



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

CONFERENCE OF THE PARTIES TO THE
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

FCTC/COP/10/14
19 May 2023

Tenth session
Panama City, Panama, 20–25 November 2023
Provisional agenda item 7.2

Implementation Review Mechanism

Report by the Convention Secretariat

Purpose of the document

In accordance with decision FCTC/COP9(2), the present report is resubmitted to the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (WHO FCTC), without change from document FCTC/COP/9/11. The report describes the pilot project exercise for an Implementation Review Mechanism for the WHO FCTC carried out in accordance with decision FCTC/COP8(16) and Specific Objective 3.1.2 of the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development Through the Implementation of the WHO FCTC 2019–2025*.

Action by the Conference of the Parties

The COP is invited to note the present report and consider adopting the draft decision contained in Annex 3 of the present report.

Contribution to the Sustainable Development Goals (SDGs): All SDGs; in particular SDG 3 and Target 3.a.

Link to Workplan and Budget item: 3.1.2.

Additional financial implications if not included in the Workplan and Budget: None.

Related document(s): None.

BACKGROUND

1. In decision FCTC/COP6(15), the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (WHO FCTC) established the Expert Group on Reporting Arrangements under the WHO FCTC, among others, to make recommendations on the development of a reporting and implementation review mechanism under the WHO FCTC. In its report FCTC/COP/7/15, the Expert Group agreed that an Implementation Review Mechanism (IRM) under the WHO FCTC was needed to improve implementation of the Convention, and that this mechanism could also facilitate provision of focused support to Parties. The Expert Group recommended that an Implementation Review Committee be established and proposed its terms of reference. In decision FCTC/COP7(13), the COP established a working group to develop a draft medium-term strategic framework (MTSF) to guide the development of biennial workplans, budgets and implementation support for consideration by the COP and mandated, among other actions, make recommendations for an ongoing mechanism for the systematic review of the Parties' support and assistance needs for consideration by the COP.

2. In decision FCTC/COP8(16), the COP adopted the MTSF, referred to as the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025*. Strategic Objective 3.1.2 of the Global Strategy called for the creation, by 2020, of a peer-led IRM to facilitate addressing gaps and challenges of individual Parties, share lessons learned and contribute to the implementation of the Global Strategy. Further, the COP requested the Convention Secretariat to conduct, through the voluntary participation of up to 12 Parties, a pilot project exercise for the IRM, as well as the development of its terms of reference, as appropriate, and to report to the Ninth session of the COP (COP9) on the outcome of the pilot project and to present a costed strategy, and related terms of reference, for its further consideration.

PROCEDURAL MATTERS

3. The Convention Secretariat set up an IRM pilot project exercise and through a note verbale issued in May 2019 called for volunteer Parties to express their interest in participating in the exercise. The note verbale explained the pilot project and requested the submission of formal expression-of-interest letters. In addition, the Convention Secretariat identified and invited nine experts to advise on the process and carry out the implementation review of the volunteer Parties.

4. Twenty-five formal expressions of interest were received (six from Parties in the African Region, seven from the Region of the Americas, two from the Eastern Mediterranean Region, four from the European Region, three from the South-East Asia Region and three from the Western Pacific Region), from which 12 were chosen, using as selection criteria regional representation (two Parties from each of the six WHO regions), as well as considerations related to income category, population size, language, availability of implementation data and whether the Party had received other support through a needs assessment or the FCTC 2030 project.

5. The experts that helped the Convention Secretariat in carrying out the IRM pilot project exercise were selected on the basis of their skills and competencies. They included six experts representing each of the six WHO regions and three experts who specialize in legal matters, tobacco taxation and tobacco industry interference. The experts developed their method of work in coordination with the Convention Secretariat. As the most important part of their work, they analysed data and resources publicly available for each of the 12 volunteer Parties and provided an independent (with no involvement or input from the Convention Secretariat) review of the Parties implementation work.

6. The Convention Secretariat supported the organization of two face-to-face meetings (in Geneva, Switzerland, 1–3 October 2019, and in Brussels, Belgium, 3–5 March 2020), three teleconferences, and many ad-hoc one-on-one virtual calls between the experts and Party representatives to discuss progress and technical and administrative issues, as well as challenges faced during the project, including the impact of the COVID-19 pandemic on the advancement of the project. One consultant was hired to assist the experts in the collection of documents related to the implementation of the WHO FCTC by Parties. Overall, the process lasted 18 months (May 2019 to October 2020).

IMPLEMENTATION REVIEW

7. Each volunteer Party was assigned one “main reviewer” from the same region, and a secondary reviewer from another region. The experts discussed and agreed on a process for data collection and analysis in the context of the review, based primarily on the Parties’ most recent WHO FCTC implementation reports, any needs assessment and impact assessment reports (where appropriate), and other data and documents available in the public domain about the respective Party. This included, among other things, research papers, reports by civil society organizations and other relevant documents. An initial online search on document availability was conducted for the 25 Parties that expressed interest, in order to facilitate selection of the Parties for the pilot project exercise. Then, more exhaustive data sourcing was carried out for the 12 selected Parties.

8. The process initially was intended to involve three steps: (1) a desk review by two experts of pertinent documents for all the Parties, then; (2) eight Parties would be chosen for further discussions with their nominated focal point and other stakeholders; and, finally; (3) four Parties would receive a country visit. However, due to the COVID-19 pandemic, the process was reconfigured as a desk review for all Parties and contact with focal points, if necessary and/or feasible.

9. The experts, with the support of the Convention Secretariat, developed a template for the implementation review reports; this template included an executive summary, an introduction and a review of WHO FCTC articles prioritized in the Global Strategy (Articles 5, 6, 8, 11 and 13), followed by an assessment of the remaining articles. Reviews of the articles included a description of the implementation status, enumeration of implementation gaps and challenges, and the experts’ recommendations, taking into consideration the recommendations of the guidelines for implementation of the respective articles. The individual country reports also included a list of resources and tools available to Parties to facilitate progress in implementation at the country level.

10. Reviewers undertook the assessment of the Parties assigned to them, on the basis of data and documents collected. In order to receive additional input, details and clarifications, the reviewers further engaged directly with the designated country focal points, with the support of the Convention Secretariat. Although initially planned, the experts felt that there was no need for country visits to gather the data necessary to carry out the assessment; such visits would not have been possible in any case due to travel restrictions imposed later by the COVID-19 pandemic.

11. In the context of the COVID-19 pandemic and the postponement of COP9 to 2021, the Convention Secretariat commissioned a summary of the 12 Party reports (a separate exercise from the individual Party reviews conducted independently by the experts), in order to draw conclusions on: (1) areas where the implementation of the Convention is more advanced; (2) recurring implementation gaps and needs; and (3) specific strengths, good practices and potential champions among the Parties that could be beneficial in any future mutual assistance and cooperation projects (e.g. South–South and Triangular cooperation initiatives).

TOP-LINE FINDINGS FROM PARTIES' IMPLEMENTATION REVIEWS

12. Among the 12 volunteer Parties, there was wide variation in the level of implementation of the WHO FCTC. Several of the articles prioritized by the Global Strategy, which have WHO FCTC guidelines for implementation, are time-bound and tended to be the articles for which the Parties have accomplished the most. Other articles of the WHO FCTC are at a rather initial stage of implementation, which in some cases generated more detailed reporting of implementation efforts.

13. Several Parties had reported to have fully implemented Articles 8, 11 and 13, including achieving 100% smoke-free environments, adopting standardized or plain packaging, and enforcing a comprehensive ban on tobacco advertising, promotion and sponsorship. Articles 14, 15 and 16 were also articles where several Parties within the pilot project had reached full or almost full compliance.

14. However, there are still areas where gaps remain. For instance, none of the Parties is in full compliance with Articles 5.3 and 6. Across all 12 volunteer Parties, gaps in implementing Article 5.3 were the most commonly identified gaps. While partial implementation (or the intention to implement) was recognized in several Parties, no Party has yet moved towards a comprehensive implementation of measures to protect public health policies against the “commercial or other vested interests of the tobacco industry”, in line with the *Guidelines for implementation of Article 5.3 of the WHO FCTC*. Similarly, none of the Parties in this pilot exercise has fully implemented Article 6 to the level recommended in the *Guidelines for implementation of Article 6 of the WHO FCTC*. While in some cases the affordability of cigarettes has decreased, in many others it has remained the same as per the previous implementation reports. Very few Parties reported having allocated funds generated from tobacco taxes to tobacco control, or even health programmes. Additionally, few Parties had a tax system applied to all tobacco products and taxed them at a comparable scale as cigarettes.

EXPERT EVALUATION OF THE PILOT PROJECT PROCESS

15. A questionnaire¹ was sent to the experts to evaluate the process upon completion of the Party reviews, and the following findings were highlighted:

- The initial desk review that collated all relevant documentation to be examined and analysed, conducted by the consultant, was considered as highly useful, comprehensive and up to date.
- The availability and quality of the latest WHO FCTC implementation reports and responses to the additional questions on the use of implementation guidelines for all volunteer Parties was recognized as a key condition to carry out the review process. However, it was noted that obtaining even the regular implementation reports (core questionnaire and additional questions) could be a challenge.
- The structure of the review report was perceived as comprehensive, allowing a thorough Party review. The experts suggested that this standard structure should be validated and followed in the future for consistency and standardization.

¹ <https://fctc.who.int/publications/m/item/irm-pilot-project--evaluation-questionnaire-experts>.

- Engagement of experts on specific areas of WHO FCTC implementation (taxation, tobacco industry interference, legal matters, etc.) was cited as extremely helpful and it was recommended if the IRM is going to be rolled out.
- Engagement with Party focal points was considered as being adequate and useful, as it allowed the experts to note discrepancies between the information stated in the reports (core questionnaire and additional questions) and the information provided by the focal points, as well as including developments that might have occurred since the submission of the Party reports. Many experts recommended that this should be always part of the process. Unfortunately, engagement with focal points during the IRM pilot was highly impacted by COVID-19 pandemic and related priorities.
- The experts highlighted the necessity for the IRM process to be simple, not overly time-consuming and backed by clear pragmatic guidelines/templates. They also agreed that the IRM focus towards facilitation, mutual support and assistance should be fundamental next steps to follow the implementation review.
- The supporting role of the Convention Secretariat throughout the IRM pilot exercise was determined as key to facilitate a smooth review process; therefore, it was recommended that this role be maintained and strengthened in any IRM future roll-out in order to focus specifically on coordination, maintaining effective communication between focal points and expert reviewers, facilitate peer learning and help standardize the various process stages.
- All experts agreed with the IRM process recommendations detailed in the next section.

LESSONS LEARNED AND RECOMMENDATIONS FROM THE IRM PILOT PROJECT EXERCISE

16. **Name.** Based on the specific objective related to the IRM in the Global Strategy, the IRM should aim to assess and provide practical support tailored for each reviewed Party. Also, in the same document, it is recognized that “such a mechanism would facilitate more effective and ongoing review of implementation of the WHO FCTC by Parties individually and collectively, and provide a focus for identifying gaps and needs and for prioritizing the assistance provided to Parties”. Therefore, the experts recommended that the “Implementation Review Mechanism (IRM)” should be renamed as “Implementation Review and Support Mechanism” (IRSM) – if a potential roll-out is considered – to include the dimension of assistance and support to Parties.

17. **Aims.** The IRM should, on the basis of the review of implementation of WHO FCTC by Parties, promote and facilitate mutual assistance and cooperation among the Parties, including among Parties in the volunteer group. The IRM should serve as a tool to allow that good practices, expertise and experience are made available and shared. Other Parties, WHO FCTC Knowledge Hubs, the Convention Secretariat or other entities that are in position to provide a particular type of support could be further involved in providing tailored assistance.

18. **Focal points.** Each volunteer Party that wishes to participate in an IRM cycle should be required to nominate a focal point, specifically dedicated to providing information, documents and data, as well as further communication and clarification, if needed. He or she should be dedicated to the exercise and be available to respond to information requests from reviewers, as well as organizing (virtual) meetings with stakeholders, if necessary.

19. **Reviewers.** As requested in the Global Strategy, the IRM should be “peer-led”. Therefore, in order to fulfil this requirement, the expert reviewers should be appointed by each of the participating Parties. However, the experts understand that with limited capacity and resources, this is not always feasible, especially for those Parties with the greatest gaps and needs. For those Parties and on a case-by-case basis, the Convention Secretariat should have a database of independent reviewers to step in and appoint an expert to bridge the gap, if necessary.

20. **Report structure.** In order to remain consistent and uniform in the review process, a template structure should be agreed upon, like the one used for the pilot project exercise. Each Party review report should include the sections listed in paragraph 7 of Annex 1.

21. **Summary of implementation reviews.** With the postponement of the COP9 to 2021, the Convention Secretariat reviewed all 12 Party implementation review reports in order to observe common patterns in gaps and needs and to identify strengths and advanced implementation areas within the group of volunteer Parties for potential Party-to-Party support. However, this exercise could face serious limitations if a high number of Parties are participating in the exercise, and time could be an issue, as it can only be conducted once all Party reviews are completed.

22. **Documents for the reviews.** The experts who carried out the review suggested that volunteer Parties in future IRM cycles should provide, as a mandatory condition for participation, all the documents listed in paragraph 14 of Annex 1.

23. **Language barriers.** While assigning reviewers to volunteer Parties, language issues should be considered, as this could be a serious barrier to the review process. In the case of reviewers that do not speak the reviewed Party’s language, the panel recommends that translation of documents should be considered. Further provisions (time and finance) should be planned ahead if translation of documents is needed.

24. **The role of the Convention Secretariat.** The individual reviews (and also the volunteer Parties report analyses) were carried out independently from the Convention Secretariat. The role of the Convention Secretariat was mainly to coordinate the process and logistics; to provide administrative support to the reviewers; facilitate communication and contacts between reviewers and focal points; collect, format (in some cases translate) and send out final reports. As the IRM should be a peer-led exercise, the review panel feels that the Convention Secretariat should continue to play the role of facilitator in the process, while experts appointed by volunteer Parties carry out the country reviews. For future consideration, the Convention Secretariat should also ensure the availability of external reviewers to step in for Parties that cannot provide an expert reviewer, mindful of Article 5.3 of the WHO FCTC and its Guidelines for implementation.

25. Following the completion of the pilot project exercise and based on the lessons learned detailed above, the proposed terms of reference for a potential IRM are contained in Annex 1 and a proposal in relation to the costed strategy is outlined in Annex 2.

26. The IRM pilot project tested a model that was feasible to implement and delivered individual reports to the Parties, highlighting areas of strength, gaps and recommendations. While these reports can be used as tools to advance tobacco control policies at the national level, a summary report (volunteer Parties report analyses) describing key implementation patterns, gaps and challenges could provide an overview of the available strengths and expertise within the group of volunteers, as well as accessible resources and tools for improving specific areas of WHO FCTC implementation. Such review of the

IRM reports prepared in one IRM “cycle” could complement the biennial global progress reports in identifying areas where assistance is needed as a priority.

ACTION BY THE CONFERENCE OF THE PARTIES

27. The COP is invited to note the present report and consider adopting the draft decision contained in Annex 3 of the present report.

ANNEX 1

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL IMPLEMENTATION REVIEW MECHANISM: TERMS OF REFERENCE

I. OBJECTIVES

1. The objective of the WHO Framework Convention on Tobacco Control (WHO FCTC) Implementation Review and Support Mechanism (IRSM) is to assist Parties to comply with their obligations under the WHO FCTC, in order to achieve comprehensive implementation of the Convention through individual reviews of the implementation by Parties to the Convention and further assisting Parties as an outcome of the review. To attain that objective, the IRSM aims to facilitate, promote and provide support to volunteer Parties seeking to better understand their status in implementing the Convention and to set priorities for the most efficient and effective way forward in their respective domestic implementation of the WHO FCTC.
2. The IRSM will be objective, transparent and cost-effective. It shall result in non-binding recommendations and be focused on assisting Parties to effectively implement the provisions of the WHO FCTC. It will pay particular attention to the special needs of low- and middle-income countries and will promote cooperation among all Parties and partners.

II. WHO FCTC IMPLEMENTATION REVIEW AND SUPPORT MECHANISM PROCESS

The guidelines for conducting the voluntary Parties' review and support will be as follows:

Prepare the Implementation Review cycle

3. At the beginning of each biennial cycle – maximum of three months after the latest Conference of the Parties (COP) – the Convention Secretariat will call on Parties to the Convention to express interest to participate in the IRSM in order to generate a list of volunteer Parties. The communication should remind interested Parties of all the mandatory requirements and include an annex with questions and answers that Parties would be expected to complete.
4. Interested Parties are expected to commit to appoint, when submitting their expression of interest: (1) a focal point dedicated to the IRSM and available to respond to further communication and requests; and (2) an expert to be part of the group of reviewers. Focal points are responsible to source and gather all the necessary documents for the review, translate them (if necessary and appropriate) and provide them to the assigned reviewers. Expert reviewers are expected to carry out a review of all the documents provided to them by their respective Party focal point and produce the Party report. Ideally, and if numbers permit, each reviewer should be assigned a Party from the same region as a main reviewer and another Party from a different region as a secondary reviewer. The role of the secondary reviewer only should be to support the main reviewer in analysing documents, if needed, and proofreading the draft IRSM report.
5. In the exceptional case in which a Party is unable to provide a reviewer (due to capacity, competence or financial issues), the Convention Secretariat should be called on to identify and engage

an international expert, preferably from the same region, in order to bridge the gap (on a case-by-case basis), mindful of Article 5.3 of the WHO FCTC and its Guidelines for implementation.

6. Once the list of volunteers is completed, the Convention Secretariat pairs Parties, taking into account regional affiliation and language criteria. Focal points and experts reviewers are introduced to one another, and the list of contacts for Party focal points and expert reviewers is shared among the corresponding participating Parties to facilitate communication.

Steps of the Implementation Review and Support Mechanism

7. **Review of individual Parties:** Each volunteer Party's nominated expert reviewer undertakes the review of another participating Party (peer-to-peer mechanism). The Convention Secretariat provides administrative and logistical support to expert reviewers, and facilitates communication between expert reviewers and country focal points. Further contacts between expert reviewers and focal points can be organized directly between individuals. The review stage is finalized with a top-level individual review report generated by expert reviewers and validated by the respective focal points, which highlights good practices/strengths and gaps/needs identified through the analysis of the documents. For consistency across the process, reviews are carried out according to the following template structure:

- (a) Executive summary
- (b) Introduction
- (c) Assessment of articles included in the Global Strategy (5, 6, 8, 11 and 13)
 - (i) Implementation status
 - (ii) Gaps and challenges
 - (iii) Recommendations on implementation
 - (iv) Highlight of good practices
- (d) Assessment of all other articles (9, 10, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22 and 26)
 - (i) Implementation status
 - (ii) Gaps and challenges
 - (iii) Recommendations on implementation
 - (iv) Highlight of good practices
- (e) Summary and observations
 - (i) Overall recommendations for action points (legislative, enforcement, etc.)
 - (ii) Qualitative analysis of the reporting (timeliness, consistency, completeness, quality)

Assistance to bridge the gap and resources proposed to the Parties.

The expert reviewers share the draft reports with their respective focal points for feedback and agreement. Once comments are received, the draft reports are finalized and sent to the Convention Secretariat.

The Convention Secretariat receives final draft IRSM reports, without providing any input on the technical content, as subject to independent review, handles formatting and potentially organizes translations. The Convention Secretariat then sends the IRSM reports to their respective volunteer Parties for their information and final agreement.

8. Integrated analysis of all volunteer Parties' implementation review reports (optional): A final "volunteer Parties report analysis" is produced including the identified gaps and needs (for each of the WHO FCTC articles), as well as a particular emphasis on strengths/good practices from volunteer Parties within the group. General recommendations and sources of overall support for implementation work is also highlighted to facilitate mutual assistance and cooperation among volunteer Parties within the pool, with options for external provisions such as WHO FCTC Knowledge Hubs, if needed.

9. Facilitation of mutual support and cooperation: Support from champion Parties identified within the group of volunteers and beyond, if necessary, including WHO FCTC Knowledge Hubs and other tools available from the Convention Secretariat (WHO FCTC guidelines for implementation, information kits, good practices, training sessions, etc.) are then provided to volunteer Parties to progress in the implementation of the WHO FCTC. The Convention Secretariat facilitates contacts between Parties requesting assistance and champion Parties within the group, the WHO FCTC Knowledge Hubs and other non-volunteer Parties. Volunteer Parties are encouraged to contact each other for mutual support, assistance and cooperation, as well as sharing experiences and information. Alongside with these peer-to-peer support options, the Convention Secretariat organizes, as needed, further support for Parties, including webinars, e-learning sessions, workshops, study visits and expert missions, as well as an exchange of best practices and experiences. The WHO FCTC Knowledge Hubs may play a key role for specific requests and provide tailored assistance to Parties, if needed.

Timeline of the review and support process

10. Within two weeks from the starting date of the IRSM (with a final list of participating Parties confirmed by the Convention Secretariat), volunteer Parties that have done so, must nominate their focal point (mandatory) and expert reviewer (as capacity permits). If an individual Party is unable, after justification, to assign an expert reviewer, the Convention Secretariat will make appropriate arrangements to provide an expert reviewer to that Party (from a network of specialists and contracted by the Convention Secretariat), mindful of Article 5.3 of the WHO FCTC and its Guidelines for implementation.

11. Within the following two weeks, volunteer Parties are assigned a main expert reviewer (an expert from a Party from the same region) and a secondary reviewer (an expert from another region), taking into consideration language criteria.

12. Within the following month, the Convention Secretariat organizes a teleconference with all volunteer Parties for initial introduction and general orientation. Paired Parties are encouraged to contact each other for exchange of documents and information, and prepare for the review process.

13. Within the following two months, the paired focal points and expert reviewers undertake initial contact for the exchange of information and documents. They might also agree on the working language. If necessary and in exceptional cases, for example, when a reviewer with the same language cannot be paired, the Convention Secretariat could be asked to organize the translation of documents.

14. IRSM focal points are requested to provide expert reviewers the following mandatory documents to start the reviewing process:

- (1) the last two official WHO FCTC implementation reports for the reviewed Party;
- (2) the latest additional questions on the use of implementation guidelines;
- (3) any national/regional or local legislation, decree, strategy, action plan, etc.;
- (4) any WHO FCTC needs and/or impact assessment reports.

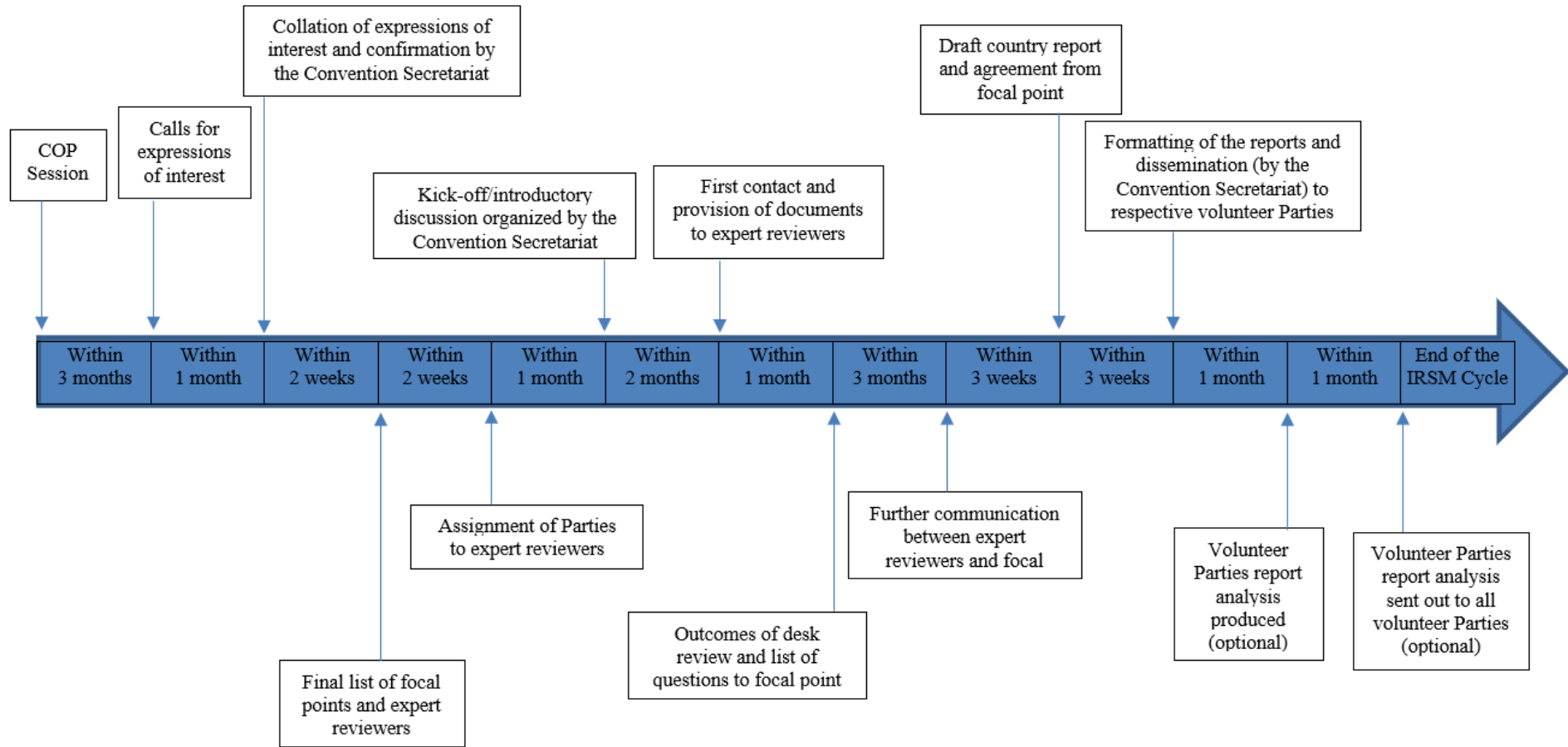
Official documents that the Convention Secretariat has in its records, including WHO FCTC implementation reports, additional questions on the use of implementation guidelines and WHO FCTC needs/impact assessment reports, could be shared with reviewers.

Other documents that should also be provided by the reviewed Party, if applicable, include and are not limited to:

- (a) research data;
- (b) prevalence studies;
- (c) Sustainable Development Goals reports (the so-called Voluntary National Reports or VNRs);
- (d) reports and information submitted to the World Health Organization (WHO);
- (e) shadow reports on implementation of the WHO FCTC and other resources from nongovernmental organizations (available in the public domain);
- (f) tobacco control legislation and regulations;
- (g) recent surveillance data;
- (h) national strategies or action plans;
- (i) academic papers;
- (j) research related to the WHO FCTC implementation;
- (k) International Tobacco Control Policy Evaluation Project reports;
- (l) list of other stakeholders (government departments and civil society) to be contacted; and
- (m) any other document considered by the reviewed Party as useful to be reviewed.

15. Within the following month, the expert reviewer comes up with outcomes of the desk review, and a list of questions to be clarified or answered by the focal point.
16. Within the following three months, expert reviewers organize further means of direct dialogue with their paired focal points to respond to questions, clarify discrepancies and gather complementary documents. If the Party under review wishes to involve other stakeholders (different governmental departments, civil society, nongovernmental organizations, etc.), then the expert reviewer can also organize further contacts, as relevant. This can be discussed and agreed upon during this time. The Convention Secretariat can support in facilitating such contact by organizing (virtual) meetings and communications, if necessary.
17. Within the following three weeks, expert reviewers prepare a draft country report, assisted by the Convention Secretariat, as needed. Reviewed Parties agree to their final IRSM reports.
18. Within the following three weeks, the Convention Secretariat formats the reports and, if necessary, organizes the translation. Final reports are sent to volunteer Parties.
19. (Optional). Within the following month, the Convention Secretariat appoints an expert to conduct an independent overall review of the reviews, highlighting common gaps and needs, as well as strengths and good practices within the group of volunteer Parties. Such a high-level final report is intended to facilitate mutual assistance and cooperation among volunteer Parties within an IRSM cycle, with external tools and support provisions, if needed, including WHO FCTC Knowledge Hubs, non-volunteer Parties and the Convention Secretariat. Once finalized, the summary report is sent out within one month to all volunteer Parties for information and potential action to advance progress on the implementation of the WHO FCTC. It can also provide key information to be reported to the following COP, in specific areas that the Convention Secretariat is requested to report.

MODEL SCHEDULE FOR PARTY REVIEWS BASED ON THE TERMS OF REFERENCE OF THE IMPLEMENTATION REVIEW AND SUPPORT MECHANISM AND THE GUIDELINES FOR GOVERNMENT EXPERTS AND THE CONVENTION SECRETARIAT



Role of the expert reviewers

20. Each volunteer Party is required to appoint an expert reviewer, to whom a Party will be assigned, to conduct a review in the same region (when possible), with the expert acting as the lead reviewer, and another Party from a different region, where the expert will act as a secondary reviewer.

21. The lead reviewer is expected:

- to make contact and remain in contact with the allocated focal point;
- to receive the documents to be reviewed;
- to conduct the Party review according to the structure stipulated in paragraph 8 of these terms of reference;
- to keep regular and ongoing communication with the focal point regarding progress;
- to discuss with the focal point any potential clarifications and complementary information;
- to consult the secondary reviewer, as and when needed;
- to send a draft report to the Convention Secretariat;
- to organize (virtual) meetings with other stakeholders, if recommended by the focal point; and
- to communicate directly with the Convention Secretariat for any specific needs for the volunteer Party review, including facilitation of meetings, potential translation of documents or reports, and further guidance.

22. The secondary reviewer provides support and guidance for the lead reviewer, if requested. He or she helps clarify discrepancies in findings and contradictory information. He or she may bring additional expertise on specific areas or national good practices to advance implementation of various aspects of the WHO FCTC. He or she also revises and proofreads the draft IRSM report before the lead reviewer sends it to the Convention Secretariat and the focal point.

23. Expert reviewers act objectively and in line with the objective of the Convention. They are expected to possess relevant expertise and sound knowledge of matters related to implementation of the WHO FCTC at the national and international levels, as well as expertise in areas including, but not limited to: (1) public health policy; (2) epidemiology, surveillance and monitoring; (3) health law, international treaties and national legislation; (4) health economics, tax and price policies for health; (5) matters related to the intersection between health and trade and investment policies; (6) international and development cooperation, multisectoral coordination for health; (7) public policy, planning and evaluation; and (8) specific areas addressed by the WHO FCTC, such as product regulation, cessation support, agricultural diversification and illicit trade.

24. Expert reviewers are nominated for one IRSM cycle, which corresponds to the period of a biennium between two COP sessions. For each new cycle, Parties that wish to participate need to send an expression of interest and appoint an expert reviewer, even though they have participated in previous cycles.

25. In accordance with Article 5.3 of the Convention, an expert reviewer shall “act to protect” its work “from commercial and other vested interests of the tobacco industry”. Additionally, each individual expert will be required to sign a declaration of interest form stating that he or she is free of any conflict of interest.

26. In the exceptional case where a Party is unable to appoint an expert reviewer, and after informing and providing reasons to the Convention Secretariat, an independent expert reviewer may be appointed and contracted by the Convention Secretariat to stand in for that volunteer Party, with particular attention to regional affiliation and language criteria.

27. Expert reviewers are encouraged to familiarize themselves with all aspects of the WHO FCTC, all applicable guidelines for implementation adopted by the COP, as well as the procedures and rules for the functioning of the IRSM and the terms of reference for conducting Party reviews. They shall also familiarize themselves with the legal system of the Party under review, including, where applicable, relevant judicial decisions issued by higher national courts of that respective Party. For that purpose, the expert reviewers may seek support from the volunteer Party under review or from the Convention Secretariat in enhancing their understanding of the legal system of that Party.

The role of the focal point

28. Focal points nominated by volunteer Parties are expected to be specifically dedicated to the IRSM process to facilitate communication. He or she must be available to handle the various and potentially numerous information requests from expert reviewers, compile data and documents to be reviewed, organize (if necessary) virtual meetings with national stakeholders for further engagement, and disseminate the report internally to other colleagues and governmental departments.

29. Similarly to the expert reviewers, focal points are nominated for one IRSM cycle, which corresponds to the period of a biennium between two COP sessions. The nomination of a focal point for each IRSM cycle is a mandatory condition for a volunteer Party to be able to participate.

The role of the Convention Secretariat

30. The IRSM is an independent peer-to-peer process, where a volunteer Party is being reviewed by experts – a lead reviewer and secondary reviewer – both appointed by other voluntarily participating Parties. The Convention Secretariat has no input to either the content of the reviews or to the IRSM report generated as a result of the process.

31. However, the Convention Secretariat plays a key role in the organizational, administrative and logistical process to facilitate and enable the IRSM for each biennium. Its tasks include:

- (a) sending out calls for expressions of interest;
- (b) collating formal letters of interest from volunteer Parties;
- (c) gathering the list of focal points and expert reviewers for each participating Party;
- (d) organizing stand-in expert reviewers in exceptional cases;
- (e) pairing of the country expert reviewers with Parties, taking into consideration regional affiliation (for lead reviewers) and language criteria;

- (f) arranging translation (if required, in exceptional cases);
- (g) organizing teleconferences/videoconferences for initial introduction and general orientation;
- (h) facilitating direct dialogue and communication between reviewers and focal points, if requested;
- (i) formatting IRSM reports to keep consistency and homogeneity among reports produced;
- (j) sending IRSM reports to volunteer Parties that have been reviewed;
- (k) appointing an expert to carry out the volunteer Parties' report analyses and produce a summary report (optional);
- (l) sending each volunteer Parties report analysis to all volunteer Parties (optional); and
- (m) reporting to COP, when requested.

32. The Convention Secretariat can also facilitate contacts between Parties requesting assistance and champion Parties within each cycle, as well as coordinating support from WHO FCTC Knowledge Hubs and other non-volunteer Parties. Parties may also contact each other for mutual support, assistance and cooperation without requesting the support of the Convention Secretariat. Alongside peer-to-peer support, the Convention Secretariat may organize, as and if needed, further support for Parties, including webinars, e-learning sessions, workshops, study visits and expert missions, as well as exchanges of best practices and experiences. WHO FCTC Knowledge Hubs remain an additional source of assistance and continue to provide tailored support to Parties according to their areas of expertise.

33. As and if requested by the COP, the Convention Secretariat shall report to the COP Bureau and the COP on the outcomes of its work for each IRSM biennium cycle.

Further points to consider

34. Expert reviewers, the Convention Secretariat and any other person (other stakeholders and representatives of the civil society) involved in the IRSM shall commit to protect the confidentiality of information received and provided in absolute confidence. The reports generated by expert reviewers belong to their respective reviewed Parties. Findings from Party reviews may be shared solely within each of the IRSM group of volunteer Parties and top-level information may be used for reporting purpose.

35. The proposed model relies on the willingness of Parties to volunteer and engage in the process, as well as on their specific expertise in specific areas of the WHO FCTC implementation. Both limitations are addressed via effective Convention Secretariat coordination, as well as through the assignment of the expert reviewers. While collaboration and mutual peer-to-peer collaboration are the prerequisites for the successful implementation of the proposed model, enabling both rely on the key logistical and organizational role of the Convention Secretariat.

ANNEX 2

**COSTED STRATEGY FOR THE WHO FCTC IMPLEMENTATION REVIEW
AND SUPPORT MECHANISM**

Detailed costing will be developed should the process of Implementation Review and Support Mechanism (IRSM) as proposed in Annex 1 be adopted by the Conference of the Parties to the WHO Framework Convention on Tobacco Control, taking into account the specifics outlined in the proposal.

The following costs are foreseen to be required to support an IRSM involving 25 Parties:

Cost type	Explanation
Staff time	A portion of the time of a Convention Secretariat technical staff member is required to coordinate work for the process, including managing the call for expressions of interest, managing the pool of experts/consultants, facilitating communication between focal points and experts, organizing meetings and translations of documentation, as needed. Estimated budget – US\$ 192 675 (50% of P2 post)
Meeting costs	The majority of meetings will be conducted through virtual means. Some costs are still required in case of interpretation requirements. There could be one in-person meeting organized per biennium to gather all involved Parties to exchange lessons learned and experiences. Estimated budget – US\$ 40 000
Expert/reviewer costs	Ten experts/reviewers to be engaged by the Convention Secretariat as per needs – US\$ 100 000
Consultant costs (as needed)	Three at-large consultants engaged by the Convention Secretariat who are subject-matter experts (e.g. in taxation, Article 5.3 and Article 19/other international legal matters) and who will review the reports/information in specific areas at the national level – US\$ 30 000. One consultant engaged by the Convention Secretariat who will do a summary/review of all IRSM reports – US\$ 10 000
Documentation and translation costs	Estimated budget – US\$ 20 000
Total cost for 25 Volunteer Parties	US\$ 392 675
Total cost per Volunteer Party	US\$ 15 707

ANNEX 3

**DRAFT DECISION:
IMPLEMENTATION REVIEW AND SUPPORT MECHANISM**

The Conference of the Parties (COP),

Recalling Article 23.5 of the WHO Framework Convention on Tobacco Control (WHO FCTC), which stipulates that the COP shall keep under regular review the implementation of the Convention and take the decisions necessary to promote its effective implementation;

Recalling also decision FCTC/COP7(13), which established a working group to develop a medium-term strategic framework (MTSF) to guide the development of biennial workplans, budgets and implementation support;

Recalling further decision FCTC/COP8(16), which adopted the MTSF – referred to as the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025* – and requested the Convention Secretariat to conduct, through the voluntary participation of up to 12 Parties, a pilot project exercise for an Implementation Review Mechanism, and the development of its terms of reference, as appropriate, and to report to the Ninth session of the COP on the outcome of the pilot project and present a costed strategy, and related terms of reference, for its further consideration;

Noting the report FCTC/COP/10/14, submitted without change from document FCTC/COP/9/11, pursuant to decision FCTC/COP9(2), and thanking Parties that participated in the pilot project exercise,

1. ESTABLISHES the Implementation Review and Support Mechanism in accordance with specific objective 3.1.2 of the Global Strategy and adopts the terms of reference for the WHO FCTC Implementation Review and Support Mechanism as contained in Annex 1 of Document FCTC/COP/10/14;
2. ADOPTS the approach for the development of detailed costing to support the Implementation Review and Support Mechanism as contained in Annex 2 of Document FCTC/COP/10/14;
3. REQUESTS the Convention Secretariat to make the necessary arrangements to launch the Implementation Review and Support Mechanism in an expedient manner, and facilitate, under the guidance of the Bureau, its implementation.

(XXX plenary meeting, XX November 2023)

= = =