



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

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

FCTC/COP/10/22
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Provisional agenda item 8.7

Strengthening synergies between the Conference of the Parties and the World Health Assembly

Report by the WHO Director-General on resolutions and decisions of the World Health Assembly

Purpose of the document

The Head of the Convention Secretariat has the honour to transmit to the Tenth session of the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (WHO FCTC) the report submitted by the Director-General of World Health Organization (WHO) on resolutions and decisions at the Seventy-fifth and Seventy-sixth World Health Assembly and the WHO Regional Committees relevant to the implementation of the WHO FCTC.

Action by the Conference of the Parties

The COP is invited to note 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: None.

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

Related document(s): Relevant resolutions and decisions of the World Health Assembly and WHO Regional Committees.

REPORT BY THE WHO DIRECTOR-GENERAL ON RESOLUTIONS AND DECISIONS OF THE SEVENTY-FIFTH AND SEVENTY-SIXTH, AND WHO REGIONAL COMMITTEES

Background

1. In accordance with Decisions WHA69(13)¹ and WHA70(20)² on strengthening synergies between the World Health Assembly (WHA) and the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (WHO FCTC), the present report provides information to the COP on resolutions and decisions of the WHA relevant for tobacco-related actions.

Seventy-fifth World Health Assembly – resolutions and decisions relevant to the implementation of the WHO FCTC

2. Resolution WHA75.5³ approved an increase of US\$ 604.4 million in the revised programme budget for 2022–2023, raising the approved base segment for 2022–2023 to US\$ 4968.4 million. Resulting in an increase of US\$ 30.4 million for the strategic priority of “One billion more people enjoying better health and well-being”. Further, Resolution WHA75.6 approved the extension of the Thirteenth General Programme of Work (GPW 13) from 2023 to 2025.⁴ The Director-General was requested to consult with Member States on the extension of GPW 13 and to submit the outcome of the consultation process to the Executive Board at its 152nd session.

3. Resolution WHA75.19⁵ acknowledged that successful promotion of health and well-being was developed through complementary and essential approaches, such as, Health in All Policies approach, a whole-of-government approach, and a whole-of-society approach. Member States, inter alia, were urged to strengthen health systems and to address health determinants and reduce risk factors, including through appropriate regulation; to develop enabling environments conducive to health by addressing determinants of health across sectors and by reducing risk factors and thus make it easier for individuals to make healthy choices to support the realization of healthy, safe and resilient communities; and to promote health and well-being through coordinated and multisectoral action throughout the life course and by providing conditions for people to access and enjoy clean air and tobacco-free environments. The Director-General was requested to develop a framework for achieving well-being, building on the 2030 Agenda for Sustainable Development with its 17 Sustainable Development Goals and to identify the role that health promotion plays within this, in consultation with Member States and present it to the Executive Board at its 152nd session.

4. Decision WHA75(11)⁶ decided to adopt the following:

- (a) the implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030;

¹ https://apps.who.int/gb/ebwha/pdf_files/WHA69-REC1/A69_2016_REC1-en.pdf#page=85, p. 69.

² https://apps.who.int/gb/ebwha/pdf_files/WHA70-REC1/A70_2017_REC1-en.pdf#page=61, pp. 47–48.

³ https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=5, p. 5.

⁴ *ibid*, p. 6.

⁵ *ibid*, p. 37.

⁶ https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=1, pp. 47–48.

(b) the recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including targets. These recommendations note that tobacco smokers are 30–40% more likely to develop type 2 diabetes than non-smokers;

(c) the global strategy on oral health. The strategy acknowledged that oral diseases and conditions share risk factors common to noncommunicable diseases, such as smoking and smokeless tobacco. Further, modifiable risk factors for cleft lip and palate include maternal active or passive tobacco smoking. Accordingly, tailored oral health interventions include age-appropriate, evidence-based interventions that are focused on healthier eating, tobacco cessation, alcohol reduction and self-care;

(d) the recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies. The document setting out the recommendations (Annex 11 and A75/10 Add.2)¹ states that the virus and the pandemic affect people living with or at risk of noncommunicable diseases through different pathways, including increases in behavioural risk factors for noncommunicable diseases, such as physical inactivity, increased harmful use of alcohol, tobacco use and unhealthy diets;

(e) the recommendations for the prevention and management of obesity over the life course, including considering the development of targets in this regard;

(f) the workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases 2022–2025.

Seventy-sixth World Health Assembly – resolutions and decisions relevant to the implementation of the WHO FCTC

5. Resolution WHA76.7,² having noted that individuals, communities and populations are often exposed to multiple behavioural influences including by all types of public and private sector communications, urged Member States to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centred health-related policies and functions across sectors.

6. Resolution WHA76.17³ recognized that unsound management of chemicals and waste, as well as pollution, can cause significant adverse effects on human health and the environment, and these are important factors in many noncommunicable diseases. Member States were called upon to support WHO in scaling up work on plastics and human health to enable better information of the potential human health impacts associated with plastic, including plastic pollution, and to strengthen the public health aspects under the work of the Intergovernmental Negotiating Committee (INC) to develop an international legally binding instrument on plastic pollution. A delegation from WHO and the Secretariat of the WHO FCTC, participated in the second negotiating session of the INC to support the inclusion of

¹ https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add2-en.pdf.

² https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R7-en.pdf.

³ https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R17-en.pdf.

protection of human health and the environment from potential adverse effects of plastic pollution (including in cigarette filter) as a core objective of the treaty.¹

7. Decision WHA76(9)² endorsed the updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (2022 update of Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030).

8. Decision WHA76(22)³ adopted the global framework for integrating well-being into public health utilizing a health promotion approach. The Framework⁴ outlines that one of the foundations of well-being are societies with a strong focus on addressing the main risk factors of noncommunicable diseases such as cancers, cardiovascular diseases, diabetes, and respiratory diseases, by creating conducive environments for people to be more physically active, consume healthy food and less alcohol and be free from tobacco.

9. Decision WHA76(23)⁵ noted the operational framework for monitoring social determinants of health equity and requested the Director-General to submit the progress made in addressing these determinants to the Seventy-seventh World Health Assembly in 2024. The operational framework for monitoring social determinants of health equity⁶ includes health behaviours like tobacco consumption as an indicator, noting that tobacco consumption is distributed differently among different social groups and thus plays an important role in social inequalities in health.

Regional committees – resolutions, decisions and documents relevant to the implementation of the WHO FCTC

10. Document CE172/INF/6⁷ presented the final report of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas (2018–2022) to the 172nd Session of the Executive Committee. The report indicated that greatest progress has been achieved on indicators relating to: (a) countries with national regulations creating 100% smoke-free environments in all enclosed public and work spaces, and public transportation; (b) countries that have mechanisms for the identification and management of conflicts of interest for government officials and employees with responsibility for tobacco control policies; and (c) countries with graphic health warnings on tobacco packaging. It was noted that the main difficulty in achieving the targets was largely lack of adequate funding and persistent interference by the tobacco industry.

11. Resolution EM/RC68/R.1 by the WHO Regional Committee for the Eastern Mediterranean in October 2021 endorsed the establishment of a High-level Ministerial Group on the Control of Tobacco

¹ https://apps1.unep.org/resolutions/uploads/world_health_organization_0.pdf.

² [https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76\(9\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76(9)-en.pdf).

³ [https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76\(22\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76(22)-en.pdf).

⁴ [https://cdn.who.int/media/docs/default-source/health-promotion/framework4wellbeing-\(draft\).pdf?sfvrsn=c602e78f_8&download=true](https://cdn.who.int/media/docs/default-source/health-promotion/framework4wellbeing-(draft).pdf?sfvrsn=c602e78f_8&download=true).

⁵ [https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76\(23\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76(23)-en.pdf).

⁶ https://cdn.who.int/media/docs/default-source/documents/social-determinants-of-health/who_operational-framework-for-monitoring-social-determinants-of-health-equity_16052023.pdf?sfvrsn=1dd8a53b_3.

⁷ <https://www.paho.org/en/documents/ce172inf6-strategy-and-plan-action-strengthen-tobacco-control-region-americas-2018-2022>.

and Emerging Tobacco and Nicotine Products for an initial period of two years, to be renewed for another two years until 2025. The resolution stated the terms of reference for the Group as follows:

- (a) Galvanize high-level strategic leadership and action at both regional and national levels;
- (b) Foster and initiate high-level policy dialogue to stimulate commitment to, and advocate for, the control of tobacco and emerging products at regional and national level, as specified in the WHO FCTC and the MPOWER measures;
- (c) Advocate for a whole-of-government approach towards better control of tobacco and emerging products at national level;
- (d) Identify strategic action to counter tobacco industry interference to undermine policies to control tobacco and novel and emerging products, and advocate for its implementation;
- (e) Communicate key information to Member States in the Region, based on needs and priorities, to accelerate actions in the area of tobacco and nicotine control.

12. Further, in resolution EM/RC68/R.1, it was decided that the Secretariat would submit a technical report on the progress and developments in the area of tobacco and nicotine control to inform further recommendations by the High-Level Ministerial Group to all Member States of the Region. The report would be presented to the Regional Committee session which aligns with the conclusion of the term.

13. No resolution, decision or document relevant to tobacco control was adopted or endorsed by the WHO Regional Committee for Africa, Europe, South-East Asia, and Western-Pacific.

ACTION BY THE CONFERENCE OF THE PARTIES

14. The COP is invited to note the present report.

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