FCTC ARTICLE 20
ROUNDTABLE REPORT
A challenge for the European Union


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FCTC Article 20: A challenge for the European Union

The Roundtable on Article 20 of the World Health Organization Framework Convention on Tobacco Control (FCTC) was held on the 12 October 2016 in the European Parliament. The event was organised by the Smokefree Partnership and hosted by MEP Linda McAvan with the financial support of the European Commission. It was a key event in advancing the political debate about the FCTC and the EU’s and European member states’ obligations under the Treaty.

Key questions debated as part of the roundtable were:

- Why is it important to connect research and policy on tobacco?
- Which examples of best practice on tobacco control research, surveillance and information exchange can be identified?
- What can be done to bridge the gap between research and policy on tobacco?
- How can the EU implement FCTC Article 20 and make sure that the FCTC is embedded into EU policy making and the future framework?
- What can the EU do to exchange knowledge and share lessons learned in tobacco control, both between EU member states and with countries outside the EU?
Tobacco consumption – one of the biggest public health problems of our time

Tobacco consumption is the primary cause of death and disease in the EU and globally. It causes 700,000 deaths in the EU every year and contributes to health inequalities.

Tobacco consumption is the single largest avoidable health risk in the European Union. In fact, tobacco consumption causes more problems than alcohol, drugs, high blood pressure, excess weight or high cholesterol. It is the most significant cause of premature death in the EU, responsible for nearly 700,000 deaths every year. Many forms of cancer, cardiovascular and respiratory diseases are linked to tobacco use, and every other smoker dies prematurely because of smoking. In addition, smokers experience more life years in poor health.

Also globally, tobacco is the primary preventable cause of death. Tobacco consumption is estimated to cause one billion deaths in this century, with cumulative deaths between 1950 and 2050 being expected to accrue to 520 million.

Despite considerable progress made in recent years, the number of smokers in the EU is still high. More than every fourth European smokes. Large inequalities exist within the EU with regard to tobacco prevalence and the level of tobacco control policy. More action is needed to implement effective policies, improve existing initiatives, and share practice across the EU and beyond.

The FCTC – an evidence-based, global treaty constituting best practice in tobacco control

The Framework Convention on Tobacco Control of the World Health Organisation (FCTC) is the world’s first international public health treaty. Its calls to improve tobacco control at national and international level are based on scientific evidence. The FCTC’s implementation and impact have to be strengthened via research, surveillance and monitoring.

The FCTC is the world’s first international treaty regarding public health. With 180 Parties as of 2016, including the EU and all European member states, it is also the most swiftly adopted UN treaty of all time. The FCTC is seen as the only international, legally binding health treaty of the 21st century. Its claims for protecting people from the scourge that tobacco represents on health, environment and economic development are based on scientific evidence. The FCTC thus constitutes a science-based approach to tobacco control and public health policy. It has considerably helped to advance tobacco control across the globe in the past and is continuing to do so. As the FCTC enters its second decade, many Parties still face high rates of tobacco use and high

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mortality from tobacco-related diseases. It is also clear however, that those Parties that comprehensively implement the FCTC are seeing the great health gains envisaged in the treaty. Much has been achieved during the last decade – smoke free laws, increased tobacco taxes, graphic health warnings and plain tobacco packaging now protect many people around the world.

The reports Parties are required to submit to the Conference of the Parties show that their initial efforts and successes in tobacco control need further reinforcement – much remains to be done. In order to maximise the impact of the FCTC, implementation and impact have to be monitored and assessed, sustainable measures have to be developed to strengthen implementation and impact, and steps have to be taken to apply these measures in countries which lag behind. Maximizing the success is particularly important as opponents of tobacco control, including the tobacco industry, make aggressive efforts to hamper the implementation of the FCTC by promoting the adoption of weak policies and preventing evaluation and using international trade agreements as leverage to prevent tobacco legislation in line with the FCTC.

**FCTC Article 20 – an obligation to improve research, surveillance and information exchange**

As a Party to the FCTC, the EU has a legal obligation to coordinate research at EU level, to facilitate Member States to work together, and to reduce research inequalities and provide assistance to developing countries to advance tobacco control.

The FCTC stresses the importance of research, surveillance and exchange of information and highlights their significant impact on policy development, adoption, and implementation. FCTC Article 20 highlights the need for good scientific research and research collaboration in order to advance tobacco control. It calls on Parties “to develop and promote national research and to coordinate research programmes at the regional and international levels”\(^5\). Parties are asked to establish programmes which monitor the magnitude and patterns of tobacco consumption, the determinants and consequences of tobacco consumption and the exposure to tobacco smoke. Article 20 should enable Member States to have accurate and comprehensive, yet manageable data at national and European levels on which to base tobacco control policies. Thus, it aims at helping member states to coordinate more efficiently at the EU level while providing them with accurate information for relevant public health policies based on scientific evidence.

FCTC Article 20 states that surveillance systems are needed at national, regional and international levels. It acknowledges that international bodies like the EU play a key role in tobacco control and in research, surveillance and exchange of information and requires them to provide financial and technical assistance. By signing the treaty, Parties, including the EU and all European member states, have agreed to promote exchange of information, surveillance and research.

Finally, developed countries have committed to provide help to emerging countries and those with economies in transition in order to help them fulfil their duties in advancing tobacco control via the provision of technical and financial resources\(^6\). This


\(^6\) [http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf](http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf)
commitment responds to the high occurrence and prevalence of tobacco use in low and middle income countries and to the need for a global partnership for strengthening tobacco control. Tobacco control research is of paramount importance in those parts of the world as it contributes to global development. International agencies and individual governments need to improve health information systems in relation to both tobacco use and the health problems associated with poverty. At country level, core public health functions such as health monitoring, health surveillance and public health research are needed. The direct link between FCTC Article 20, the MDGs and the SDGs will help to jointly address the EU’s obligations in terms of tobacco control and global development. By taking account of development discrepancies, FCTC Article 20 can help to contribute to development assistance. While research carried out by developed countries can benefit developing ones, specific research on and in these countries is still crucial and yet widely insufficient.

FCTC Article 20 states:

1. The Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control.

Towards this end, each Party shall:

(a) initiate and cooperate in, directly or through competent international and regional intergovernmental organizations and other bodies, the conduct of research and scientific assessments, and in so doing promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops; and

(b) promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies, training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.

2. The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

3. Parties recognize the importance of financial and technical assistance from international and regional intergovernmental organizations and other bodies. Each Party shall endeavour to:

(a) establish progressively a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators;

(b) cooperate with competent international and regional intergovernmental organizations and other bodies, including governmental and nongovernmental agencies, in regional and global tobacco surveillance and exchange of information on the indicators specified in paragraph 3(a) of this Article; and

(c) cooperate with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of tobacco-related surveillance data.

4. The Parties shall, subject to national law, promote and facilitate the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco, which is relevant to this Convention, and in so doing shall take into account and address the special needs of developing country Parties and Parties with economies in transition.

Each Party shall endeavour to:

(a) progressively establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperate in the development of programmes for regional and global tobacco control;

(b) progressively establish and maintain updated data from national surveillance programmes in accordance with paragraph 3(a) of this Article; and

(c) cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities.

5. Parties should cooperate in regional and international intergovernmental organizations and financial and development institutions of which they are members, to promote and encourage provision of technical and financial resources to the Secretariat to assist developing country Parties and Parties with economies in transition to meet their commitments on research, surveillance and exchange of information.
Current EU action to improve research on tobacco

Existing EU action to improve research on tobacco is medically oriented and disease-specific. Research focused on policies and interventions needs to be strengthened.

Karim Berkouk, Deputy Head of the European Commission DG Research & Innovation Unit for Non-Communicable Diseases and the Challenge of Healthy Ageing presented on EU efforts on tobacco research and on future opportunities within Horizon 2020. He highlighted that the investigation of tobacco as a risk factor, of the impact of tobacco consumption and the effectiveness of tobacco control policy on populations, and the specific impact on vulnerable populations are key areas of research currently funded by DG Research and Innovation. EU research on tobacco addresses the broad continuum of tobacco related research and ranges from tobacco as a risk factor to legislation.

Research topics are currently identified and defined by an advisory group of experts from different disciplines, who suggest topics for the next funding round. These are then discussed and reviewed and further developed. Most research funding is currently held by UK, Dutch and Swedish institutions, whereas comparatively little funding goes to other European countries. This seems to suggest that research efforts do not match the burden imposed by tobacco on the country.

The provision of evidence that informs policy development and the evaluation of legislation and its impact are particularly important in providing evidence for national and international legislators. Research projects funded by EU funds have produced outputs which have been taken into account in the development of tobacco control policies, including IARC Handbooks on Cancer Prevention and reports on the evidence around electronic cigarettes. So far, however, the majority of the research on tobacco funded by the EU is focused on medically oriented, basic and disease-specific research. While in the context of Horizon 2020 and in comparison to FP7, increasing funds are being dedicated to policy-oriented and intervention-focused research, there is considerable potential to increase policy-relevant and applied research. Current initiatives in this area include research on smoking cessation, research to evaluate and monitor the implementation of existing policies like the Tobacco Products Directive and the FCTC, research on household air pollution, and research on public prevention measures against smoking.
Existing gaps in tobacco research

While some excellent tobacco research exists, current tobacco research is unevenly distributed across the EU and rarely evaluates policy interventions. The EU lacks strong methodologies for analysing and evaluating the health, social, economic and environmental impacts of different policy initiatives related to tobacco control. It also lacks robust methodologies for measuring the projection of likely changes in smoking prevalence. The analysis and evaluation of EU tobacco control initiatives is currently failing to meet policy needs.

Professor Marc Willemsen, Endowed Professor in Tobacco Control Research at University of Maastricht, Netherlands, presented a systematic review of research outputs of 31 European countries. The review identified the kind of research that is being done within Europe and the gaps that exist with regard to tobacco research. 50,000 papers produced between 2000 and 2012 were reviewed if the first author was based in one of 31 European countries and the abstract was published in English.

The review shows: The total volume of research outputs almost doubled between 2000 and 2012, which means that the publication of tobacco control research in Europe has steadily increased. What is disconcerting, however, is the uneven distribution of tobacco control research across Europe. The first authors of most papers are based in the UK, with considerable amount of research also being conducted in Germany, Spain, Italy and the Netherlands. Scandinavian countries have most publications per inhabitant, while Eastern European countries and some Southern European countries like Bulgaria, Cyprus and Estonia are under-represented: They produce a lower total amount of research outputs and comparatively fewer outputs when compared to population size. The lack of country-specific research in some European countries is a matter of concern as local and national evidence is crucial in order to develop and implement policies that are tailored to the local context.

Most of the existing research focuses on the association between smoking and diseases, for example between nicotine and addiction. While this area of research is slowly declining, it still represents the area that receives most attention. The total number of publications on environmental interventions, including smoke-free environments and tobacco control campaigns, is relatively small (10%). Most policy research focuses on smoke-free policies, whereas other policy areas receive relatively little research attention. This is particularly true for research on price and taxation policies (0.4% of all papers). There has been a slight increase recently in research on socio-economic disparities (5% of all papers) and pharmacotherapy, but these areas are still under-researched. Very few papers investigate the tobacco industry (1% of all papers), which means that research on a major vector of tobacco consumption is rare and under-represented.

7 To access the full academic review, see: https://www.karger.com/Article/Abstract/381674
As the prevalence of new tobacco products is growing at a shocking rate around the world, entrepreneurs are taking advantage of the fact that to date, there are few policies to regulate these products. Research is only slowly catching up, and efforts are needed to increase research to evaluate the products, their impact, and the effect of policies which regulate them.

**The ITC project – an example of international, comparative, policy-relevant research**

Effective, rapidly implemented policies have a great potential to reduce the burden and the number of deaths caused by tobacco. Policy-relevant research needs to identify whether policies have an impact on the attractiveness, consumption and mortality and morbidity from tobacco and, if so, how large the impact is. Strong evidence-based measures that will reduce tobacco-caused death and harm have to be identified and then implemented as quickly as possible.

Professor Geoffrey Fong, Founder and Chief Principal Investigator of the International Tobacco Control Policy Evaluation Project (the ITC Project), University of Waterloo, Canada, presented on the synergistic relationship between research and policy. He highlighted that research is needed to curb the harms caused by tobacco consumption. Research which assesses the impact of policies is particularly important in achieving this goal. Prof Fong used the ITC Project as a best practice example to illustrate how research and tobacco control can go hand in hand and how research findings can strengthen and accelerate tobacco control measures.

The ITC Project is the first international research programme that assess key policies of the FCTC. It leads surveys across 28 countries (10 of which are within the EU) on health warning labels and pack descriptors, pricing and taxation of tobacco products, tobacco advertising and promotion, smoke-free legislation, and education and support for cessation. It is the first ever international cohort study of tobacco use and covers policies which regulate half of the world’s population. The main objective of the ITC Project is to promote evidence-based policies and the rapid spread the most efficient policies.

ITC researchers have strong links to policymakers, civil society organisations, and national governments. This helps to facilitate information exchange and knowledge transfer. A good example of translating research into policy has been the evaluation of smoke-free laws. The ITC project allowed cross-country comparisons and benchmarking. It also allowed the analysis of a dose-response relationship as the effect of legislation providing different levels of protection from second-hand smoke (e.g. comprehensive smoking bans with no exemptions, regulation that allow designated smoking rooms, voluntary measures) could be compared and contrasted. Similar regular benchmarking and exchange of information could enable European countries to get information from other European and non-European countries and help them to endorse efficient tobacco control policies. Cooperation between

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8 [http://www.itcproject.org/](http://www.itcproject.org/)
international researchers highly contributes to providing comprehensive data that is up to date and to assessing performance. It thus facilitates the spread of best practices so that each country can enforce adequate tobacco control policies.

Best practice models of partnership building in tobacco control research

Best practice models of partnership building in tobacco control research exist in some European member states. There is potential to roll them out in other European member states and adapt them to the European level. A European-wide infrastructure is needed to facilitate knowledge exchange, support researchers in EU and non-EU countries and help develop evidence-based policies.

Professor Linda Bauld, Chair in Behavioural Research for Cancer Prevention, Cancer Research UK and Deputy Director, UK Centre for Tobacco and Alcohol Studies, presented on best practice models of partnership building in tobacco control research in Europe. She addressed the question of what is needed to build collaboration between researchers in different European countries, to produce the evidence needed and improve knowledge transfer.

The “Dutch Model” is a National Network for Tobacco Research which was established in 2013. It provides funding for basic tobacco control research infrastructure, including for an annual conference, a website, capacity building and a small amount of financial support. However, no specific funding exists for tobacco at national level, but tobacco has to compete with other topic areas.

The “UK Model”9 is a best practice model of partnership building in tobacco control research. Rather than funding individual projects, a decision has been taken to direct funding towards the establishment of an infrastructure. The UK Model started in 2006, when a number of funders joined forces to fund National Centres for Public Health Excellence. The funding included salaries, capacity building, collaboration and the establishment of an infrastructure which provided a solid foundation of researchers who understand tobacco both from a policy and medical perspective and cover the breadth of tobacco research. Key ideas of the endeavour are to avoid competition and facilitate collaboration between researchers of different disciplines across the country, create a strategic consortium with critical mass to become a global leader in tobacco research, increase teaching and capacity building, and facilitate public involvement, policy engagement and knowledge transfer. The establishment of an infrastructure further helped researchers to collaboratively tap into other funding sources. The UK model has been very successful so far. It has been valuable in improving dialogue between academics, the public, policymakers, and the health sector. The UK Centre is recognised as a centre of excellence with expertise on tobacco.

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9 http://ukctas.net/
The UK model could be implemented in Europe. It could provide guidance for establishing an appropriate infrastructure across Europe which allows knowledge exchange and support of researchers in European and non-European countries where research is not quite as developed, tobacco use is highly prevalent, and evidence-based policies are not yet fully implemented.