



# TOBACCO AND THE GLOBAL HEALTH AGENDA

- QUESTIONS AND ANSWERS

## THE GLOBAL HEALTH AGENDA

The Millennium Development Goals (MDGs) and Poverty reduction initiatives have been at the centre of development assistance policy issues for the past few years. Over recent years, global health has received increasing attention from donors. However, global health initiatives have focused on combating priority diseases such as HIV/AIDS, malaria, tuberculosis and some vaccine-preventable diseases; and much of the funding for health initiatives is earmarked for implementation of activities in these priority areas.

Non-communicable diseases, and in particular tobacco, are climbing up the political agenda as the WHO, World Bank and other major donors start to focus on the health impacts of health determinants in low- and middle-income countries. The recent contributions from the Foundation Michael Bloomberg, the New York Mayor, and Bill & Melinda Gates Foundation to invest in tobacco control around the world have also contributed to an increased awareness about the tobacco epidemic. However, more needs to be done at International, European and national level in order to put tobacco control at the centre of the Global health agenda.

## WHY IS IT IMPORTANT TO PUT TOBACCO CONTROL AT THE CENTRE OF THE GLOBAL HEALTH AGENDA?

To ensure that tobacco control receives adequate political attention and increasing resources at global level. The Framework Convention on Tobacco Control provides the framework for action against tobacco use but it is up to national governments and national civil society organisations to ensure that the Treaty provisions are effectively implemented and enforced.

Engaging policy-makers and political institutions at International, European and national level is crucial to gather support for the effective implementation and enforcement of the FCTC; and to promote tobacco control as a key development issue.

## WHAT ARE THE GUIDING PRINCIPLES FOR DEVELOPMENT COOPERATION AND ASSISTANCE?

Global health initiatives and the development cooperation agenda have been focused on the implementation of internationally agreed targets and declarations, such as the Millennium Development Goals, The European Consensus on Development and the Paris Declaration.

## WHAT IS THE EUROPEAN CONSENSUS ON DEVELOPMENT?

The European Union is collectively the largest aid donor, providing over 50% of all development aid worldwide.

The European consensus on development provides a framework for European development cooperation and supports poverty reduction strategies, including support for capacity-building programmes and initiatives for democracy and good governance<sup>1</sup>. It also includes very clear commitments to help low- and middle-income countries strengthening health systems and addressing key health issues, such as fair financing for health, basic healthcare, reproductive health and tackle HIV/AIDS, TB and malaria.

## WHICH ARE THE KEY PRINCIPLES OF THE PARIS DECLARATION?

- Ownership – Low- and middle-countries should exercise effective leadership over their development policies and strategies, and coordinate development actions.
- Alignment – Donors should base their overall support on developing countries' national strategies, institutions and procedures.
- Harmonisation – Donors' actions should be coordinated, transparent and collectively effective.
- Managing for results – Aid should be managed and implemented in a way that focuses on the desired results and uses information to improve decision-making.
- Mutual accountability – donors and developing countries should enhance mutual accountability and transparency in the use of development resources.

## HOW ARE FUNDING PRIORITIES AGREED?

The framework for development assistance and programme priorities vary according to donors. Multilateral and bilateral assistance is implemented via agreements between donor and recipient countries. Country Strategy papers serve as the basis for the allocation of funding to specific countries. In line with the Paris declaration, CSPs should be aligned with priority areas identified by the national governments.

CSPs are drafted by the donor and are the result of discussions between partner countries and donors. CSPs describe a kit of essential elements that will act as a guiding framework to support external assistance in a country. They also indicate the areas of cooperation for financing and

<sup>1</sup> The Consensus does not include a definition of 'good governance'

appropriate measures and actions for attaining the objectives laid down. In the case of the European Commission, its delegations around the world consult with relevant stakeholders during the negotiations and review of agreements.

#### WHICH ARE THE FINANCING MECHANISMS AND PROGRAMMES AVAILABLE AT EUROPEAN LEVEL?

General budget support, sector wide approaches and global health initiatives are some of the mechanisms used to provide assistance. Global health initiatives, often focused on specific diseases such as HIV/AIDS, TB and Malaria and/or some vaccine-preventable diseases, have played a key role in development assistance and have proven successful in increasing resources available for health.

The European Union is collectively the largest aid donor. Three main channels are used to provide assistance: the European Development Fund, covering countries in Africa, Caribbean and Pacific, the Development Cooperation Instrument, covering countries in Asia, Latin America, and South Africa and the European Neighbourhood and Partnership Instrument covering countries in the EU neighbourhood and Middle East. Funding is allocated via the country and regional strategies and thematic programmes<sup>2</sup> such as Non-state actors and Investing in people.

EU Member States also have their own bilateral programmes, which have their own specific priorities and funding mechanisms.

#### WHY IS HEALTH NOT A PRIORITY FOR FUNDING?

At the end of 2007 only 4 out of 45<sup>3</sup> Country Strategy Papers for Africa, Caribbean and Pacific countries had identified health as a priority area. The reasons for this vary. Multilateral and bilateral donors claim that development assistance is driven by country-led strategies and therefore responds to recipient countries own priorities. ONGs claim lack of civil society involvement in setting up priorities, as well as a tendency by recipient countries to be influenced by donors' priorities<sup>4</sup>.

#### WHICH FUNDING MECHANISMS CAN BE USED TO IMPLEMENT TOBACCO CONTROL ACTIVITIES?

Under the current framework, tobacco is not a priority area for multilateral and bilateral donors. Thus any funding request will have to link up with current priorities, such as

<sup>2</sup> Thematic programmes aim to achieve policy objectives that are not geographically limited and where the goal cannot be fully achieved through country and regional programmes.

<sup>3</sup> Refers to strategies agreed between recipient countries and the EU. Does not include bilateral assistance.

<sup>4</sup> Action for Global Health, Health Aid report, p.13

poverty reduction, TB and strengthening health systems. Yet, there are capacity building programmes that may be used to promote the implementation of the FCTC. Depending on agreements and country strategy papers some bilateral donors may also fund activities on tobacco.

#### HOW CAN YOU HELP?

Tobacco use is not perceived as a key global health issue and more needs to be done to raise awareness of the burden of tobacco related diseases to low- and middle-income countries and to highlight the role of tobacco use on exacerbating poverty.

To ensure that tobacco control receives adequate political attention and increasing resources at global level, tobacco control advocates will have to raise awareness of the burden of tobacco and engage with policy makers and donors at national, European and International level.

Civil Society Organisation can play a key role at national level by contributing to the development of national development plans and priority setting at national level, in collaboration with both national governments and donors.

Activities that can be carried out at national level:

1. Raise awareness of tobacco control as a key development issue and highlight the roles of tobacco use on exacerbating poverty:

- Develop and/or strengthen relations with organisations working on development issues
- Link up with current priorities, such as poverty reduction, TB and strengthening health systems

2. Ensure that health is prioritised as a key sector for action and health initiatives include tobacco control interventions, through meetings with national policy-makers and donors offices/delegations in country:

- Request meeting with the EC in-country to discuss the CSP priorities and identify opportunities to use the EU support for the implementation of the FCTC
- Maintain regular contact with the EU delegation and other donors
- Monitor calls for proposals and public consultations
- Contribute to public consultations and reviews of the country strategies papers

3. Get involved in setting up priorities at national level

- Identify key contributors to National Development Plans
- Identify unit that maintains contact with donors
- Seek meetings with Development Agencies

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The **Smokefree Partnership** (SFP) is a strategic, independent and flexible partnership between Cancer Research UK, the European Heart Network, the European Respiratory Society and the Institut National duc Cancer. It aims to promote tobacco control advocacy and policy research at EU and national levels in collaboration with other EU health organisations and EU tobacco control networks.