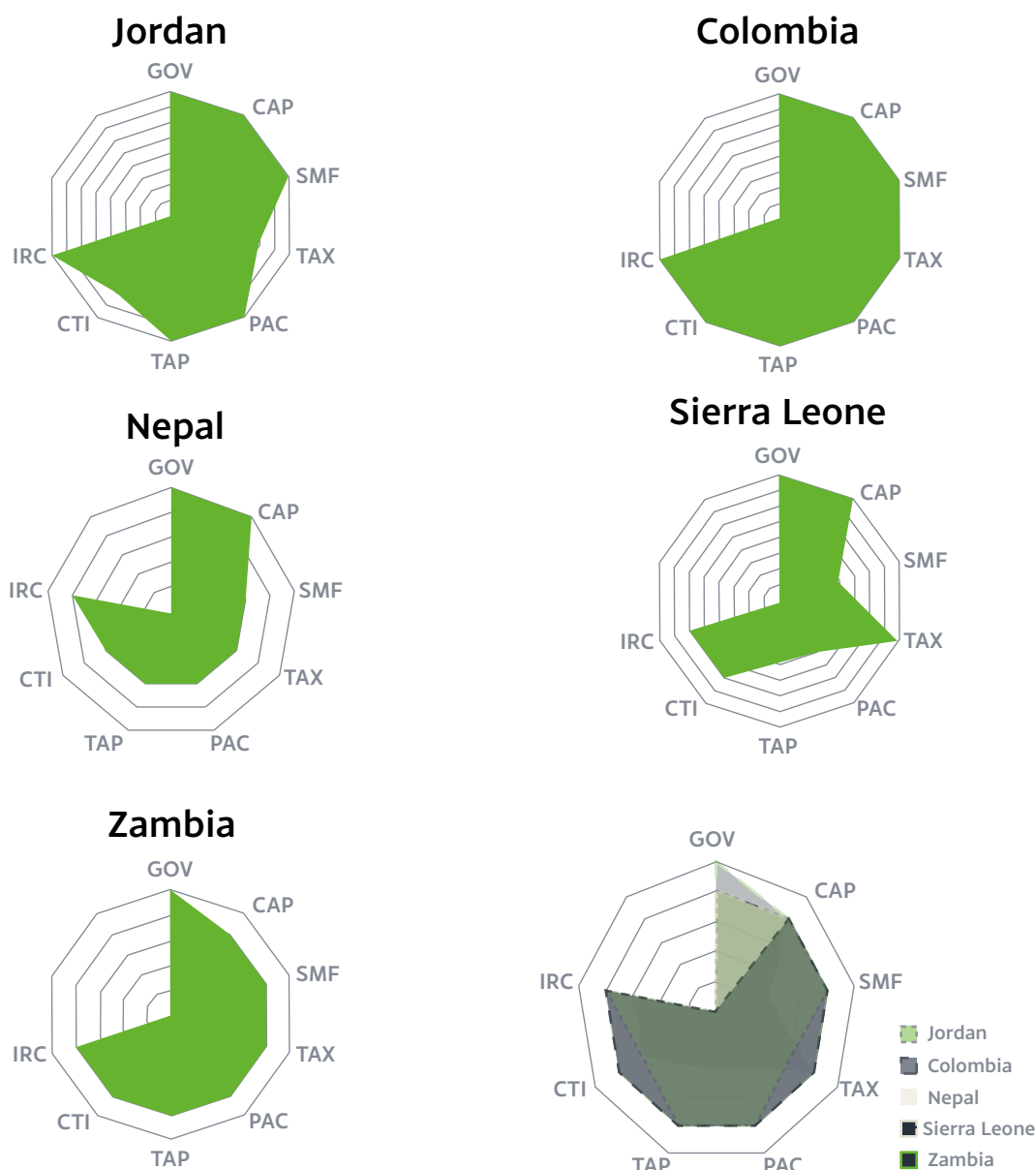


Figure 2: 'Payback profile' of the five countries based on the Scoring Panel's judgements

Legends: GOV=Governance; CAP=Capacity building; SMF=Smokefree policies; TAX=Taxation; PAC=Packaging and health warnings; TAP=TAPS bans; CTI=Curbing tobacco industry interference; IRC=International and regional cooperation.

Potential ROI in the five countries

Whilst it is impossible to translate the above evidence of potential impact of FCTC across the five countries into a quantitative measure of cost-effectiveness, a crude and indirect mapping of ROI was attempted. These figures however need to be taken as indicative only, with an extreme caution that the limitations present in deriving these figures present huge uncertainties.

Table A5 summarises modelled scenarios in which key FCTC 2030 activities reported earlier were assumed to have led to the level of investment required to realise the benefits of tobacco control in the five countries. In these scenarios, all countries would have large returns on investment, provided FCTC 2030 played a critical role in generating those additional investments. Of course, there were other benefits of FCTC 2030 as described in the earlier section. However, just focussing on the most tangible policy changes in



Table A5: Modelled scenarios if FCTC 2030 spend led to other investments required to realise the benefits of tobacco control in the five countries*

COUNTRY	FCTC 2030 SUPPORTED IN	FCTC 2030 SPEND (USD)	OTHER INVESTMENT REQUIRED (USD)	VALUE OF BENEFITS GENERATED (USD)	POTENTIAL ROI	% OF FCTC SPEND AS THE VALUE OF THE BENEFITS
JORDAN	Pictorial health warnings** update; Prohibition of Point of Sale advertising**	1,033,565	8,460,000	3,168,270,000	333	0.03
COLOMBIA	Pictorial health warnings** update	946,169	7,848,000	5,179,680,000	588	0.02
NEPAL	Tobacco tax** increase; Strengthening of governance	735,347	1,862,400	1,083,916,800	416	0.07
SIERRA LEONE	Tobacco excise tax** increase	746,858	1,215,000	131,220,000	66	0.57
ZAMBIA	Drafting Tobacco Control Bill; Tax** increase	976,725	3,145,800	440,412,000	106	0.22

*Crude estimate based on the UNDP/RTI investment model. The ROI is for 'combined effect' of FCTC 2030 plus other investments required for the policy implementation. A 15-year time horizon is assumed.

**Assumes only these interventions in the calculation above.

these five countries, the estimated ROI figures below provide an indication that FCTC 2030 spend might have been a good value for money, particularly in the context that this spend is a tiny fraction (between 0.02% and 0.57%) of the estimated value of the benefits generated.

A new method to evaluate 'value for money'

This study sought to answer whether FCTC 2030 spend was cost-effective, i.e. whether FCTC 2030 provided a positive return on investment. Given FCTC 2030 was an activity-based support project, lack of comparative data (no control) meant that no quantitative measure of cost-effectiveness (such as incremental cost per QALY or economic returns per £1 invested) could be estimated. Rather, a payback logic model² was used to assess 'value for money'. This method required

us to use various sources of data (literature review, interviews, surveys) to create case studies highlighting the flow between inputs (dollars spent) to the key activities of FCTC 2030 that may have generated immediate policy changes, strengthened existing policies, and through that may have generated longer term impacts in reducing tobacco use and saving lives and resources. These narratives were then used to score the level of impact to decide whether FCTC 2030 in fact generated any value for money. This method has been widely used in evaluating the payback from research investments¹⁹ and we were able to apply this method successfully in our analysis of the FCTC 2030 programme.

Strengths and limitations

A key strength of this study is its ability to generate case studies that were informed not



only by the findings from the qualitative part of the evaluation but also by making use of wider data sourced from the literature. In addition to the key limitation of not being able to apply the standard cost/QALY or ROI as described above, the study was also constrained by a smaller sample size (five countries for case studies) and potential biases that may have affected the way the payback from FCTC 2030 were scored. However, the included five case studies provided enough variation between them and the nine items (eight activity-based impact and one overall impact) included in the scoring process (altogether 405 data points) contributed to the robustness of the findings. The high value of Cronbach's alpha in four of the five countries as well as when all five countries were taken together ensured internal consistency in scores. The use of wider knowledge in scoring decisions did not affect most (six out of eight) of the scoring items (activities), thus ruling out the presence of any potential bias due to the fact that some scorers had more knowledge of tobacco control landscape in a particular country than others. In addition, the threshold value used to determine consensus of payback (i.e. median score ≥ 4 with IQR ≤ 1) made it certain that at least half of the opinions fell within one point of the scale. On that basis, it was helpful to conclude whether there was 'sufficient evidence' that FCTC 2030 provided good value for money, despite the fact that the analysis was not able to capture many other potential positive externalities.

Conclusions

Based on the findings of this study, four conclusions can be made:

Overall, FCTC 2030 appears to have provided good 'value for money' but the size of this payback is country-specific

Based on the findings, there is sufficient evidence to conclude that FCTC 2030 generated good value for money overall but the size of the payback or 'value for money' was country-specific. Colombia, Jordan and Zambia generated higher value for money than Nepal and Sierra Leone. However, this may not necessarily mean that the impact

of the FCTC 2030 programme was less positive in Nepal and Sierra Leone. Rather, the lower value for money may reflect the reality that the marginal return on investment is lower precisely because tobacco control advancement was more challenging in those countries.

To explain this, it is important to look at the baseline (or contexts) of each country. In Nepal, effective enforcement of existing laws has been an ongoing challenge due to high levels of turnover among key government positions. This may in turn have slowed the progress of the FCTC 2030 project as the success relies heavily on the uninterrupted engagement and partnership between the project and the government as a key stakeholder. Nevertheless, the examples of strengthening activities in Nepal around governance, capacity building, taxation, health warnings, etc. could not have happened without FCTC 2030 support even though these changes were very small (incremental) in nature. In other words, FCTC 2030 appears to have helped Nepal to continue to keep tobacco control on its agenda, even if that meant very little change (e.g. small tax rise) has occurred or at least the country did not reverse the progress made in the last decade. Managing to escape any deterioration in tobacco control can still be a measure of success in such challenging contexts. The main report provides several examples of resistance and barriers faced in certain countries and any progress (or lack of) made in those countries [see section 6.2.5.5 of main report]. In fact, some countries were chosen with a variation (intended) in their engagement with the FCTC 2030 programme, e.g. Nepal was specifically included because it showed least engagement while others like Colombia was selected for the opposite reason. Therefore, baseline does matter in such an evaluation and what appears to be a smaller payback in Nepal compared to, say, Colombia can still be considered as a success story.

Likewise, Sierra Leone shares many contextual challenges and slow progress with Nepal. For example, even though it was a smaller change, the government in Sierra Leone did increase excise tax from 0-30% on tobacco products,



thanks, to an extent, the support provided by FCTC 2030 towards Sierra Leone's tobacco tax legislation. Without FCTC 2030 support, it appears that progress made in tobacco control over the last decade in Sierra Leone could have been reversed. Therefore, this does reflect a marginal return on investment; the size of which is smaller though than the other countries such as Colombia and Zambia. As illustrated in the modelled scenarios, if FCTC 2030 could facilitate a policy change, this change alone would generate a return of at least USD 66 for every dollar spent.

The value for money was driven by different activities in different countries

The findings clearly showed that not all FCTC 2030 activities were equally effective in driving the value for money. Overall, FCTC 2030's capacity building activities were a key driver of payback across all the five countries included in the deep-dive approach. In high success countries where marginal return on investment was higher (Colombia and Zambia), all eight activities contributed almost equally to generate the value for money. In low success countries where marginal return on investment was smaller (Nepal, Sierra Leone), however, payback was largely driven by FCTC203's contribution to advancing change (even if small) in their taxation policies. In the medium success country (Jordan), the key drivers of payback were FCTC 2030's support to governance, capacity building, Smoke-Free Policies, packaging and health warning, TAPS bans and international and regional cooperation. These variations in the drivers of payback paints a mixed picture that FCTC 2030 can be very effective in some countries across all activities whereas in other countries effectiveness in a small number of activities can still be considered as FCTC 2030's success.

In general, the value for money was positively and significantly correlated with the level of inputs (dollars spent)

The analysis revealed that the correlation between the measure of payback (scores) and the level of funding (dollars received by countries) was positive and statistically significant across

six of the eight activities. This was as expected as having more resources may have provided more or better opportunities for more effective support and that may in turn have led to impact or payback. In other words, it costs more to make more progress with tobacco control but this additional cost seems to have been justified by the marginal benefits (i.e. the overall impact of FCTC 2030). This is further supported by the fact that the correlation was negative but statistically significant for taxation. This may be because in the two countries where most payback came from taxation (Nepal and Sierra Leone) the size of the marginal benefits assessed for these countries were smaller compared to the other three. As might have happened in Nepal and Sierra Leone, very often less favourable baseline (challenging contexts) means that they require more resources but the challenging context can have an extremely limiting effect on the progress to be made. In addition, the findings from the focal person survey described in the main report suggested that there was a positive correlation between the financial inputs (defined as no support, financial only, technical only and both) and the progress made (defined as no change, some change, partial change and full change) across most activities except for taxation which was negative (See table 14 in the main report). Therefore, it can be concluded that the higher the FCTC 2030 dollars spent, the more progress a country can make with its tobacco control agenda, provided that the size of the marginal benefits from FCTC 2030 remains justified by the level of funding it receives.

Whilst variation in payback from FCTC 2030 across countries is inevitable, there may be lessons to be learnt for future projects

This study employed a new method to evaluate FCTC 2030's payback or value for money. However, this was more of a consequence of not having comparative data to be able to apply standard economic evaluation framework to assess the FCTC 2030's cost-effectiveness, rather than the employed method being a novel one. Therefore, whilst countries are expected to generate differential payback depending on the contexts (baseline),



in which activity projects like FCTC 2030 can be more effective within that context, and the level of funding available, there are at least two important lessons here to be learnt. Firstly, any future FCTC 2030-type project should consider cost-effectiveness evaluation right from the onset and build a system of collecting comparative data prospectively. This may require a small fraction of the funding but it is well justified based on the potential to remove uncertainties that are present in the current evaluation. Secondly, more nuanced future analysis of inputs (i.e. dollars spent) by cost-centres (i.e. activity) may identify where efficiency savings could be made. These improvements together will help further our understanding about the country-level variation in payback from FCTC 2030-like projects across countries, over and above the contextual differences.



Bibliography for 'Value for money Assessment'

1. Drummond, M.F., Sculpher, M.J., Claxton, K., Stoddart, G.L. and Torrance, G.W. (2015). Methods for the economic evaluation of health care programmes. Oxford university press.
2. Donovan, C. and Hanney, S. (2011). The 'payback framework' explained. Research Evaluation, 20(3), pp.181-183.
3. Healthy Behaviours Team. (2017). Official development assistance project: strengthening tobacco control in low- and middle-income countries. Department of Health.
4. RTI International (2017). Studying Investment in Tobacco Control in Low- and Middle- Income countries. Available from: <https://www.rti.org/impact/studying-investment-tobacco-control-lmics>.
5. RTI International (2019). Available from: <https://www.rti.org/impact/studying-investment-tobacco-control-lmics>.
6. UNDP (2019). Investment cases for tobacco control. Available from: <https://www.undp.org/search?q=tobacco+investment+cases>.
7. Ministry of Health. (2019c). Jordan's FCTC 2030 Action Plan Amman, Jordan. Available from: https://www.dropbox.com/scl/fi/e5z9ff0kq9pwaj5oeur9k/Copy-of-FCTC-2030-Jordan-WorkPlan-2019-2020_nobudget.xlsx?dl=0&rlkey=7jj9ckgoz3l8z2dt1zacjd1u0
8. WHO. (2018). Available from: <https://aidstream.org/files/documents/FCTC-2030-6-month-report-Oct-2018-redacted-20190618050653.pdf>
9. Government of Jordan. (2019). Series Exchange on Jordan's Status on the Protocol to Eliminate Illicit Trade in Tobacco Products Amman, Jordan. Available from: <https://www.dropbox.com/s/9sidhpl880gm4ky/Illicit%20Trade%20Protocol%20Letters.pdf?dl=0>
10. World Bank. (2019). Available from: <http://documents1.worldbank.org/curated/en/809891561045747696/pdf/Jordan-Overview-of-Tobacco-Use-Tobacco-Control-Legislation-and-Taxation.pdf>
11. Ministerio de Salud y Protección Social. (2019). Available from: <https://www.minsalud.gov.co/English/Paginas/Tobacco-Use-Cost-Colombia-17-Trillion-Pesos-in-2017.aspx>
12. The tobacco atlas (2019). Country Profile – Colombia. Available from: <https://tobaccoatlas.org/country/colombia/>.
13. Bank T.W. (2019). A Global Review of Country Experiences in Technical Report of the World Bank Group Global Tobacco Control Program.
14. Siddiqi et al. (2021). FCTC 2030 Evaluation Report (York Team's Analysis)
15. WHO (2020). FCTC report: Nepal. Available from: <https://untobaccocontrol.org/impldb/nepal/>.
16. UNDP (2019). Investment Cases – Sierra Leone. Available from: <https://www.sl.undp.org/content/sierraleone/en/home/library/investment-case-for-tobacco-control-in-sierra-leone-report.html>.
17. Witter, S., Zou, G., Diaconu, K., Senesi, R. G., Idriss, A., Walley, J., Wurie, H. R. (2020). Opportunities and challenges for delivering non-communicable disease management and services in fragile and post-conflict settings: perceptions of policymakers and health providers in Sierra Leone. *Conflict and health*, 14(1), 1-14.
18. WHO (2019). Report on the global tobacco epidemic. Country profile, Zambia. https://www.who.int/tobacco/surveillance/policy/country_profile/zmb.pdf. (Accessed on 19/12/20).
19. Wooding, S., Hanney, S., Buxton, M., Grant, J. (2005). Payback arising from research funding: evaluation of the Arthritis Research Campaign Rheumatology, 44(9): 1145-1156. Available from: <https://doi.org/10.1093/rheumatology/keh708>





UNIVERSITY
of York