Tobacco Control: an Advocacy Strategy for Resource Mobilization: (2010-2015)

TFI
Tobacco Free Initiative

World Health Organization
Regional Office for South-East Asia

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Part I - Background and purpose

Background

Resource mobilization (RM) is a comprehensive process involving strategic planning, advocacy, communication and negotiation with donors/policy makers and sound management of resources. Resource mobilization, based on these tenets, strengthens the credibility of the organization and ensures both enhanced coordination and harmonization among development partners.

For the Tobacco Free Initiative, Article 26 of the WHO Framework Convention on Tobacco Control (WHO FCTC) has elaborated provisions on mobilization of financial resources (Annex 1). Similarly, the Sixty-first session of the WHO Regional Committee for South-East Asia, held in September 2008, adopted a resolution (SEA/RC61/R4) on Tobacco Control calling on WHO to mobilize resources to help support implementation of the MPOWER package.

Opportunities for resource mobilization exist at global, regional and country levels. These opportunities need to be systematically explored, seized and even created by the World Health Organization (WHO) and its technical units to maximize positive health outcomes. Moreover, as the landscape of international aid constantly evolves, WHO technical staff at the frontline of resource mobilization must develop the skills necessary to adapt and adjust their plans, approaches and tactics for the mobilization of critical resources in real time. The WHO Executive Board, at its 105th session in January 2000 endorsed WHO's Policy Guidelines on Resource Mobilization. The external coordination unit in the WHO Regional Office for South-East Asia is the regional focal point for resource mobilization. This unit provides support to facilitate and coordinate resource mobilization work in the Regional Office and in country offices and can be seen as an internal asset to support implementation of this strategy.

Purpose

The purpose of mobilizing additional resources is to ensure effective programme implementation and the achievement of public health goals. Effective resource mobilization can only be pursued as an integral part of a sound and methodically pursued programme and financial management process. TFI will not undertake RM as a stand alone activity but will systematically forge close links between realistic programme development and budgeting with advocacy, outreach and management of existing resources.

This document has two parts. The first part sets out the approach and can be used as a brief guide to the development of a more detailed strategy for advocacy for resource mobilization that is relevant at country level. The second part of the document is the regional strategy which identifies the what, when and how of implementation of this strategy for advocacy for resource mobilization in the coming biennia.

Advocacy for resource mobilization is designed to build the political and financial support necessary to enable TFI-SEARO to successfully implement the *Strategic Action Plan for TFI in the South-East Asia Region (2010-2015)*. This strategy is designed to be implemented in conjunction with the Strategic Action Plan and Regional Communication Strategy.

Part II - Approach

There are many ways to approach advocacy for resource mobilization. The primary purpose is to create the political environment where additional resources can be made available through all possible sources. The TFI/SEARO strategy approaches the process of mobilizing resources in three phases – preparatory, alliance and consensus building, negotiation and reporting. It should be understood, that this type of strategy must be flexible and needs regular review and updating.

Phase 1 – Preparatory phase

In the preparatory phase - steps are taken to understand the programme-specific context of resource mobilization and to identify priority areas for which external resources are required. This process involves gathering and

analyzing of data on the magnitude of the tobacco problem in the Region and clearly demonstrating a strategic approach to addressing the specific problems through a clearly articulated business or action plan that highlights funding shortfalls.

Step 1 - Develop a Business or Strategic Action Plan

Advocacy for resource mobilization should be based on a clearly articulated strategic action (business) plan that sets out the vision, goals and priorities or the programme along with the approach that will be adopted to address the critical programmatic weaknesses and gaps. The strategic action plan outlines the magnitude of the problem in South-East Asia and the approach to tackle these issues.

Step 2 - Estimate required resources

The Strategic Action (Business) Plan highlights external resources required, through WHO in the South-East Asia Region, in several areas for the coming biennia (till 2015). The figures represent an analysis of the external support required. It is assumed a large portion of tobacco control services in countries can be funded from domestic resources raised by increasing tobacco taxes. Expected WHO income flow is based on an analysis of the current fund flow and pledges made by donors. The resources required minus the expected income will indicate the shortfall, i.e. the fundraising target or resource gap.

Step 3 - Assess the feasibility of raising resources

(1) Assess historic fundraising efforts

- List any donors who gave funds to the concerned area of work previously.
- List the activities for which funds were received.
- Assess proposals currently being considered by donors and the likelihood of success.

(2) Assess the resources available to carry out resource mobilization activity

- Clarify budget available for resource mobilization and advocacy.
- Assess human resources capacity – is training in advocacy or resource mobilization required?
- Review communication and advocacy material available.

Phase II – Alliance and consensus building

Assuming programmatic and resource mobilization needs are clear and there are at least some resources (human or financial) to dedicate to advocacy and resource mobilization, it is possible to move towards outlining the alliance and political consensus building part of the strategy.

In the alliance and consensus building phase - a mapping of relevant stakeholders and decision makers (including the potential scope of their engagement) is undertaken while a timeline/implementation plan for consistent and strategic data-driven outreach will be employed to promote ownership of the programme by relevant parties.

Step 1 - Gather and analyse intelligence

It is wise to carry out in-depth research identifying potential areas of collaboration and existing linkages. Initially, it is critical to understand development assistance policy, priorities and preferences (Web sites, documents, database); budget cycles; decision-making process (local/central, influential advisers, review mechanisms) and preferences for management of resources (including reporting, monitoring and evaluation requirements). Beyond such formal research, prioritize a list of target donors based on continual exchange of information within the team about donors and potential stakeholders, such as the private sector or foundations - key names, contacts and relationships established with individuals. In general, raising funds from a new donor takes more time and effort than cultivating existing donors.

Step 2 - Build consensus and carry out advocacy

Once priority activities (from the strategic action plan and the estimated resource requirement calculation) and donor targets (from the intelligence

gathering) have been indentified, activities that strengthen the on-going partnerships and broaden support for the TFI policy and the resource mobilization agenda should be explored and planned strategically. Consensus, partnership building and advocacy activities must be seen in the context of the impact of global and national events on policy making and donor funding as well as UN and health sector reform.

Some examples of activities that have worked well for WHO include timely submission of quality reports, high level advocacy including the development of policy champions, newsletter articles highlighting how political support has led to improved health outcomes and invitations to WHO meetings and events. Various practical initiatives that can be taken including regular communication with donors, development of engagement plans with key donors, training for staff in various aspects of resource mobilization and use of available tools to track and monitor grant agreements and submission of proposals and reports. Communication and advocacy documents may be developed to enable external partners to understand the priority needs of the technical unit. These documents should focus on simple, clear messages that outline the goals, objectives, achievements, challenges, competencies and funding needs.

Consensus and partnership building and advocacy will never be a fully accomplished or a static activity. It should be an on-going part of any programmatic workplan for which external policy or financial support is required.

Phase III – Negotiation and reporting

To be successful, RM at country level should be prioritized. Many donor governments have decentralized funding to their development agency or embassy in South-East Asia Regional countries. If in the final negotiation phase, all the necessary preparatory steps have been completed and a good network of contacts has been built.

It can be anticipated that proposals will be developed and funded. Management and reporting on utilization of these funds will be critical to the success of any future funding cycles.

If a programme reaches the stage of submitting a proposal, ideally at the request of the donor, advocacy work has had an impact. Any proposals that are submitted should be well structured, logical and in line with the donor's priorities and policies. Project proposals should promise to achieve only what is realistic and possible to achieve with the resources, financial and human, that will be available. TFI and External Coordination Unit at SEARO should receive a copy of any formal communication with donors (proposals or grant agreements). A critical and much overlooked area of resource mobilization involves expenditure and reporting. Donor funds must be used for the proposed activity. Work and activity plans should be coordinated at country, regional and HQ level. Reporting should be timely and accurate. Successful utilization of funds in line with the proposal strengthens the reputation of the programme and lays the ground for future collaboration.

Part III – Advocacy Strategy for Resource Mobilization (2010-2015)

This strategy sets out the objectives and priorities for advocacy and resource mobilization activity for the Tobacco Free Initiative (TFI) in the South-East Asia Region (SEAR) in the period 2010-2015.

External advocacy and resource mobilization will be carried out in line with the WHO- SEARO and "one WHO" approach and to ensure effective implementation of the Strategic Action Plan for the Tobacco Free Initiative in the South-East Asia Region (2010-2015). This strategy focuses on the external resources required for unfunded activities and technical support, through WHO.

The strategy will look primarily at creating a political environment where the availability of resources from all sources for tobacco control increases. As there are no OECD donors based in the Region, TFI-SEARO will support mobilization of resources for Member States in the Region from donors, including providing them with relevant skills to support this purpose, and through outreach with policy makers at national level to increase funding from domestic taxation on tobacco products.

TFI-SEARO will provide training and advice to staff and Member States on how to work with donors and how to access funding from the Bloomberg Grant Mechanism as well as from other new and targeted donor agencies.

TFI-SEARO will continue its outreach efforts and develop positive relationships with other important regional bodies such as the ADB and with key partners who have significant development and investment portfolios in the Region notably – USAID, the World Bank, DFID, Gates Foundation among others.

The Regional Office for South-East Asia is taking the opportunity to utilize the existing Memorandum of Understandings with ASEAN and SAARC to advance the tobacco control agenda through these inter-governmental organizations.

Finally, efforts will be made to explore innovative approaches such as collaboration with the Global Fund and TB Reach on TB/Tobacco dual epidemics and potential areas of collaboration with the corporate sector.

Preparatory Phase

Indicators of Success: Clarity on policy objectives and estimated resource requirements at all levels
Target: Strategic Action Plan for the Tobacco Free Initiative in the South-East Asia Region (2010-2015).

A. Strategic Action Plan for TFI in the South-East Asia Region - Summary

Vision A healthy, tobacco-free environment in which the people of the South-East Asia Region can live, learn and work.

Mission To reduce the burden of disease and death caused by tobacco use, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

Goal To strengthen national efforts to catalyse and advocate for full implementation of comprehensive tobacco control activities, in line with the WHO Framework Convention on Tobacco Control.

Target 2015: To halt the growth and then to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke.

Objectives

(1) To ensure development and effective implementation of comprehensive tobacco control legislation and tobacco control policies through the provision of technical support and evidence-based advocacy.

(2) To support governments in the provision of information and services to curb demand and consumption of tobacco products.

(3) To maximize potential synergies between tobacco and other areas of the health and development sector within governments and the wider development community.

(4) To strengthen interagency collaboration and partnership at country and regional levels to research and address new and emerging issues and to disseminate best practices.

Overall indicators by 2015

- Number of countries who are party to the WHO FCTC.
- Number of countries with comprehensive tobacco control legislation/a National Tobacco Control Act.
- Number of countries that have developed national action plans, or equivalents, and established or strengthened national coordinating mechanisms, as appropriate.
- Number of countries in the Region that have ratified all WHO FCTC protocols.
- Availability of reliable adult and youth tobacco use data in all countries.

Impact Target 2015

Prevalence of adults (men and women) and youth (boys and girls) current tobacco use (smoking and smokeless) is reduced by 5% from the 2010 baseline.

B. Estimated resource requirements

The Strategic Action Plan outlines planned expenditure of US$ 30.6 million estimated over the course of the WHO biennium work planning periods to 2015. Staff costs are based on the assumption that there will be four professional staff at WHO South-East Asia Regional Office (Regional Adviser, Bloomberg Project Officer, Surveillance Officer and Communications Officer plus two senior support staff). At country level, it is anticipated WHO will support two international project staff (in India and Indonesia) and National Programme Staff in the four priority countries. No calculation has been made on the cost of focal points not fully dedicated to TFI activities.

During the first biennium, activities focus heavily on objective 1. TFI-SEARO would anticipate a growing portfolio of activities across all objectives and a corresponding measured increase in activity funding. However, budget figures for the 2012-2013 and 2014-2015 biennia are provisional estimates.

In the 2010-2011 baseline biennium at least 80% of planned expenditure for activities in countries will take place in the four BI focus countries (Bangladesh, India, Indonesia and Thailand).

Estimated Resource Requirements, 2010-2015

Regional Office	2010-2011	2012-2013	2014-2015	Grand Total
Objective 1	1,000,000	1,100,000	1,250,000	**3,350,000**
Objective 2	200,000	250,000	300,000	**750,000**
Objective 3	150,000	175,000	200,000	**525,000**
Objective 4	125,000	150,000	175,000	**450,000**
Advocacy for RM	100,000	100,000	100,000	**300,000**

Total Activities	**1,575,000**	**1,775,000**	**2,025,000**	**5,375,000**
Staffing costs	**1,577,000**	**1,662,000**	**1,755,000**	**4,994,000**
	3,152,000	**3,437,000**	**3,780,000**	
Total				**10,369,000**

Country Offices	**2010-2011**	**2012-2013**	**2014-2015**	**Grand Total**
Objective 1	3,100,000	3,300,000	3,600,000	**10,000,000**
Objective 2	950,000	1,050,000	1,400,000	**3,400,000**
Objective 3	300,000	350,000	500,000	**1,150,000**
Objective 4	197,000	225,000	300,000	**722,000**
Advocacy for RM	100,000	100,000	100,000	**300,000**
Total Activities*	**4,647,000**	**4,935,000**	**5,900,000**	**15,482,000**
Staffing costs	**1,500,000**	**1,600,000**	**1,700,000**	**4,800,000**
	6,147,000	**6,535,000**	**7,600,000**	
Total				**20,282,000**

SEARO Combined	**2010-2011**	**2012-2013**	**2014-2015**	**Grand Total**
Total Activities	**6,222,000**	**6,710,000**	**7,925,000**	**20,857,000**
Staffing costs	**3,077,000**	**3,262,000**	**3,455,000**	**9,794,000**
Grand Total	**9,299,000**	**9,972,000**	**11,380,000**	**30,651,000**

Total funding requirements for the period of the plan are estimated to be US$ 5.1 million per annum. Total funding mobilized in the biennium 2008-2009 was US$ 6.9 million. Assuming level funding from existing voluntary donors and access to equal amounts of WHO assessed contributions, the estimated resource available are 75% of the required budget. In the next two year period 2010-2011, TFI in the South-East Asia Region will need to mobilize an additional US$ 2.5 million above estimated commitments. Additional funds, above this figure, may be needed for

progressively more ambitious activities such as rapidly expanding cessation services or joint activities with TB or if current sources of income are affected by the financial or policy environment.

C. Analysis of historic funding flows and feasibility of mobilizing resources

A significant portion of tobacco control services in countries are funded by central or state governments including domestic resources raised by taxing tobacco products. However, funds are not available in most countries of the Region to implement substantively scaled-up tobacco control activities; most MPOWER related activity has been undertaken in the four Bloomberg focus countries leaving seven countries with limited access to funding for most activities.

A more consistent flow of funding for technical support, through WHO, would provide tremendous impetus to the tobacco control activities that are being implemented in the Region and would support implementation of the WHO FCTC.

Funds for TFI are through the Assessed Contributions (AC) – the regular budget of the Organization - and Voluntary Contributions (VC). AC funds are used for salaries of the permanent staff. Voluntary funds come from Bloomberg Philanthropy and BI partners (CDC, CDC Foundation, Union), the Gates Foundation and WHO HQ.

In previous periods:

- CDC funded the Global Youth Tobacco Survey (GYTS), the GSPS (Global School Personnel Survey) and the Global Health Profession Students Survey (GHPSS).
- The CDC Foundation funded the Global Adult Tobacco Survey (GATS). Lack of funds for repeat GATS in the coming years will impede any analysis of the tobacco use trend.
- The UNION funded the Global Tobacco Control Report (GTCR) via HQ and the funds from World Lung Foundation (WLF) are mobilized for capacity building and for activities related to

legislation, implementation of smoke-free environments and the MPOWER policy package.

Tobacco surveillance activities in the Region depend on voluntary contributions from donors. There is a clear lack of future funding for monitoring tobacco use/surveillance in 9 out of 11 Member States (with the exception of India and Thailand). In addition, tobacco cessation, research (including research on the economic impact of tobacco), supply side issues and the important areas of advocacy and communications remain critically underfunded.

The tobacco industry exerts great political influence in the Region. The Region has no indigenous (OECD Development Assistance Committee) donor agencies but both India and Indonesia now form part of the G20 group of leading industrial economies with growing domestic public and private finance while Thailand's GDP per capita is more than US$4,000 (2009 est). There are pools and models of possible domestic financing (Thai Health Foundation, India Tobacco Cess and dedicated tax on tobacco products for example in Nepal). The Region continues to experience UN/UNDAF reform, the establishment of multi-donor trust funds and health sector changes such as decentralization.

Diversifying partnerships and expanding the resource base for tobacco control activities will be of paramount importance in the coming years. Approximately US$100,000 has been budgeted per year for advocacy for resource mobilization activities. Additional internal resources/assets available to carry out resource mobilization activities are limited but can be developed. There is a need to focus on staff skills development and training and the production of donor/advocacy friendly materials to drive funding decisions and policy change.

Alliance and consensus building phase

Strengthening partnerships and alliances to support consensus around policy change are intimately linked to resource mobilization. The emphasis will be on establishing a wider resource/partner base, improving delivery for existing donors and partners. Efforts will be made to broaden the range of donors and partners with greater involvement of both the public and private sectors. WHO will engage actively in health sector and UN reform processes.

Basic principles

- Consistency with the Organization's corporate entity as "one WHO";
- Conformity with the RM policy guidelines;
- Responsiveness to specific needs and priorities of the Region;
- Partnership and shared responsibilities with WHO headquarters, country offices, sister agencies of the UN system, bilateral official development agencies, multilateral financial institutions, foundations, NGOs etc. who are crucial contributors to health development in the Region, and
- Sensitive to the policies, priorities, programmes and preferences of various donors/funding organizations.

Indicators

- Number of countries working towards dedicating a significant part of revenue from tobacco taxes to health promotion and tobacco control.
- WHO staff in countries receiving training in advocacy for resource mobilization.
- Percentage of estimated resources required for the strategic action plan for TFI in South-East Asia budget funded.

Strategic approach

In the alliance and consensus building phase, the TFI advocacy strategy for resource mobilization will focus on developing the following areas:

(1) Developing the evidence for policy change and resource mobilization.

(2) Political and donor intelligence.

(3) Capacity building for advocacy and resource mobilization – focus on training and strengthening capacity at country level including for budgetary needs analysis/forecasting.

(4) Strengthening partnerships.

(5) Advocacy and outreach.

(6) Coordination, monitoring and Implementation – within WHO.

(1) Evidence base

Indicator of success

- *Policy makers cite WHO "evidence" and technical assistance as a factor in tobacco legislation, decision making, and resource allocation/mobilization.*

Target (end 2011)

- *Needs/gaps analysis for SEAR completed.*
- *Four "evidence" advocacy products are released.*

Key activities

- A needs/gaps analysis undertaken to better understand and anticipate country technical information needs - identify persons within SEAR, the WHO country offices, and key stakeholders regionally who have technical knowledge/capacity in specific areas (e.g. burden of disease, taxation, programme funding needs and forecasting, evaluation, impact assessment, etc).
- Deliver collaborative research papers that document for donors and governments in the Region the health and socio-economic consequences of tobacco use and tobacco control in the South-East Asia Region.
- Complementary advocacy products are developed and released in line with an outreach strategy.
- Photojournalism project on tobacco use and opportunities for control in SEAR countries developed.

(2) Political and donor Intelligence

Indicator of success - TFI in SEARO is aware of upcoming policy and priority change for donors and governments in time to positively influence that change.
Target - All TFI staff in the Region can access real time political and donor intelligence through collaborative, information sharing process.

Key activities

- A mechanism for systematic information-sharing will be developed (teleconference, video-conference, on-line information network, and focal point meetings/working groups);
- TFI will establish and maintain a donors' profile database with policy information, preferences, funding mechanisms and relevant contact details – see attached outline.
- TFI will engage in dialogue with donors and other stakeholders on a pilot country's health priorities and strategies (UNDAF and UN Reform).
- Develop and share with stakeholders of tobacco control a target list of priority donors, partners and stakeholders for TFI to engage and develop positive consensus/alliances within the SEAR Region.

(3) Capacity building

Indicators of success

- *TFI staff are confident and capable of engaging in advocacy and resource mobilization activities at country, regional and global level as "brand ambassadors".*
- *The quality of presentations, proposals and reports to donors is enhanced.*

Target - Key staff in SEARO and country offices (in collaboration with MOH/national authorities) receives advocacy and resource mobilization training.

Key activities

- Develop and share "key message" platform for TFI in SEARO.
- Organize/assist holding two national-level seminars/workshops to support skill development in project formulation, proposal writing, advocacy, media, negotiation skills and grant management.
- Organize policy briefing on TFI Business Plan for WRs and relevant SEARO staff – External Relations (ECU) , Strategic Alliance & Partnership (SAP), Planning, Director-Programme Management/Deputy Regional Director etc.

(4) Partnerships

Indicator of success - Existing partners continue support while the network of interested stakeholders grows.

Target - TFI plays a leading role in Meetings of Interested parties and Partners Forum; Round table with the private sector is held in India and Indonesia.

Key activities

- At least quarterly meetings held with existing programme partners for frank and open discussion.
- Participate in regular Meeting with Interested Parties (MIP) or Partners Forum to discuss priority programmes.
- Consult with UN system partners during formulation of the WHO (and "one UN") country programmes.
- Develop partnerships with target list donors in order to create an atmosphere of shared responsibilities and outcomes.

  - Facilitate and provide technical support to donors as well as national health authorities in health sector missions.

- Map potential private sector partners (particularly in India and Indonesia – G20) and explore possible engagement through roundtable dialogue.
- Map non-traditional stakeholders particularly in the field of tuberculosis and other NCDs (alcohol, road safety) and establish practical collaboration in advocacy, health promotion etc.

(5) Advocacy and outreach

Indicators of success - Funding or policy change occurs in key countries (India and Indonesia); donors invite TFI to submit proposals.
Targets - Indonesia accedes to the WHO FCTC; two donors request TFI to submit a proposal for funding.

Key Activities

- Agree on prioritized list of advocacy and donor targets – see Annex 3.
- Agree on and implement annual calendar of advocacy, outreach and media activities.
- Develop appropriate advocacy materials tailored to donor/partner/stakeholder priorities and based on key message platform (developed as part of Communication Strategy implementation).
- TFI staff to target donors/parliaments/decision makers on each duty travel - plan with HQ – and to discuss advocacy and RM during country level visits.
- Develop a concept note for a regional network of champions – media, politicians, business leaders etc. and map ways to engage them.
- Develop a listserv (listserv is an automated mailing list distribution system consisting of a set of email addresses for subscibers to a list. The sender can send one email and it will

reach the entire list. A free version for up to 500 subscribers can be downloaded from the L-Soft company web site) of interested policy and donor contacts and keep them regularly informed about TFI news and events.

Negotiation and Reporting Phase

Indicators of success

- *Renewal of BI grant (2011-2013)*
- *TFI-SEARO is recognized as a model of a well managed programme*.

Target: Financing gap for Biennium workplan closed.

Key activities

- Strengthen coordination with TFI/WHO HQ and country offices in all matters relating to extrabudgetary funds and resource mobilization initiatives – RA/TFI is focal point.
- Agree on calendar of SEARO participation in HQ resource mobilization activities – particularly visits to donor capitals.
- Request enhanced VC funding from HQ for inter-country programmes.
- Conduct special periodic reviews of extrabudgetary funds and follow up project implementation with concerned country offices.
- Place RM issues on the agenda of policy-level meetings at SEARO.
- Submit proposals in line with request and opportunity –in coordination with other programmes i.e. tuberculosis (Global Fund and TB REACH in 2011).
- Ensure the reporting calendar with deadlines is available and strictly adhered to.

Part IV - Conclusion

Each WHO technical unit must contribute to the Organization's overall target for resource mobilization by supplementary and complementary actions.

There are a number of challenges. Partners lack understanding about the importance of tobacco control, there is a lack of coordination at different levels of the Organization; staff do not always possess the skills to build strong relationships with donors or formulate good proposals; there is inadequate knowledge about donors and project management; on occasion absorptive capacity and the absence of well-defined and evidence-based policies and plans limit our ability to mobilize resources for health in the Region.

For effective resource mobilization, WHO's technical, administrative, legal and budgetary process should be streamlined so that the different elements work in harmony; strong partnerships should be developed with bilateral and multilateral agencies and civil society stakeholders among NGOs and foundations in the private sector. Above all resource mobilization should be based on WHO's comparative advantage – that is, strengthening political commitment to health development based on analysis of reliable data on the health situation supporting clearly-defined national and regional programmes.

This Advocacy Strategy for Resource Mobilization sets out objectives and priorities for TFI during the period 2010-2015. It will be achieved only if it is implemented in partnership with WHO colleagues from across the Organization, and BI partners in support of the objectives of Member States in the South-East Asia Region. By successfully implementing this strategy, the Strategic Action Plan for TFI in the South-East Asia Region (2010-2015) should be fully funded and therefore fully achievable.

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Annex 1

Article 26 (WHO FCTC)

Financial resources

(1) The Parties recognize the important role that financial resources play in achieving the objective of this Convention.

(2) Each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes.

(3) Parties shall promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition. Accordingly, economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development.

(4) Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations.

(5) The Parties agree that:

(a) To assist Parties in meeting their obligations under the Convention, all relevant potential and existing resources, financial, technical, or otherwise, both public and private that are available for tobacco control activities, should be mobilized and utilized for the benefit of all Parties, especially developing countries and countries with economies in transition;

(b) The Secretariat shall advise developing country Parties and Parties with economies in transition, upon request, on available sources of funding to facilitate the implementation of their obligations under the Convention;

(c) The Conference of the Parties in its first session shall review existing and potential sources and mechanisms of assistance based on a study conducted by the Secretariat and other relevant information, and consider their adequacy; and

(d) The results of this review shall be taken into account by the Conference of the Parties in determining the necessity to enhance existing mechanisms or to establish a voluntary global fund or other appropriate financial mechanisms to channel additional financial resources, as needed, to developing country Parties and Parties with economies in transition to assist them in meeting the objectives of the Convention.

Annex 2

List of potential donors for tobacco control programmes in the South-East Asia Region

S. No.	Name of the Organization	Areas for possible collaboration
1.	**Asian Development Bank (ADB)**	**Health of the poor, women and indigenous people** *(tobacco, poverty and MDG)* , **health sector reform and health system and infrastructure development** *(capacity building for tobacco control)* , **innovations in health care financing** *(health –cost studies)*/ **health education** *(public education, advocacy and communications on tobacco control)*
2.	**Australian Agency for International Development (AusAID)**	**Education** *(public education, advocacy and communications on tobacco control)* **globalization & trade** *(illicit trade in tobacco products)* , **environmental management** *(Smoke-free environments/alternate cash crops)*/ **Gender** *(tobacco and gender issues)* and **human rights***(sale to and by minors, second-hand smoke exposure, health warning labels, ban on tobacco advertisement, promotion and sponsorship, disclosure of nicotine, tar and other toxic contents of tobacco, economically viable alternative livelihood)*
3.	**(Agency for Technical Cooperation – GTZ) and (Bank for Reconstruction – KfW)**	**Environmental health** *(smoke-free environments/alternate cash crops)* and **poverty** *(tobacco, poverty and MDG)*
4.	**Bill and Melinda Gates Foundation (BMGF)**	**Global Health Initiatives** /**education** *(public education, awareness, advocacy on tobacco-related issues)***Tobacco** *(tobacco control issues),* **TB** *(tobacco and TB)*,
5.	**Bloomberg Initiative**	1. *Support public sector efforts to implement the key interventions(tax tobacco to increase price, and also prevent smuggling; change the image of tobacco by banning direct and indirect advertising and conducting hard-hitting anti-tobacco public education campaigns; protect nonsmokers from exposure to other people's smoke; help smokers quit)*

S. No.	Name of the Organization	Areas for possible collaboration
		2. *Support civil society's efforts to educate communities and to encourage policy change.* 3. *Rigorously monitor the status of global tobacco use and countries' progress implementing key interventions.* 4. *Optimize tobacco control interventions.*
6.	**Canadian International Development Agency (CIDA)**	**Anti-smoking initiatives**/ **TB** (*TB and tobacco)*
7.	**Danish International Development Agency (DANIDA)**	**Tobacco and poverty** (*TB and tobacco)*
8.	**European Commission (EC)**	Regional integration and cooperation **(partnerships for tobacco control),** support for macroeconomic policies and equitable access to social services ***(development of national tobacco control policies and plans of action)*** **i**nstitutional capacity building, including good governance and the rule of law ***(national capacity building in tobacco control , work on legislative issue of tobacco control);*** poverty ***(tobacco, poverty and MDG);*** MDG ***(tobacco, poverty and MDG)*** / human rights ***(sale to and by minors, second-hand smoke exposure, health warning labels, ban on tobacco advertisement, promotion and sponsorship, disclosure of nicotine, tar and other toxic contents of tobacco, economically viable alternative livelihood);*** education systems ***(inclusion of tobacco control issues in medical and nursing curricula, public education, awareness, advocacy on tobacco-related issues);*** environment ***((smoke-free environments/alternate cash crops).***
9.	**Eli Lilly and Company**	**TB control activities** (*TB and tobacco –related issues*)
10.	**German Development Cooperation**	**Education** *(public education, awareness, advocacy on tobacco-related issues)*; **human rights** *(sale to and by minors, second-hand smoke exposure, health warning labels, ban on tobacco advertisement, promotion and*

S. No.	Name of the Organization	Areas for possible collaboration
		sponsorship, disclosure of nicotine, tar and other toxic contents of tobacco, economically viable alternative livelihood); **poverty** *(tobacco, poverty and MDG);* **environmental protection** *(smoke-free environments/alternative cash crops).*
11.	**German BMZ**	**Combating poverty** *(tobacco, poverty and MDG);* **protecting the environment** *(smoke-free environments/alternative cash crops).*
12.	**Irish Aid**	**Education** *(public education, awareness, advocacy on tobacco-related issues);* **environment** *(smoke-free environments/alternative cash crops);* **human rights***(sale to and by minors, second-hand smoke exposure, health warning labels, ban on tobacco advertisement, promotion and sponsorship, disclosure of nicotine, tar and other toxic contents of tobacco, issues related to economically viable alternative livelihood).*
13.	**Italian Development Cooperation**	**Poverty reduction** *(tobacco, poverty and MDG).*
14.	**Japan International Cooperation Agency (JICA)**	**Prevention and control of cancer** *(tobacco and related cancers)*; **TB** *(TB and tobacco); /***Poverty** *(tobacco, poverty and MDG);* **environmental health** *(smoke-free environments/alternative cash crops);* **medical education** *(training of health personnel on tobacco cessation counseling and treatment);* **HRD** *(capacity building in tobacco control).*
15.	**Norwegian Development Cooperation**	**Poverty** *(tobacco, poverty and MDG);* **human rights** *(sale to and by minors, second-hand smoke exposure, health warning labels, ban on tobacco advertisement, promotion and sponsorship, disclosure of nicotine, tar and other toxic contents of tobacco, issues related to economically viable alternative livelihood)*; **women's rights, environmental issues** *(smoke-free environments/alternative cash crops).*
16.	**Rockefeller Foundation**	**Tobacco** *(tobacco-related issues);* **TB** *(TB and tobacco)/* **Women's health** *(tobacco and gender)*
17.	**Swedish International Development Cooperation Agency (SIDA)**	**Environmental hazards** *(smoke-free environment)*, **lifestyle related risk factors such as tobacco, alcohol and drugs, making pregnancy safer;** *(tobacco and gender, tobacco and maternal health).*

S. No.	Name of the Organization	Areas for possible collaboration
18.	**Swiss Agency for Development Cooperation (SDC)**	**Socially and ecologically acceptable industrialization and agricultural intensification** *(alternative cash crops);* **health promotion** *(public education, awareness, advocacy on tobacco-related issues, issues related to tobacco cessation);* **TB** *(TB and tobacco).*
19.	**USAID**	**TB** *(TB and tobacco);* **health system strengthening** *(capacity –building in tobacco control); Tobacco control among women of reproductive age.*
20.	**Department for International Development (DFID)**	**Develop a global partnership for development** (development of partnerships for tobacco control) / **health and poverty** (tobacco, poverty and MDG); **TB control** (TB and tobacco); **environmental sustainability** (smoke-free environments/alternate cash crops).
21.	**UN Foundation (UNF) (Turner)**	**Women's health** *(reproductive and adolescent girls' health- tobacco and gender issues)*; **child health** *(tobacco and gender issues, sale to and by minor issues);* **preventing risk factors such as tobacco use** *(public awareness on tobacco control and tobacco cessation issues)*; **environmental health** *(smoke-free environments/alternative cash crops).*
22.	**United Nations Fund for International Partnership (UNFIP)**	**Tobacco** *(tobacco-related issues);* **adolescent girls' health** *(tobacco and gender).*
23.	**WELLCOME TRUST**	**Foster and promote research with the aim of improving health (*research in priority areas of tobacco control*)**
24.	**W.K. Kellogg Foundation**	**Youth and education** *(education of youth on tobacco-related issues, counteracting the youth-related tobacco industry's' activities)*; **improving individual and community health** (tobacco counseling and cessation, public education and awareness on tobacco-related diseases).
25.	**World Bank**	**selective noncommunicable diseases,/ gender issues** *(tobacco and gender);* **environmental health** *(smoke-free environments/alternative cash crops)/ health research (research on tobacco-related issues).*
26.	**Other corporate houses who have no relation with the tobacco industry**	Control of noncommunicable diseases and environmental health (smoke-free environments)

Annex 3

Priority Advocacy and Resource Mobilization Targets (2010-2011)

Internal Advocacy:

- Government of India
- Government of Indonesia
- Government of Thailand.

Internal Resources:

- Global Fund against AIDS, TB and Malaria.
- TB REACH.
- AC – internal advocacy within WHO.
- VC (Contributions) through HQ.

Regional advocacy

- ASEAN.
- Asian Development Bank.
- SAARC.
- UNESCAP.

Donor agencies

- AusAID.
- Gates Foundation.
- European Commission.
- JICA.
- Republic of Korea.
- Norway.
- DFID.
- World Bank.

Global Advocacy

G20

This strategy sets out the objectives and priority activities for resource mobilization for 2010-2015 to ensure effective implementation of the Strategic Action Plan for Tobacco Control in the South-East Asia Region. It provides strategic approaches and guidance on the major steps for resource mobilization highlighting the process of assessment for resource requirement and the potential for raising it; analysis of donor intelligence, building alliances and carrying out advocacy.

It emphasizes the need to diversify funding sources for sustainable financing to the programme and also the importance of realistic programme development and management of resources.

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