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### Title

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### Permalink

<https://escholarship.org/uc/item/08b5g30n>

### Journal

Global Public Health, 16(7)

### ISSN

1744-1692

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### Publication Date

2021-07-03

### DOI

10.1080/17441692.2020.1823451

Peer reviewed



# HHS Public Access

Author manuscript

*Glob Public Health*. Author manuscript; available in PMC 2022 July 01.

Published in final edited form as:

*Glob Public Health*. 2021 July ; 16(7): 1111–1121. doi:10.1080/17441692.2020.1823451.

## Assessing Sector Representation of Non-State Actors within the World Health Organisation Framework Convention on Tobacco Control

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### Abstract

The WHO Framework Convention on Tobacco Control (WHO FCTC) has accomplished much in advancing tobacco control. Non-governmental organisations (NGOs) were critical to the development of the Convention, who aided in mobilizing stakeholders and advocated for core provisions of the treaty. NGOs and intergovernmental organisation are well recognised within the Convention and deemed essential to its continued implementation and evolution. Further, the treaty has been understood to be multidisciplinary in its aspiration to improve public health, and the role of both health sector and non-health sector stakeholders is an important component for describing the reach and potential for the Convention. In 15 years, however, non-state actors' participation in the WHO FCTC Conference of the Parties (COP) – where Parties to the treaty engage in discussions that shape the treaty's implementation and evolution – has been underrepresented in terms of sectoral diversity. We reviewed COP documents and assessed non-state actors' participation in the COPs since the Convention's entry into force. We conclude that greater inclusion in COPs from health and non-health sector NGOs, intergovernmental organizations and UN Special Agencies would strengthen the global reach and full implementation of the WHO FCTC.

### Keywords

Tobacco Control; Civil Society; Non-Governmental Organisations; Global Health; Public Health

### Introduction

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first United Nations' treaty negotiated under the auspices of the World Health Organization. It entered into force in February 27, 2005 and has 182 parties as of July 2020 (World Health Organization, 2003a). Tobacco control non-governmental organizations (NGOs), led by the Framework Convention Alliance (FCA), played a critical role in mobilizing and advocating with governments and other stakeholders to have a strong and effective convention (Mamudu

& Glantz, 2009). The FCA comprises over 500 organisations from more than 100 countries. Created when negotiations of the WHO FCTC started, in 1999, it continues to advocate with parties and other organizations for the implementation of the treaty. It is also a leading voice for including the WHO FCTC in other international frameworks, such as the Sustainable Development Goals (Framework Convention Alliance, 2018).

NGOs are an ever-important component of international negotiations, providing “symbiotic” functioning to transnationally engage with Parties and other NGOs in pursuit of aligned objectives while also operating as mechanisms to evaluate and hold authorities accountable to their commitments (Lisowski, 2006; Raustiala, 2011). NGOs in this multi-role capacity operate as non-state actors who can bridge international and national efforts, acting to both shape those interests and implement them.

The role of NGOs in implementation of the WHO FCTC was recognized in the treaty (World Health Organization, 2003b). The WHO FCTC’s preamble emphasizes the special contribution of NGOs not affiliated with the tobacco industry, including health professional bodies, women’s, youth, environmental and consumer groups, and academic and health care institutions, and Article 4.7 underscores their essential role in achieving the objectives of the convention. In addition, Articles 20 (research, surveillance, exchange of information), 21 (reporting and exchanging of information), and 22 (cooperation in scientific, technical, and legal fields) obligate parties to engage with one another towards achieving collaborative implementation of the WHO FCTC, a goal that is facilitated by if not itself achieved with NGO participation at national, regional, and global levels.(World Health Organization, 2003a) NGOs are important to the WHO FCTC’s implementation, particularly in lower-and middle-income countries (LMICs), providing resources and capacities to complement government efforts to construct effective tobacco control apparatuses (Sparks, 2010).

The tobacco industry has been actively seeking to interfere in national-level implementation of the WHO FCTC and direction-setting at the Conference of the Parties (COP), the governing body of the treaty (Convention Secretariat, 2016b; Framework Convention Alliance; Karla, Bansal, Lasseter, et al., 2017; Karla, Bansal, Wilson, et al., 2017; Philip Morris International; United Nations). The WHO FCTC specifically calls for Parties to combat tobacco industry interference (Article 5.3 and its guidelines), including through carefully selecting members of official delegations (Convention Secretariat, 2018f). Maintaining distance between COP and the tobacco industry remains a challenge, and the tobacco industry claims that it should be participating in the COP decision making (Framework Convention Alliance, 2014; Global Center for Good Governance in Tobacco Control; Karla, Bansal, Wilson, et al., 2017; Tobacco Reporter). NGOs have played an important role in monitoring the tobacco industry efforts to interfere with the FCTC implementation (Bialous, 2019).

From its inception the WHO FCTC has promoted the need to reach out to non-health sectors (except the tobacco industry) in its construction and cross-sector implementation, acknowledging the need for a holistic approach in advancing health and tobacco control that includes non-health sectors pertinent to tobacco control progress (Lencucha et al., 2011). Non-state actors are key to the WHO FCTC’s implementation, and provide substantive

support to both the treaty's substantiation as well as its growth. The goal of this paper is to describe the growth of WHO FCTC non-state actors' participation after 15 years of the treaty's entry into force and explore the nature of NGOs and other international organizations participation within the COPs (Convention Secretariat, 2020).

## Methods

From January through June 2020, we conducted a desk review of documents available through the websites of the WHO FCTC Convention Secretariat, UN and WHO that would reflect non-state actor participation, observation, and contributions to WHO FCTC growth and implementation, including: reports from the COP agenda items and committees, COP verbatim records of plenary sessions, COP reports on participation and accreditation for non-state actors, WHO FCTC NGO reports, and Reports of the Director-General of the WHO on the UN Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases. Our review period included documents from 2004 (COP1) to 2018 (COP8).

## Results

Our analysis of COP participants revealed that, overall, 31 NGOs or umbrella-group NGOs participated in last eight sessions of the WHO FCTC COP (Table 1). All NGOs with official observer status with the WHO were initially accredited to participate at COP1, (World Health Organization, 2006a, 2006b) and all applications for observer were accepted at COP2 and COP3 resulting in the highest number of NGOs participating in these COPs. The process was revised at COP4 and only entities that expressed an interest in remaining in official status with the WHO FCTC COP were re-accredited (Convention Secretariat, 2010b). Three NGOs – Corporate Accountability International, FCA, and Union for International Cancer Control (UICC) – participated in all 8 sessions of the COP.

Table 1 lists the past and current NGOs with observer status to the COP, as per the Convention's Rules of Procedures. (Convention Secretariat, 2018h) While most are based in the United States or Europe, they develop activities in a range of countries. Only one, the Southeast Asia Tobacco Control Alliance, is both based in and focused mostly on representing LMICs.

Certain NGOs, like FCA, function as umbrella-groups or coalition of NGOs, comprising and otherwise representing multiple NGOs in several countries. Umbrella-group NGOs can network resources for member NGOs and provide access to forums for NGOs that might otherwise lack such access (including local and regional NGOs operating in LMICs). At the same time, umbrella-groups can represent NGOs from higher-income countries and may primarily reflect consensus positions for its diverse membership.

From COP3 forward, NGO participants in the COPs have ranged from 11-13 organizations (Table 1). The changes in participation can be attributed to the aforementioned changes in accrediting NGOs by the COP. As NGO's observer status renewal became dependent on their engagement in advancing the Convention's goals some initial groups were not renewed

(Convention Secretariat, 2016a, 2018c). However, the overall composition of NGO participation in the COPs remains limited in scope across the years.

### **Participation of UN Agencies and IGOs at WHO FCTC COPs**

Like NGOs, UN agencies and other intergovernmental organizations (IGOs) are critical to implementation of the WHO FCTC. The WHO FCTC recognised the efforts of these entities in developing measures on tobacco control and further requested cooperation as a means of strengthening implementation (most specifically in Article 23.5.g)(World Health Organization, 2003a). However, our analysis of COP documents shows a wide gap in the expectations and actual engagement from UN agencies and other IGOs with COP (Figure 1). The highest participation of UN agencies and IGOs (10) was in COP1; amongst the UN agencies, only the Food and Agriculture Organization (FAO) continued to join discussions until COP5 when it, too, stopped attending. (FAO again joined COP at the 8<sup>th</sup> conference in 2018, ending its 6-year hiatus). The United Nations Development Programme (UNDP) attended since COP6, a year after the Sustainable Development Goals (SDGs) were announced and coinciding with the WHO FCTC Secretariat's launch of the WHO FCTC2030 Project integrating the WHO FCTC into the SDGs (Framework Convention Alliance).

Certain entities with mandates that clearly overlap with the WHO FCTC have not been consistently present in the COPs. These include agencies that focus on children (UNICEF-United Nations Children's Fund), women (UN Women – United Nations Entity for Gender Equality and the Empowerment of Women and UNIFEM – United Nations Development Fund for Women), drug control (UNODC – United Nations Office on Drugs and Crime), sexual and reproductive health (UNFPA – United Nations Population Fund), human rights (OHCHR – Office of the United Nations High Commissioner for Human Rights), education, science and culture (UNESCO – United Nations Educational, Scientific and Cultural Organization), international partnerships (UNFIP – United Nations Fund for International Partnerships), labour (ILO – International Labour Organization), and intellectual property rights (WIPO – World Intellectual Property Organization).

Despite absence in the COP, a report by the Convention Secretariat indicates that IGOs develop activities that could be considered in support of the WHO FCTC. In COP8 the Parties discussed the outcome of a survey conducted on observers' work in supporting WHO FCTC implementation. Responding IGOs noted where and how they contributed to supporting tobacco control; for example, the World Bank supports tobacco taxation policies, the UNDP collaborates with the FCTC2030 project, and the FAO partners in the advancement of Article 17 and 18 implementation (Convention Secretariat, 2018g).

The Convention Secretariat invited 27 IGOs and 20 NGOs with observer status to respond to an online survey regarding the activities in support of WHO FCTC implementation, any conflict of interest and tobacco industry interference. Only 8 IGOs responded to the survey questionnaire as compared to 19 of the NGOs. All organizations reported that their activities were in line with Article 5.3 and its guidelines, i.e. they had no conflict of interest with the tobacco industry, and had engagement in one or more aspects of the FCTC implementation (Convention Secretariat, 2018g).

## Organizations interested in an observer status with the WHO FCTC COP

We assessed the interest of NGOs and IGOs in becoming official observers to the COP to determine if there has been a change in the type of organizations seeking to engage with the WHO FCTC. Forty-three organizations applied for observer status from COP2 through COP8. Seventeen organizations were granted observer status, including 5 IGOs and the UN agency International Telecommunication Union (ITU). (Although admitted in COP3 we did not see a record of ITU's participation in any subsequent COP.) All 6 applicants at COP2 and COP3 were granted observer status, however later COPs increasingly rejected applicants (Table 2) following review (Convention Secretariat, 2010a). Among the organizations that did not receive official observer status were tobacco control organizations limited in geographic scope, tobacco industry and tobacco industry front groups, and organizations that did not complete the required forms and/or disclosure of interests as required under the procedures established by the COP (Convention Secretariat, 2018h). Several organizations were deferred for consideration but subsequently rejected.

## Collaboration between the Convention Secretariat and UN agencies

While UN agencies have not been fully represented in COP, the Convention Secretariat may be moving towards being represented in IGO forums. At COP7 the Parties agreed that the Convention Secretariat should reach out to the UN agencies engaged in human rights and business practices, and encouraged relationship-building with the OHCHR and Human Rights Council by seeking observer status to participate in these treaty bodies proceedings (Convention Secretariat, 2016b). The COP further directed the Convention Secretariat to promote tobacco control policy coherence with IGOs, including the ILO, and continue its effort to obtain observer status with a range of IGOs. COP also invited WHO to consider including Convention Secretariat staff in its delegations to relevant meetings of IGOs and UN Agencies (Convention Secretariat, 2018b).

The Convention Secretariat is also an independent member of the UN Interagency Task Force on NCDs (UNIATF) and works with the taskforce membership in promoting UN-wide policy coherence in the spirit of the WHO FCTC (da Costa e Silva, 2018). Recognizing that these coordinated efforts may have resulted in some progress, our review of UNIATF reports to the UN's Economic and Social Council from 2014-2018 indicated that UN agencies remain on the periphery of the WHO FCTC and the Convention Secretary, likewise, on the edge of their respective ambits (World Health Organization). UNIATF reporting also occurs, we note, outside of the COPs and, so, outside of the scope of our paper, which is focused on what is occurring inside the meetings where WHO FCTC decision making occurs.

## Discussion

The WHO FCTC is, at its core, a public health treaty to reduce tobacco use. However, tobacco use has a wide ramification on several aspects of health, economy, politics, and society. For example, the SDG highlights the interconnectedness of sectors and topics involved in development, sustainability, governance and tobacco control;(Convention Secretariat, 2018a) SDG 3.a specifically calls for strengthening and implementation of the WHO FCTC in all countries (United Nations). At the same time, non-state actors have

become increasingly important partners in treaty design and implementation (Raustiala, 2011). NGOs at the national or regional levels NGOs and IGOs can be seen working in concert with Parties to promote health policies, as expected of Parties through Articles 20-22.(World Health Organization, 2003a)(Sparks, 2010). As cross-sectoral engagement with and by the Convention increase, sharing best practices and models for collaboration between government, IGOs, and NGOs, will support the acceleration of the Convention's implementation and progress towards meeting SDG goal 3.a.(United Nations) However, we find few non-health and non-tobacco control groups engaging with the WHO FCTC and its parties through the COPs. Non-health NGOs and IGOs might well support, by other means, the objectives of the Convention and its implementation, but the COPs are where decisions and strategies are made. Non-participation may be either 1) a result of non-tobacco control groups' disinterest to engage with the WHO FCTC; or, 2) the COPs not reaching out to a wider range of groups to strengthen connections between tobacco and other social, economic and environmental areas; or, 3) a combination of the aforementioned.

### **NGO representation remains little-changed since COP1**

Despite seeking cross-sectoral and non-health sector representation and observation, the COPs still lack diversity. NGOs are likely judicious in their priority-setting for attending meetings. It may well be that non-tobacco control NGOs rely on umbrella-group NGOs with accreditation, like FCA, to champion their causes and interests in shaping COPs and influencing the Parties on how the WHO FCTC should evolve; it's also possible that NGOs influence their local or regional party outside of COPs. NGO observers to the COPs have reported their activities in support of the WHO FCTC in 2016 and 2018, demonstrating their ongoing integration into the Convention's effectuation (Convention Secretariat, 2016a, 2018c). The WHO FCTC's own text and premise however envisions a range of NGOs representing varied demographics, focus areas, and interests; we do not yet see this happening within formal documentation.

Additionally, parties to the Convention might have differing perspectives on NGO participation in the COPs and it is unknown what impact this may have on expanding NGO representation. Across the verbatim records of plenary meetings reviewed we find laudations from parties for NGOs, as well as one instance of a request for NGOs to limit its engagement in working groups to observation (Convention Secretariat, 2010c). This is of course the parties' prerogative and the record was limited to this one discussion; NGOs engage in different ways with the Parties during the COP.

### **UN agencies and IGO absence from the COPs**

The under-showing of interest among UN agencies towards WHO FCTC process and priorities is a concern as it represents both missed opportunities to better effectuate WHO FCTC objectives as well as better incorporation of tobacco control in other UN relevant agendas. UN agencies might defensibly have competing priorities for their time and representation, and so may place WHO FCTC COP participation at a lower priority. This is nevertheless consequential to our finding that UN agencies are not fully manifesting importance for WHO FCTC within their agendas.



Forays into cross-UN collaboration are bearing some fruits which suggest the WHO FCTC has potential for deeper integration with UN agencies. The Parties' obligations to cooperate and collaborate on the global and regional level suggest a duty to ensure global and regional IGOs are privy if not present to COP decisions, and this may be equally true for NGOs in both the health and non-health sectors as they relate to tobacco control. (World Health Organization, 2003a) The Convention Secretariat reported at COP8 that the UNDP, UNICEF, UNFPA, FAO, Joint United Nations Programme on HIV and AIDS (UNAIDS) invited the Convention Secretariat to attend their governing board meeting as an observer or through special arrangement (Convention Secretariat, 2018e). The Convention Secretariat also notified that OHCHR, ILO, the World Bank, UNODC, World Trade Organization (WTO) and World Customs Organization (WCO) replied in negative to its request for the observer status (Convention Secretariat, 2018e). The Convention Secretariat reported that its application with United Nations Framework Convention on Climate Change (UNFCCC) was in process while to the United Nations Conference on Trade and Development (UNCTAD) remained unanswered (Convention Secretariat, 2018e). It may well be that as the Convention Secretariat establishes its presence in UN agencies those bodies will reciprocate with greater participation in COPs; Parties should encourage and even consider accelerating such integration in service to Articles 20-22. (World Health Organization, 2003a)

An update on international cooperation progress will be provided by the Convention Secretariat at COP9, scheduled for 2021 (Convention Secretariat, 2018d). In addition to IGO participation (and Convention Secretariat representation in UN agencies) increased NGO engagement would support the development of policies to prevent the tobacco industry's interference with treaty implementation by raising awareness among non-tobacco control groups of the various tobacco industry tactics (Economic and Social Council, 2017). As parties and observers prepare for COP9 in 2021 (delayed due to the 2019-2020 COVID-19 pandemic, which may yet further influence COP9) we call for a dialogue to assess and act upon expanding WHO FCTC's horizons, so as to not only reach out to NGOs and UN agencies but to pull in those perspectives that might inform how to better achieve the WHO FCTC's goals. The efforts of the Convention Secretariat to promote its call for applications for observer status to the WHO FCTC COP is a step in the right direction and hopefully UN specialized agencies, IGOs and NGOs will take this opportunity and apply.

## Limitations

Our study is an initial review of NGO and IGOs participation within the COP, with participation evaluated as attendance/observation. We recognize that this is exploratory and limited; NGOs and IGOs might further FCTC goals outside of COP, or their collaboration with Parties lead to those Parties' reflecting NGOs and IGOs priorities. Future research should investigate what NGOs and IGOs do (or do not do) with respect to FCTC implementation outside of COPs.

## Conclusion

Recognizing that there are several ways to measure engagement, participation in discussions at COPs demonstrates interest in being a part of decision-making for what WHO FCTC



implementation and growth (and evaluation) should constitute. Our findings confirmed that the main NGOs represented in the first COP are the main NGOs represented in the successive COPs. While there are certainly new-comers and new names, some of these non-state actors were not “new” to COP having participated through FCA or other umbrella organizations before. In terms of reflecting non-health sectors and even other subjects within the health sector, our findings suggest that COPs are not yet reaching their potential.

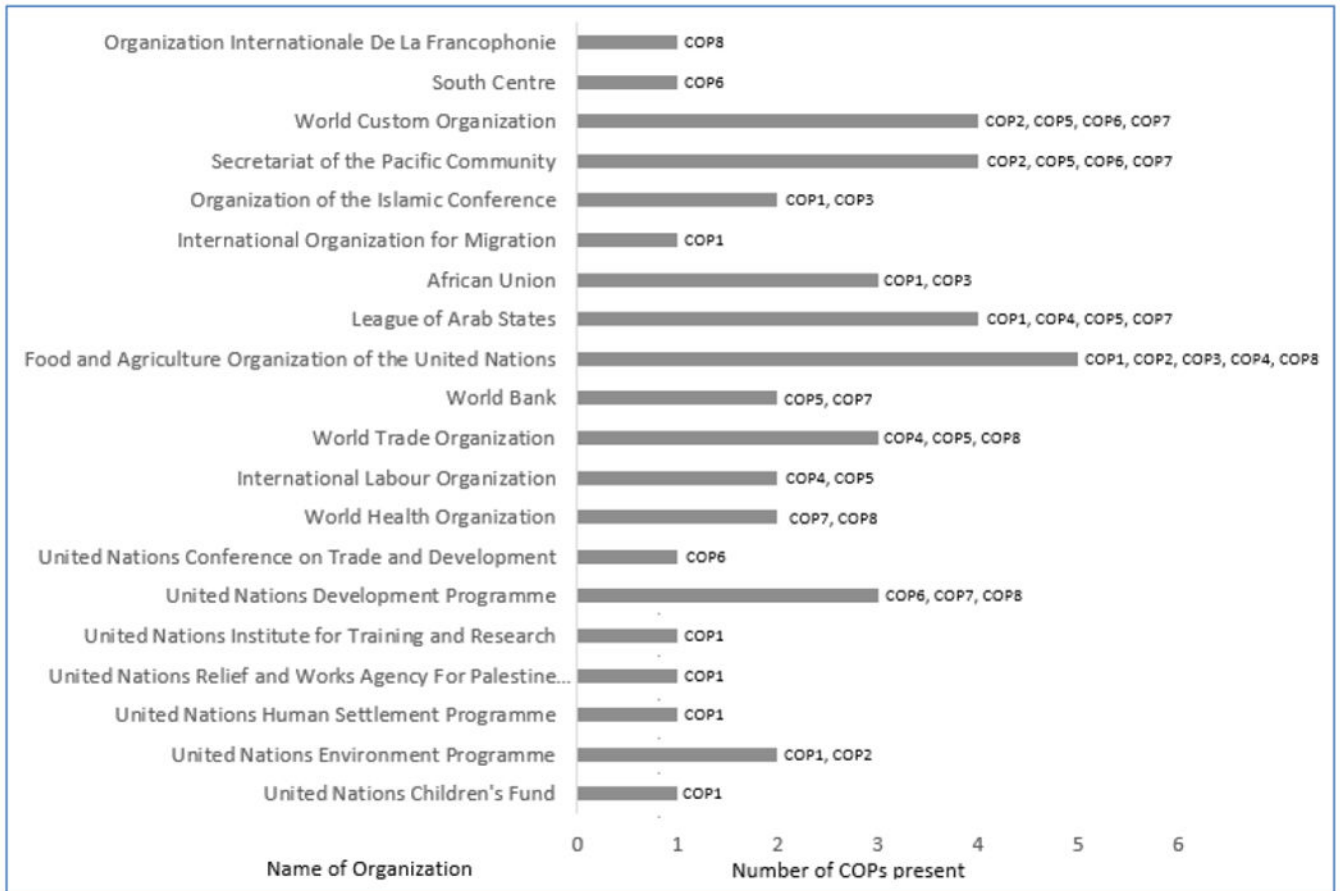
Efforts need to focus on answering the WHO FCTC calls for collaboration between Parties, the Secretariat, and civil society. Outreach to other UN agencies, IGOs, and to the NGOs that have official status with these non-health agencies could be a first step to enhance cross-sectional collaboration (e.g. incorporating non-health actors). Increased engagement with non-traditional tobacco control groups involved in subjects related to the WHO FCTC’s mission – such as human rights, labour, investment and trade – would support the treaty implementation in tandem with other global priorities including the SDGs. Non-state actors, and perhaps beginning with UN agencies, should be invited to participate and assured that their participation as observers will be meaningful. For NGOs especially, who receive praise from some countries for their role as implementers for State commitments under the Convention, greater inclusion from non-health sector actors and possibly independent representation could contribute to the WHO FCTC’s reach and impact as it moves steadily towards 2030 and beyond.

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**Figure 1:**  
UN Agencies and IGOs at WHO FCTC COPs from COP1 (2004) to COP8(2018)

Table 1:

Distribution of NGOs<sup>2</sup> with former or current observer status in WHO FCTC COPs

Name of NGO*	Country Headquarters/WHO Region	Main Focus Area	COP1 YEAR	COP2 YEAR	COP3 YEAR	COP4	COP5	COP6	COP7	COP8	Times Attended/
American Cancer Society <sup>2</sup>	United States/AMRO <sup>5</sup>	Cancer								X	1
Campaign for Tobacco-Free Kids <sup>2</sup>	United States/AMRO	Tobacco Control								X	1
Consumers International	United Kingdom/EURO	Consumer Protection	X						X		2
Corporate Accountability International	United States/AMRO	Corruption and corporate abuse	X	X	X	X	X	X	X	X	8
European Network for Smoking and Tobacco Prevention <sup>2</sup>	Belgium/EURO	Tobacco Control					X	X	X	X	4
FDI-World Dental Federation	Switzerland/EURO	Dental	X	X							2
Framework Convention Alliance	Switzerland/EURO	Tobacco Control	X	X	X	X	X	X	X	X	8
Global Forum for Health Research	Switzerland/EURO	Health Research	X								1
Inter-American Heart Foundation	United States/AMRO	Cardiology								X	1
International Alliance of Women	United Kingdom/EURO	Women	X	X	X	X	X			X	6
International Association for Maternal and Neonatal Health	Switzerland/EURO	Maternal Health	X								1
International Association for the Scientific Study of Intellectual Disabilities <sup>4</sup>	Denmark/EURO	Mental health	X								1
International Council of Nurses	Switzerland/EURO	Nursing	X	X	X	X	X	X		X	7
International Federation of Pharmaceutical Manufacturers and Associations	Switzerland/EURO	Pharmacy				X			X		3
International Federation of Business and Professional Women (BPW International)	Switzerland/EURO	Women	X	X							2
International Federation of Gynecology and Obstetrics (FIGO)	United Kingdom/EURO	Gynecology	X	X							2
International Network of Women Against Tobacco	n/a	Tobacco Control					X	X			2
International Non Governmental Coalition Against Tobacco	n/a	Tobacco Control	X	X							2

Name of NGO*	Country Headquarters/WHO Region	Main Focus Area	COP1 YEAR	COP2 YEAR	COP3 YEAR	COP4	COP5	COP6	COP7	COP8	Times Attended/
International Occupational Hygiene Association	South Africa/AFRO	Hygiene			X						1
International Pharmaceutical Students' Federation	Netherlands/EURO	Pharmacy		X							1
International Pharmaceutical Federation	Netherlands/EURO	Pharmacy		X		X					2
International Union Against Cancer <sup>4</sup>	Switzerland/EURO	Cancer	X	X	X	X	X	X	X	X	8
International Union Against Tuberculosis and Lung Disease	France/EURO	Lung Disease		X	X	X	X	X	X	X	7
Medical Women's International Association	United States/AMRO	Women		X							1
Rotary International	United States/AMRO	Humanitarian aid	X	X							2
Southeast Asia Tobacco Control Alliance	Thailand/SEARO	Tobacco Control							X	X	2
Vision Mondiale de la Sante	France/EURO	Ophthalmology								X	1
World Federation of Public Health Associations	Switzerland/EURO	Public Health	X		X			X	X		4
World Heart Federation	Switzerland/EURO	Cardiology	X		X	X	X	X	X		6
World Medical Association	France/EURO	Public Health		X	X	X	X		X	X	7
World Self-Medication Industry	France/EURO	Public Health	X	X	X	X	X	X	X		7

\* presented alphabetically by first letter in English

1. Based on participants lists from the COPs. These received approval to attend their respective COPs and participate as observers, where permitted, within COP discussions. Informal participation or otherwise off-record discussions between any entities are not captured in our study.

2. Several individuals from these organisations have participated in other COPs prior to their organization independently gaining observer status.

3. NGOs accredited at COP 8 are not listed. A full list of current NGOs can be found at [https://www.who.int/fcic/cop/observers\\_ngo/en/](https://www.who.int/fcic/cop/observers_ngo/en/)

4. Now known as Union for International Cancer Control.

5. Americas Regional Office (AMRO) corresponds to the Pan-American Health Organization (PAHO).

**Table 2:**

Distribution and status of application for observer status with WHO FCTC COPs

Organisation*	WHO Region	COP2	COP3	COP4	COP5	COP6	COP7	COP8
World Customs Organization (WCO)	EUR	A						
Secretariat of the Pacific Community	WPR	A						
International Telecommunication Union (ITU)	Global		A					
Common Market of the Southern Cone (MERCOSUR)	AMR		A					
International Federation of Pharmaceuticals Manufacturers & Associations	EUR		A					
The Caribbean Community (CARICOM) Secretariat	AMR		A					
European Network for Smoking and Tobacco Prevention	EUR			A				
International Network of Women Against Tobacco	Global			A				
Human Rights and Tobacco Control Network	AMR			D				
Global Acetate Manufacturers Association	EUR			R				
Liga Italiana Anti Fumo	EUR			R			R	
International Tobacco Growers Association (ITGA)	EUR			R				
International Criminal Police Organization (INTERPOL)	EUR				D	R		
South Centre	EUR				A			
East African Community	AFR					D	D	R
Zimbabwe Framework for Tobacco Control Trust	AFR					R		
World Farmers' Organization	EUR					R	R	
Southeast Asia Tobacco Control Alliance	SEAR					A		
Campaign For Tobacco Free Kids	AMR					A		
All India Bidi Industry Federation	SEAR						R	
Aman-Saulyk	EMR						R	
Consumer Packaging Manufacturers Alliance	EUR						R	
Childlink Foundation	AFR						R	
Federation of All India Farmer Associations	SEAR						R	
Kelab Integrasi Komuniti dan Sosial	WPR						R	
Philippine Tobacco Institute Inc.	WPR						R	
Polish Cancer Patient Coalition	EUR						R	
Sarhad Chamber of Agriculture	EMR						R	
Tobacco Vapor Electronic Cigarette Association	AMR						R	
Virginia Tobacco Farmers Associations	SEAR						R	
American Cancer Society	AMR						A	
InterAmerican Heart Foundation	AMR						A	
Vision mondiale de la santé / World Vision Health	EUR						A	
African Capacity Building Foundation	AFR							A



Organisation*	WHO Region	COP2	COP3	COP4	COP5	COP6	COP7	COP8
Tobacco Free Portfolios	WPR							A
Cancer Research UK	EUR							A
Common Market for Eastern and Southern Africa (COMESA)	AFR							R
Equal Right to Life								R
Indo-OIC Islamic Chamber of Commerce and Industry	SEAR							R
International Network of Nicotine Consumer Organisations	EUR							R
International Tax Stamp Association	EUR							R
Makerere University School of Public Health – Centre for Tobacco Control in Africa (MakSPH-CTCA)	AFR							R
New World Hope Organization	EMR							R

A=Accepted; D=Deferred and R=Rejected

\* Listed by year of COP observer application