

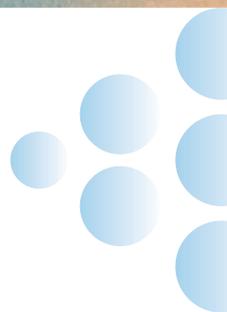


**World Health  
Organization**

**ASSESSING THE NATIONAL CAPACITY  
TO IMPLEMENT EFFECTIVE  
TOBACCO CONTROL POLICIES**

# **Operational Manual**

**on planning, conduct and follow-up  
of joint national capacity assessments**



#### **WHO Library Cataloguing-in-Publication Data**

Assessing the national capacity to implement effective tobacco control policies: operational manual on planning, conduct and follow-up of joint national capacity assessments.

1.Smoking - prevention and control. 2.Health policy. 3.Health promotion - manpower. 4.Tobacco - legislation. 6.Tobacco industry - legislation. 7.Health planning. I.World Health Organization.

ISBN 978 92 4 150525 3 (NLM classification: WM 290)

#### **© World Health Organization 2013**

All rights reserved. Publications of the World Health Organization are available on the WHO web site ([www.who.int](http://www.who.int)) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO web site ([www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in (country name)



# ASSESSING NATIONAL CAPACITY TO IMPLEMENT EFFECTIVE TOBACCO CONTROL POLICIES

Operational manual  
on planning, conduct and follow-up  
of joint national capacity assessments

# Acknowledgements

---

The concept for this manual was developed by the National Capacity Building Unit for Tobacco Control of the WHO Tobacco Free Initiative between 2007 and 2012. Firstly, the methodology was elaborated based on over 15 years of successful WHO experience of review of HIV/AIDS and Stop TB programmes (1). The methodology was then tested in national tobacco capacity assessments conducted in Brazil (2) and Thailand (3) and updated with the comments of the members of the assessment teams and the experts involved in preparing and conducting the pilot missions, as well as information from the assessments that were conducted over the following few years. As of December 2011, 10 capacity assessment missions have been conducted (4).

This production was coordinated by Luminita Sanda, with the supervision and support of Armando Peruga. The text was written by (in alphabetical order): Vera Luiza da Costa e Silva and Fabio Luelmo (WHO consultants); Armando Peruga and Luminita Sanda (WHO National Capacity Building Unit for Tobacco Control). We thank all the contributors and acknowledge the many individuals, consultants, representatives of the governments that conducted assessments of the country capacity, and all WHO regional advisers for tobacco control and their teams, as well as the WHO country staff who contributed to the piloting and revision of this operational manual (in alphabetical order): Ms Stella Aguinaga-Bialous, Dr Asuncion Anden, Dr Ana Claudia Andrade, Dr Jose de Alberto Araújo, Dr Virginia Arnold, Dr Ponlekha Banhansupawat, Dr Jean-Pierre Baptiste, Dr Douglas Bettcher, Dr Adriana Blanco, Dr Banu Cakir, Ms Cynthia Callard, Dr Tania Cavalcante, Mr Alberto Cavalcanti, Dr Naowarut Charoenca, Dr Pantip Chotibenchamaporn, Dr Vera Luiza da Costa e Silva, Dr Ana Luiza Curi Hallal, Dr Annette David, Dr Sinha Dhirendhra, Dr Guilherme Eidt Gonçalves de Almeida, Dr Fatimah El-Awa, Dr Toker Erguder, Dr Karen Evison, Mr Christopher Fitzpatrick, Dr Trinidad Florante, Mr Hemant Goswami, Mr Wijesiri Gunasekara, Dr Kittu Gunpai, Dr Prakash Gupta, Mr Roberto Magno Iglesias, Dr Hassan Irmak, Dr Supranee Jiwesakapimas, Ms Paula Johns, Ms Dorota Kaleta, Dr Anna Koziel, Ms Dorcas Kiptui, Dr Chai Kritiyapichatkul, Dr Nyo Nyo Kyaing, Ms Stefanie Laniel, Dr Fabio Luelmo, Dr Kristina Mauer Stender, Dr Susy Mercado, Ms Julie Meyers, Dr Paulina Miskiewicz, Ms Mirta Molinari, Dr Joyce Nato, Dr Haik Nikogosian, Dr Sheila Ndyanabangi, Dr Ahmed Ezra Ogwel Ouma, Dr Panuwat Panket, Mr Tadeusz Parchimowicz, Dr Alice Payne Merritt, Dr Armando Peruga, Mr Patrick Petit, Dr Pham Thi Quynh Nga, Dr Phan Thi Hai, Dr Paulo César Rodrigues Pinto Corrêa, Dr Sathirakorn Pongpanich, Dr Neena Prasad, Dr Vinayak Prasad, Dr Sunida Preechawong, Dr Chardsumon Prutipinyo, Dr Khalilur Rahman, Dr Sawat Ramaboot, Dr Luis Fernando Rocabado, Dr Jaime Rojas-Hinojosa, Dr Pauly Rosell-Ubial, Dr Suthat Rungruanghiranya, Dr Luminita Sanda, Ms Rosa Sandoval, Dr Isra Sarntisart, Mr Benjamin Sensasi, Dr Nithat Sirichotirat, Ms Erin Smith, Ms Frances Stillman, Dr Chaisri Supornsilaphachai, Dr Tatri Taifahpoon, Dr Chairat Techatraisak, Dr Lakkhana Termsirikulchai, Dr Manopchai Thamkantho, Dr Agis Tsouros, Dr Lam Nguyen Tuan, Dr Suchada Tungthangthum, Dr Gajalakshmi Vendhan, Ms Ayda Yurekli, Dr Mostafa Zaman, Ms Barbara Zolty. We also thank all members of the assessment teams who conducted the capacity assessment missions and developed the specific country reports (see the country reports at [http://www.who.int/tobacco/control/capacity\\_building/assessments/en/index.html](http://www.who.int/tobacco/control/capacity_building/assessments/en/index.html)).

Particular thanks to the Ministry of Health of Brazil and the Ministry of Public Health of Thailand, the Regional Office for the Americas (AMRO/PAHO) and the Regional Office for South-East Asia (SEARO), as well as the WHO country offices in Brazil and Thailand for their invaluable support in piloting the methodology.

The development of the methodology and production of this operational manual were supported financially by Bloomberg Philanthropies and WHO.



# Contents

---

<b>Acknowledgements</b> .....	3
<b>Introduction</b> .....	5
<b>Section 1. Rationale</b> .....	7
1.1 What is a national capacity assessment? .....	7
1.2 What is the end-product of the assessment?.....	7
1.3 Benefits of assessing national capacity .....	7
1.4 Who decides to conduct the assessment?.....	8
1.5 What should be assessed?.....	9
<b>Section 2. Practical steps</b> .....	11
2.1 Pre-assessment stage .....	11
2.2 In-country assessment.....	27
2.3 Post-assessment (follow-up).....	30
<b>Section 3. Tools for conducting the assessment</b> .....	32
3.1 Planner – assessing national capacity for tobacco control .....	33
3.2 Planning visit.....	35
3.3 Checklist for logistics and budget .....	37
3.4 Model template – terms of reference (tor) for assessment team members/ international and national experts .....	41
3.5 Assessment schedule – sample .....	46
3.6 The “five Ps” matrix – checklist and measuring instrument for the assessment interviews.....	47
3.7 Model of subteams’ findings reports.....	48
3.8 Structure of the final report of the assessment .....	52
3.9 Follow-up visit .....	53
3.10 Follow-up questionnaire.....	55
<b>References</b> .....	56

# Introduction

---

Tobacco is a risk factor for six of the eight leading causes of death throughout the world and will threaten the lives of one billion people during the current century. This was recognized by World Health Organization (WHO) Member States and has resulted in the negotiation and adoption at the 56<sup>th</sup> World Health Assembly in May 2003 of the WHO Framework Convention on Tobacco Control (WHO FCTC), the first public health treaty negotiated under the auspices of WHO. As of November 2012, 175 countries and the European Union have become Parties to the WHO FCTC.

The core provisions of the WHO FCTC, aimed at reducing demand for tobacco products, are as follows.<sup>1</sup>

- Price and tax measures to reduce the demand for tobacco.
- Non-price measures to reduce the demand for tobacco, namely:
  - protection from exposure to tobacco smoke
  - regulation of the contents of tobacco products
  - regulation of tobacco product disclosures
  - packaging and labelling of tobacco products
  - education, communication, training and public awareness
  - tobacco advertising, promotion and sponsorship
  - demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC apply to the following areas:<sup>2</sup>

- Illicit trade in tobacco products
- Sales to and by minors
- Provision of support for economically viable alternative activities.

The WHO FCTC and its guidelines provide the foundation for countries to implement and manage tobacco control. To help countries fulfil their WHO FCTC obligations, in 2008 WHO introduced the MPOWER package of six evidence-based tobacco control measures that are proven to reduce tobacco use and save lives. The MPOWER measures provide practical assistance with country-level implementation of effective policies to reduce the demand for tobacco. The MPOWER measures focus on demand reduction, although WHO also recognizes the importance of, and is committed to, implementing the supply-side measures contained in the WHO FCTC.

These measures are the best-buy and good-buy interventions (5) for substantially reducing tobacco use and scaling up the fight against noncommunicable diseases.

Each of the MPOWER measures corresponds to at least one demand-reduction provision of the WHO FCTC and forms an integral part of the WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, endorsed at the 61<sup>st</sup> World Health Assembly in 2008. These best-buy/good-buy measures to reduce tobacco use are:

- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, promotion and sponsorship
- **R**aise taxes on tobacco.

---

1 WHO FCTC Arts. 6-14.

2 WHO FCTC Arts. 15-17.

The *WHO report on the global tobacco epidemic* (2008, 2009, 2011) (6, 7, 8) provides a stark reminder that only a small percentage of the global population is fully protected by these tobacco control measures. The vast majority of the world's population is not protected from the harm done by tobacco by effective demand reduction measures. There is, therefore, an urgent need for each country to assess its capacity to develop, implement and enforce effective measures to reduce the use of tobacco.

This publication describes a methodology for use by governments and civil society to assess a country's capacity to implement tobacco control policies effectively.

The assessment will provide the answer to two fundamental questions, namely:

- which policy areas require immediate attention<sup>3</sup> to reduce tobacco use in a given country?
- what can be done, and how, to strengthen capacity to support the implementation of the policy areas identified?

Governments will decide whether to carry out an assessment of national capacity for tobacco control and will also lead the process. WHO<sup>4</sup> will work with a national Government to coordinate, support and carry out the practical steps of the assessment.

All countries can benefit from a capacity assessment, but the process may be most beneficial and urgent in countries in which:

- the prevalence of tobacco use is high or the nature of the epidemic is worsening;
- there is a high burden of disease attributable to tobacco use;
- there are challenges in implementing specific measures of the WHO FCTC with defined deadlines, or
- one or more tobacco control interventions have been implemented and the time has come to evaluate progress and consider next steps.

This document describes the basic elements of a capacity assessment. It is intended for use both by governments and by civil society, as well as by WHO and other partners. The document answers such questions as: why a capacity assessment should be conducted; who should do it and how; and what methodology should be used.

The document has three main sections:

- Section 1 Rationale – introduces the rationale for conducting an assessment of national capacity to implement effective tobacco control policies, and describes the main elements to be assessed.
- Section 2 Practical steps – outlines how to prepare and conduct a capacity assessment, including detailed steps on what to do before and during the assessment exercise; and also how to deal with the post-assessment period and guide the post-assessment follow-up.
- Section 3 Tools – provides specific tools that are useful for planning and conducting the assessment, as well as for the post-assessment phase and follow-up.

---

<sup>3</sup> Including "quick wins".

<sup>4</sup> "WHO" refers to all levels of the World Health Organization (i.e. headquarters, regional offices, country offices). Specific roles and responsibilities within the Organization will be defined internally for each capacity assessment, as required.

This section provides the rationale for assessing national capacity for tobacco control to implement effective tobacco control policies, and describes the main elements to be assessed.

## 1.1 What is a national capacity assessment?

A national capacity assessment is a joint exercise between a Government and WHO, with the participation of national and international partners, to guide a country in the implementation of specific tobacco control measures by identifying its capacity (with its strengths and opportunities, as well as barriers and obstacles) for the implementation of these measures.

The assessment includes an analysis of the commitment and the organizational structure available to implement selected demand-reduction measures of the WHO FCTC (MPOWER measures) as best-buy interventions (5) for substantially reducing tobacco consumption and scaling up the fight against noncommunicable diseases. The assessment also examines the partnerships (within the Government and between the Government and other interested parties); human and financial resources and needs; and the technical, managerial and political processes indispensable for implementing the policies effectively. Countries may also wish to assess the implementation of other specific tobacco control measures, according to national circumstances and priorities and in the context of their obligations under the WHO FCTC: therefore, at countries' request, these additional measures may be included in the assessment exercise, bearing in mind the additional time and resources that this may entail.

Because a capacity assessment is mainly intended to guide Government policy, assessments may be conducted every five years, if necessary.

## 1.2 What is the end-product of the assessment?

The end-product of the assessment is a set of recommendations with potential actions to guide government and civil society at any stage in the process of developing, implementing or evaluating their approach to tobacco control (joint assessment report). This report is prepared jointly by the assessment team, in agreement with WHO and the host Government. The report may result in statements of national policy and priorities as a basis for the country's medium-term plan for tobacco control.

## 1.3 Benefits of assessing national capacity

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_28132](https://www.yunbaogao.cn/report/index/report?reportId=5_28132)

