CAPHRA
COALITION OF ASIA PACIFIC
TOBACCO HARM REDUCTION ADVOCATES

The FCTC Secretariats Deepening Legitimacy Problem

NGO Influence Overrules Governments and Evidence

Executive Summary

The Framework Convention on Tobacco Control (FCTC) was created as a government-led public health treaty intended to guide evidence-based action to reduce harm from tobacco—both combustible and deadly oral products.

Over time, the balance of influence within the Conference of the Parties (COP) has shifted away from sovereign governments and redirected towards a small group of non-governmental organisations funded primarily by American philanthropists. This has reshaped treaty processes, aligned the agenda toward a narrow ideological position of a nicotine- free world, completely ignoring the benefits of products that provide nicotine, without combustion, and without the harms of slaked lime and other additives in oral products such as khaini and gutka.

This policy shift has severely undermined the credibility of global public health governance specifically regarding tobacco control. The Secretariat exists to serve governments to lead the development of policies that serve their constituencies, not to dictate policies as directed by privately funded NGOs.

When public health policy becomes more aligned with the priorities of private funders rather than scientific evidence and transparent state oversight, health outcomes deteriorate and institutional legitimacy erodes. The future integrity of the World Health Organization (WHO) depends on restoring balance, accountability, and evidence-based decision-making.

Introduction:

The Framework Convention on Tobacco Control (FCTC) was envisioned as a rules-based instrument guided by evidence and implemented by governments. Its success relied on the participation and judgement of its Parties. In recent years, this foundation has drastically weakened. The Conference of the Parties (COP) has increasingly been shaped by private advocacy organisations that promote a prohibition-oriented narrative and influence the Secretariat's priorities. This shift has narrowed scientific debate, excluded diverse perspectives, and weakened the connection between policy and real-world public health needs.

The Original Intent of the Framework Convention on Tobacco Control:

The treaty was designed as a government-led mechanism where Parties would evaluate evidence, consider national circumstances, and adopt measures to reduce harm. It recognised harm reduction as part of the solution and expected scientific diversity and open deliberation. Transparency and accountability were essential to its legitimacy. This intention has been compromised by the deep and unbalanced involvement of non-governmental organisations funded by a single philanthropic source.

How Interpretation and Implementation Has Drifted From the Original Purpose:

Philanthropic-funded organisations now provide much of the policy framing, technical material, and narrative direction used by the Secretariat. Their funding structure grants them disproportionate access and authority. Harm reduction experts, consumer groups, and independent researchers are routinely excluded from participation.

The FCTC Secretariat allowing these NGOs to write the decisions to be actioned, then hold court and shame countries who refuse to abide by the scripted rules is in direct contradiction to the treaty itself. Let's be honest, this has nothing to do with actual health gains and everything to do with control (or the perception of it).

Preparatory processes are tightly controlled, and important sessions are closed to public scrutiny. As a result, policy proposals increasingly reflect a rigid prohibition oriented viewpoint rather than evidence based public health strategies. The treaty's intended adaptability and scientific integrity have eroded.

Consequences for Global Public Health:

Public health deteriorates when policy decisions reflect donor aligned ideology rather than balanced evidence review and government oversight. These NGOs promote "abstinence only" positions that do not reflect the realities of countries with high smoking prevalence, limited treatment infrastructure, and emerging illicit markets. A narrow worldview is presented as universal even when it contradicts local needs and scientific nuance.

The absence of scientific diversity prevents the treaty from responding to new evidence. Critical perspectives are excluded, preventing informed debate. Policies increasingly ignore real-world data on comparative risk, consumer behaviour, and market dynamics. This leads to measurable harm. People who smoke are denied access to safer alternatives. Illicit markets expand in response to excessive restriction. Public confidence in health messaging erodes when guidance conflicts with lived experience. Low and middle income countries face the most serious consequences.

Dehumanisation and Disenfranchisement of Primary Stakeholders:

The most significant moral and ethical failure of the current FCTCprocess is the exclusion and dehumanisation of the very people the treaty is meant to protect. Adults who smoke or who use safer nicotine products are treated as abstract risks, rather than as citizens, whose health outcomes and autonomy matter. Their voices are absent from deliberations because the Secretariat does not recognise them as legitimate stakeholders.

This exclusion reduces millions of adults to passive subjects and denies them participation in decisions that directly affect their lives. The absence of their perspectives results in policies that misunderstand real behaviour, dismiss lived experience, and disregard human dignity. When safer nicotine users and people who smoke are reduced to caricatures or portrayed as obstacles to ideological purity, the treaty abandons its public health purpose.

This dynamic creates a hostile environment where countries that support harm reduction or seek balanced regulation are portrayed as negligent or compromised. It also silences governments that fear reputational attack from well-resourced advocacy groups. The result is a treaty process dominated by private actors who exercise influence without accountability while the people experiencing tobacco-related harm are denied representation and treated as liabilities rather than human beings.

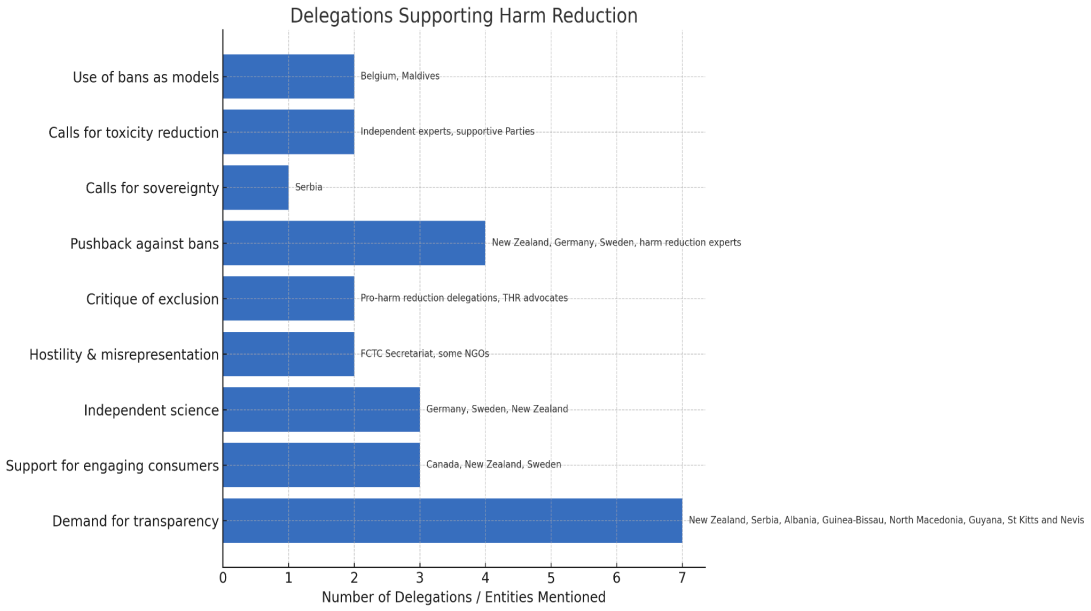
Institutional Risks for the World Health Organization and the Framework Convention on Tobacco Control:

The legitimacy of the treaty depends on signatory-driven decision-making. When private advocacy groups direct the agenda, democratic credibility suffers. The appearance of external influence damages the neutrality of the World Health Organization (WHO). If the WHO cannot demonstrate independence from private philanthropic networks, its role as a scientific authority becomes suspect.

Countries who observe and state the suppression of dissenting scientific views and the consistent alignment of outcomes with the positions of the same small group of donor-funded organisations are publicly vilified by these same organisations. Yet, those concerns reflect that the current approach not only directly opposes the treaty itself, but it also does not allow room for innovation, updated evidence, or diverse national contexts. Treating every viewpoint that is not prohibition as suspicious makes it impossible to design effective, proportionate policies.

Countries Determine Priorities and Policy Direction:

The suggestion that any country or advocate who supports harm reduction must be aligned with industry is unacceptable. It is an authoritarian approach that shuts down legitimate scientific discussion. Public health decisions should be based on evidence, not ideological purity tests.



This perception of bias erodes trust. It also creates serious risks for future treaty processes. The WHO is seeking new binding mechanisms in other fields, including

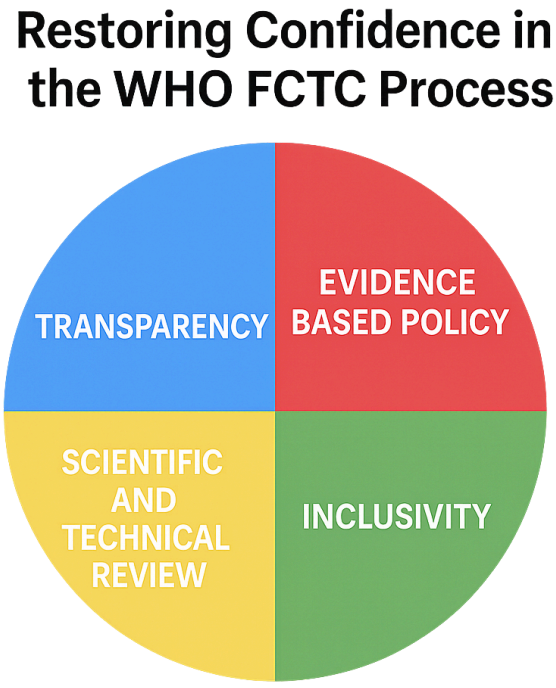
pandemic preparedness. Member states may resist granting further authority if they view treaty bodies as vulnerable to private capture. This is especially true in the Global South, where governments question why policies that do not suit their circumstances are advanced through opaque procedures.

Restoring Balance, Integrity, and Public Confidence:

The future credibility of the treaty and of the WHO require the restoration of Party-led governance. **Governments must lead agenda-setting, technical review, and policy development. Civil society participation must be transparent, balanced, and inclusive of diverse scientific and consumer perspectives.**

Independent scientific review mechanisms should be strengthened. Technical documents must receive scrutiny from experts not tied to a single funding source. The Secretariat must disclose any external involvement in drafting reports or shaping recommendations. Clear boundaries between advocacy organisations and treaty functions must be reestablished.

The treaty's recognition of harm reduction must be applied in practice. Decisions should reflect evidence, risk differentials and the effects of over restrictive regulation. Failure to do so causes avoidable harm and perpetuates the disenfranchisement of the people directly affected.



Conclusion:

The FCTCwas designed to protect public health through transparent, evidence-based, and government-led action. The increasing dominance of philanthropic funded advocacy organisations has compromised this mission. When policy reflects donor priorities rather than public health evidence, effectiveness declines. When people who smoke and people who use safer alternatives are excluded and dehumanised, the treaty fails its **moral** purpose. When governments are pressured or publicly shamed for pursuing balanced strategies, sovereignty and scientific integrity are undermined.

The future of the WHO as a whole depends on addressing these structural failures. The WHO cannot maintain authority if global health governance appears to favour private funding agendas over evidence and the interests of member states. Restoring transparency, scientific diversity, and stakeholder representation is essential. This is especially true within the FCTC Secretariat. Without corrective action, both the treaty and the WHO face long term damage to their legitimacy and their ability to protect global public health.

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