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Enacting Accountability: Networked Governance, NGOs and the FCTC

Raphael Lencucha, Anita Kothari, and Ronald Labonté

Accountability is a pressing challenge within the present system of international lawmaking. Scholars continue to examine the role of non-governmental organizations (NGOs) to encourage the accountability of governments during this process. The negotiation of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) provides an important context to examine accountability as it is and was inherently influenced by corporate interests and government economics, and involved extensive NGO participation. We conducted in depth interviews and document analysis to examine the role of Canadian NGO representatives in the negotiation of the FCTC. We highlight two sets of findings about Canadian NGO enactment of accountability during FCTC negotiations. First, we describe the efforts of the NGOs to ensure that the FCTC gave precedence to population health over tobacco-related trade agreements (external accountability) between WHO member states. We then describe the efforts of this group to include NGOs from low and middle income countries (internal accountability). The implications of these findings within the broader discourse on accountability in international lawmaking are discussed.

INTRODUCTION

Multilateral institutions such as the World Trade Organization and now the World Health Organization have become important focal points for international law making. These fora for international cooperation and decision-making have received much attention by scholars who question, among other things, their ability to ensure accountability to transnational ideals during the development and negotiation process.[1-3] The question of accountability is particularly important given the normative power international agreements hold in contemporary political environments.[4-5] Temple University professor Spiro states this issue pointedly when he asserts that "wherever power is exercised, questions of accountability are appropriately posed." [6]

The accountability of states to further transnational interests through international law is becoming more salient in the field of global health governance. This salience is tied to the increasing use of international agreements to address health goals.[7-8] The WHO Framework Convention on Tobacco Control (FCTC) is one example of states coming together to develop international law in order to facilitate national tobacco control legislation. Accountability is an important concept to consider when analyzing the negotiation of the FCTC as corporate interests and government economics, forces that have the potential to contradict the spirit of this public health treaty, influence tobacco control. We

present findings from a study of the role of Canada NGOs, through their affiliation with international NGOs, in the development and negotiation of the FCTC. This study is limited to the perspective of individuals from Canada who engaged in the FCTC process as government representatives or on behalf of international NGOs such as the Framework Convention Alliance, an umbrella organization whose membership represents NGOs from around the world.[9] NGOs who hold observer status within the World Health Organization system are granted access to formal negotiations not as participants but as observers to the process.[10] We recognize at the outset that this sample provides a limited perspective on the accountability process. However, we also recognize that this perspective provides important insights into the accountability process during the FCTC development and negotiation. We focus on the findings that illustrate how these Canada NGOs worked towards accountability during this process. This study does not address the influence of NGOs on governments, but rather explores and describes the ways that NGOs operated to work towards accountability. We first present the nature of the challenge of accountability during international lawmaking and then introduce the concept of networked governance.

We will begin by articulating three tensions that contribute to the challenge of accountability in international lawmaking. Accountability, in this context, refers to the ability of decision-makers to make choices that benefit not only citizens in their respective nations, but also citizens outside of their domestic jurisdiction. Putnam highlights the first tension between domestic and transnational responsibility.[11] He uses the term "two-level game," as a metaphor that recognizes the national responsibilities of governments to represent the interests of their citizens while engaging with issues of transnational significance.[11] Others have questioned the ability of international institutions to hold states accountable to transnational goals.[3 5 12]

Second is the tension between corporate and humanitarian interests at a global level. Although these interests are not inherently opposed, there are numerous cases of corporate activity that have run up against health governance. For example, within the area of transnational tobacco control corporations have fought health protective legislation to preserve profits from tobacco sales.[13-14] This fight against this type of legislation was often brought to governments by the tobacco industry in efforts to influence and essentially weaken the health content of the FCTC.[9 15-16] This type of corporate influence on international lawmaking is common in other fields such as environmental governance.[17-18]

A third tension in the face of global accountability stems from the lack of coherence across international legal regimes.[19] Coherence in this sense refers to the ability of legal regimes to complement rather than contradict each other. For example, do the international treaties that set out the rules for international trade and investment infringe on the rules of health governance? A recent case between Philip Morris and the government of Uruguay acutely demonstrates this tension between bilateral investment treaties protecting intellectual property rights (in this case, brand name logos) and the ability of a government to legislate health protecting warning labels on tobacco packaging.[13]

"Networked governance" is a concept that has been developed to explain the intersection between states and non-state entities in the current system of international lawmaking.[20] This term refers to the relationship between state (i.e. governments and their respective agencies), interstate (e.g. the United Nations system) and non-state actors (e.g. Oxfam and Doctors Without Borders) in the governance of global issues. In the realm of governance this concept expands the scope of analysis to include NGOs, despite the recognition that states remain primary decision-makers in the current system of global governance.[18] Observers suggest that, for better or worse, NGOs have arisen as key actors in international lawmaking, often with the support of governments and intergovernmental organizations.[9-10 18 21-23] An Assistant Secretary-General for External Relations at the United Nations goes so far as describing the increasing involvement of NGOs in the UN system as "the wave of the future".[22] The unquestionable rise in non-governmental organization activity at the global level represents an important component of networked governance.[6 18 24] Because of its emphasis on non-state actors in the international lawmaking system, this concept serves as a relevant lens with which to examine issues of international relations and accountability.

Benner and colleagues state that a "pluralistic system of accountability" is the most promising way to promote accountability in and of multisectoral networks".[20] NGOs held formal observer status during the negotiation of the FCTC, where up to 150 NGO representatives attended each negotiating session, and were an important player throughout the process.[9 25] It is in this spirit of pluralism that many have suggested that NGOs are the answer to the challenge of accountability for international lawmaking.[23] At the same time, how the challenge of NGO involvement might be answered (the contributions by and involvement in international lawmaking by NGOs) is likely highly context-specific.[12 22] This paper thus does not set out to validate or comment upon the generalized system of networked governance in international lawmaking, but to present findings that highlight how this system seemed to operate in the context of the development and negotiation of the FCTC.

METHODS

Our study used qualitative methods to collect and analyze the data. Two sources of data formed the basis for analysis. The first source was thirty-four public documents (See Appendix A) pertaining to the activity of Canadian NGOs during the development and negotiation of the FCTC. These documents included Health Canada and NGO press releases, documents posted on NGO websites, news articles and official documents produced by the World Health Organization and submissions by NGOs to the Canadian government.

In-depth interviews were conducted with 18 participants (See Appendix B) representing both government (n=7) and NGOs (n=11) involved in FCTC negotiations, using purposive and snowball sampling.[26] Participants were included based on their participation in the development and negotiations of the Framework Convention on Tobacco Control. The participation included attendance and contribution during Intergovernmental Negotiating Body (INB) meetings, and inter-INB working groups. Each NGO representative attended the

FCTC activities on behalf of an international non-governmental organization (INGO), while their home organization was based in Canada. Interview length ranged from 25 to 110 minutes, averaging 61 minutes. Twelve of the interviews were conducted face-to-face. The remaining interviews were conducted over the telephone. Ethical approval to conduct this study was received by the University of Western Ontario ethics review board.

The two sources of data were combined and organized using NVivo8 qualitative software. The lead author conducted the analysis along with two collaborators. The data was analyzed using thematic analysis. This type of analysis involves inductive grouping of the data according to a common feature or theme. The collaborators served to enhance the trustworthiness of the analysis process by reviewing portions of the data and comparing/contrasting the finding of the primary author. The use of two data sources provided triangulation of the findings.[26]

FINDINGS

Below we highlight two sets of findings about Canadian NGO engagement during FCTC negotiations. These two sets of findings were determined by the authors to be the most prominent issues of accountability described by the participants and the documentary sources. For example, the issue of trade was discussed at length by participants when compared to their comments about, say, pricing measures or product labeling. We describe the efforts of the Canadian NGOs to ensure that the FCTC gave precedence to population health over tobacco-related trade agreements (external accountability) between WHO member states. We also describe the efforts of this group to include NGOs from low- and middle-income countries (LMICs) (internal accountability). As stated at the outset of the paper, the participants note that much of their participation during the negotiation of the FCTC was as members of international NGOs (those who have obtained observer status with the WHO) that served as umbrella organizations with international membership (e.g. Framework Convention Alliance). Internal accountability in this context refers to the accountability of these umbrella organizations to ensure broad representation.

External Accountability: Trade and Health

Given the clear link between industry practices and tobacco control efforts, it is not surprising that the World Trade Organization (WTO) was interested in the content of the developing FCTC. This excerpt from the WTO website indicates that representatives from the WTO were closely involved, albeit at arm's-length, with the FCTC process:

> During the negotiation of the Framework Convention on Tobacco Control (FCTC), the WHO created an Inter-Agency Task Force on Tobacco Control (1999) for greater coordination between negotiators at an early stage. The WTO, which has observer status

> in the WHO, followed the negotiations of the FCTC and was part of this task force.[27]

The potential scope of the FCTC – -widely considered an exemplar tool for global health governance- – created tension as well as the possibility for intersecting governance mechanisms such as WTO treaty rules. The primary purpose of these rules is to reduce tariff (border tax) and non-tariff (domestic regulation) barriers to trade.[28] According to participant accounts and document analysis the issue of trade liberalization and health was prominent during the development and negotiation of the FCTC.[16] Although NGOs were not the only group addressing the health/trade liberalization dialogue, many of the participants acknowledged the important role played by NGOs to ensure that the FCTC remained focused on the protection of public health and not become mired in seeking a "balance" between the two competing interests.

NGO documents prepared during the FCTC process were explicit on the conflicted and potentially incompatible relation between trade liberalization and public health, as the following excerpt illustrates:

> There is a structural conflict between trade liberalization and public health. The benefits of liberalized trade (increased access to improved and cheaper consumer products) apply in reverse to cigarettes. Public health is harmed when cigarettes are made more efficiently and inexpensively, are more attractive and more available.[29]

The importance of the health/trade issue is supported by the evidence on effective tobacco control (reduce access and demand through higher cost), the premise of trade liberalization (increase access and demand through lower cost) and the lack of ambiguity pertaining to the agenda of the various groups involved, particularly the NGOs and the tobacco industry. The lack of ambiguity was connected in part to the fact that the tobacco industries' sole activities (tobacco production, distribution and marketing) are threats to human health. "Tobacco is perhaps the most blatant example of the potential for imbalance so having a tobacco treaty is a way of redressing the balance between economics on one hand and social and health development on the other hand" (Participant 2). The same participant goes further to state that:

> Tobacco while it's a global problem and it's intractable and it's addictive, at least it's clear there's the guys with the black hats and the guys with the white hats, and it's the same all over the world. … We deal with those guys in the black hats. (Participant 2)

A number of documents and participants noted that tobacco, in addition to being an issue with clear groups of actors such as the tobacco industry, governments and NGOs, is one that was becoming a "*globalized* problem" (Participant 3). Moreover, this trend was regarded as the effect of an industry strategy to overcome declining markets in high-income countries with well-developed

tobacco control strategies. As one submission by a Canadian NGO in support of the FCTC process states:

> Canada is a declining market for the transnational tobacco industry, but it remains a significant cash cow. The profits generated here and in other Northern countries are being used to fund the transnational industry's ongoing assault on the developing world.[30]

Participant 14 identified the challenge that this globalization of the tobacco industry presents in his home country on the continent of Africa:

> It (government) wanted money from the tobacco multinationals and it still wanted to protect the health of the people, which is a big part of it, but not that practical in the relationship between the government and the tobacco industry. So they (government) were not really keen on enforcing any of the provisions of the FCTC or any of the tobacco control laws we had then in (African Country).

Both the participants and the documents indicate that the development of the FCTC was seen as mitigating the potentially harmful health impacts of tobacco industry globalization. One participant stated that, "they started talking about how it [the FCTC] related to the General Agreement on Tariffs and Trade (GATT) and other WTO agreements right, so this is why the FCTC was going to kind of address this because we needed some kind of instrument that would trump trade" (Participant 9). The NGOs engaged in systematic activity to ensure that economic or trade-related issues did not weaken the treaty.

> Our organization suggests a new approach to protecting health through international agreements that focus not on the rights of investors but on alleviating the suffering of citizens. Such an approach can be demonstrated by the International Framework Convention on Tobacco Control proposed by the World Health Organization (WHO).[31]

How this issue was addressed was, however, a more complicated debate. For example the majority of NGOs believed (and still believe) that tobacco should be excluded from trade regimes[14 32-33], while a minority voice among the NGOs suggested that tobacco control could be achieved while tobacco remained a part of trade regulation.[34] The findings suggest that the NGOs conducted monitoring activities to ensure that tobacco control was not overshadowed by trade. This activity involved monitoring the text of the developing FCTC and highlighting the treatment of trade within the articles of the FCTC. One example is found in a document produced prior to the fifth International Negotiating Body (INB) meeting in Geneva, which states that "after four rounds of negotiations, three approaches to text emerged: 1) language which gives paramount (primacy) to FCTC provisions (health trumps trade), 2) language which subordinates the FCTC to trade (trade trumps health) and 3) no text reference to trade in the FCTC

(silence)" (Document 9). This NGO activity involved reviewing drafts of the different articles of the FCTC and providing detailed feedback regarding both the language of the articles and the implications of each article to ensure that priority went to health protection:

> We (NGOs) were successful in getting constructive consideration of the trade versus health debate. The final text of the treaty gives strong priority to public health protection and ensures that new international tobacco control measures will not be trumped by international trade rules.[35]

Internal Accountability: NGO Representation

Another prominent feature of the efforts of the Canadian NGOs was their recognition of the inequities among country representation during the negotiation of the FCTC. As one participant noted, "if you're from a developing country you basically do not have money to travel to Geneva, I mean the travel costs could exceed your annual salary in many cases" (Participant 4). Inequities in representation were compounded by the suggestion that much of the work of the Canadian NGOs was to ensure that the tobacco industry would not thwart tobacco control efforts on grounds of compliance with existing trade agreements. In other words, the representation of LMICs was considered important particularly given the movements of tobacco industry into these countries. This recognition was followed by efforts to address this issue through the funding of NGOs from LMICs to strengthen their work in tobacco control and attend the negotiations in Geneva, Switzerland. For example, HealthBridge channeled funding received by the Canadian International Development Agency to hire a tobacco control advisor in India in 2001, who then went on to aid in the creation of the Indian Coalition for Tobacco Control (ICTC).[36] Another HealthBridge initiative helped found Work for a Better Bangladesh (WBB Trust) in 1998, and continued to work with this organization to enhance their capacity to work in the area of tobacco control. Work for a Better Bangladesh became the focal NGO for a WHO-requested report on assisting tobacco farmers to move to alternative crops.[36]

When LMIC government representation was present at the negotiating sessions, it often lacked tobacco control expertise based, in part, on their lack of resources and experience.

> Now the reality in tobacco control is not a lot of countries have people working in tobacco control in the government. Sometimes you see a lot more NGOs than government, so for those countries the expertise would be at the NGO level. (Participant 10)

One participant pointed to a relationship between resource scarcity and tobacco control experience and expertise, saying "we have the luxury of being able to afford people who are specialized in a number of areas … they are well educated on the issue. And we go there (Geneva) and some countries have like

one person" (Participant 10). The disparity between "rich" and "poor" countries and the number of representatives and NGO observers that could afford to attend the negotiation sessions was a prominent issue.

> I guess the fundamental problem is that rich people have money and poor people don't, and going to these meetings takes money and people don't have it, … and that kind of fundamental problem of rich and poor people plays itself out in NGO representation at these meetings and we see it, we want to solve it. (Participant 2)

> Again it's us Canadians saying okay here's these important meetings going on, it's 75% developed country people, where's the developing country representative, can we get some money to help somebody to go? (Participant 8)

The Canadian NGOs sought to foster the inclusion of NGOs from LMICs through various avenues. The participants indicated that the Canadian government was the primary avenue through which they sought financial support for NGOs from LMICs. One participant stated that, "It's wrong! It's wrong, why are there all these developed country people there and there's no developing country people there and Health Canada [representing the federal Canadian government], luckily for us, has people who are very open to those kinds of ideas, and say we agree, send us a proposal" (Participant 8). For example, much of the work of HealthBridge, a prominent NGO of Canadian origin, is supported by the Canadian International Development Agency. Since 2005, The Canadian Government, through Health Canada, provides funding for the Canadian Global Tobacco Control Forum (CGTCF). The Forum consists of seven Canadian NGOs as well as partner NGOs from around the world. The Forum focuses on "alliance building in Burkino Faso, Congo-Brazzaville, Mozambique, and Niger; capacity building in Cuba, Brazil, Peru, Mexico, and Colombia" by providing "financial and technical support".[37] The following excerpts point to the role that Canadian government played in funding the inclusion of NGOs from LMICs.

> Among our contributions to the successful outcome of the treaty negotiations were: obtaining and administering grants from CIDA [Canada's international development agency that disburses ODA] to bring health advocates from developing countries to the negotiation sessions, we were able to sponsor the participation of 15-20 developing country delegates at five negotiation sessions. The whole process was much richer as a result.[35]

> Through Health Canada and CIDA, the Government of Canada supported the participation of non-governmental organizations during FCTC negotiations, including citizens from Canada and developing countries.[38]

The findings suggest that one rationale for increasing the representation of NGOs from LMICs was the inclusion of domestic context in the negotiations. This involved supporting local research for the negotiations. As one participant highlighted, "you know their government would say, oh well that was done in India so it's not relevant here, it's like okay well this is how you do a little tiny research study in your own country to produce local data to support the argument that you're making, so there were a lot of little things like that" (Participant 8). One document further supports this rationale by stating that, "NGO representatives believed more emphasis should be placed on sharing best practices which can be adapted for local conditions, cultures and different groups".[39] One participant noted that inclusion and broad participation are necessary to strengthen tobacco control.

> It's the fundamental nature of tobacco control. It can't be done; it cannot be done by individuals or individual effort. Tobacco control requires social change, that's really the essence. We need laws and regulations and programming activities that require broad support from the community. You don't get broad support from the community unless you involve lots of people, all the time and at every level. (Participant 2)

DISCUSSION

The order and function of international lawmaking is one of the pressing challenges in the field of global governance generally, and its importance is emerging as international health laws are negotiated and adopted to achieve health goals. State representatives remain the primary decision-makers in international lawmaking; however the rise of non-state actors is one of the key developments of this complex process. We began by discussing numerous tensions that may confront the ability of state representatives to remain accountable to the health goals of international health law. The lawmaking process thus provides opportunity to observe how challenges of accountability are handled and by whom. We have highlighted findings that describe how one sample of individuals engaged in processes of accountability during the development and negotiation of the FCTC.

Scholars continue to conceptualize an ideal system of international lawmaking. The role of NGOs in the area of international health lawmaking is only beginning to be systematically explored.[12 40-43] This exploration is enhanced, in part, by recent developments such as the development and negotiation of the FCTC. We interpreted the findings presented in this paper using an approach known as network governance, focusing on the accountability challenge that was addressed by Canada NGOs during the FCTC process.

One interesting feature of these findings was that the NGOs were cognizant of the possible disparities between the FCTC and international trade agreements, the tension of coherence across international legal regimes. This group of NGOs addressed this disparity by engaging with government representatives during the FCTC negotiations around the issue of trade

agreements and the FCTC. Without the presence of the NGOs, discussions on the relationship between trade treaties and the FCTC may have been much different.[9] Indeed, scholars have pointed to the role of NGOs in setting agendas that served to enhance the rights of a global civil society.[12 23 43] New York University professor and policy expert Stasavage notes that although "open-door bargaining may increase accountability" it may also "increase risks of breakdown in negotiations".[2] NGO engagement in the trade and health issue in FCTC negotiations is particularly interesting in light of the eventual "compromise" that was made to exclude explicit statements about trade regimes and the FCTC requirements.[16] Neither side in the debate over which goal wins (trade or health) succeeded in positioning itself within the FCTC. Although this can be seen as a defensive victory only for global public health, it also encourages further research of the *influence* that the NGOs have had (or could have) on the trade and health issue during ongoing FCTC and other multilateral negotiations. The network of international NGOs confronting issues of tobacco control and trade point to the importance of network governance as a lens through which to observe their engagement with this issue.

The state-centric nature of international lawmaking presumes that states themselves (collectively or in interest-aligned groups) would hold each other accountable for ensuring health goals are not weakened or circumvented by intersecting laws in the areas of trade and investment; although this assumes that states are free from trade-related pressures or interests when negotiating or implementing health treaties, which is unlikely to be the case.[19] For example during the negotiation of the FCTC, NGOs appeared to have greater independence than governments to voice positions directly contrary to trade interests.[41] NGOs had no perceived or actual political obligation to balance competing interests of different stakeholder groups, including the tobacco industry, which allowed them to push more forcefully against positions that may have weakened the FCTC.[41] It is pointed out in the findings presented in this paper that the Canada NGOs worked to support NGOs in low- and middle-income countries, creating a network of support for the health measures being negotiated through the FCTC process. Whereas governments have complex relationships with each other that extend beyond simply promoting and protecting health, creating a delicate situation of intergovernmental accountability, the NGOs seem to be able to orient and align themselves together to more freely hold governments to account.

The second component of our findings suggests that the NGOs themselves worked to ensure internal accountability. This internal accountability was represented by efforts by the international NGOs to ensure that a wide range of countries were represented in their own decision-making processes and by Canada NGOs to support the efforts of NGOs in low- and middle-income countries. This process of internal accountability seems to support the notion that the NGOs themselves sought to enhance their own network of governance. It is interesting to contrast our findings with the internal accountability presented by Spiro in his discussion of NGO accountability.[6] Spiro discusses the democratic nature of NGOs and the tensions of accountability that may exist in one particular organization due to the structure of that particular organization. Our

findings point to a different level of internal accountability, one that expresses the challenges of geographic representation during international lawmaking processes. In the context of this study internal accountability was confronted by an NGO community working as a collective umbrella organization with members from around the world. This type of accountability seems particularly salient given that countries adopt the FCTC in its entirety and thus uniformly. This uniform adoption places importance on the negotiation phase of the treaty development and the content that is included, and whether this content is appropriate for all countries. However this context is not new to international lawmaking and scholars have identified representation as a key feature of NGO accountability.[18] What is interesting about our findings is that they point to an environment of NGO cooperation and mutual support, in contrast to some of the competition that existed between NGOs during international environmental lawmaking process.[22]

In this study, internal accountability was facilitated by providing funding for NGO representatives from low-income countries to attend the negotiation of the FCTC. Representation within the NGO community is recognized as an important element in the field of international environmental lawmaking.[18] If NGOs are to continue to engage in international health lawmaking through formal accreditation channels such as those found in the WHO system, the issue of geographic representation within international NGO membership may need to be taken up more formally. For example, should the WHO ensure equal geographic or national representation within the NGO community, even though they remain observers to the process? Should special status be extended to international NGOs (those made up of constituent groups from many nations, or operating with branches in many nations), and if so, how would the resource dominance of wealthier nations be avoided? Our study suggests that NGOs themselves have partly addressed such questions by voluntarily taking on the task of internal accountability to ensure broad representation of organizations from different regions of the world. Given the potential for NGOs to ensure the accountability of states towards health goals it may be important to formalize such a process amongst NGOs to encourage the inclusion of local contexts in the negotiation process. This formalization of NGO representation may be particularly important if, as Cronin states "[governments] are often unwilling to promote transnational goals on behalf of a foreign population or a broader "international community," particularly when these goals do not either directly benefit their domestic constituencies or fulfill a vital state interest."[44]

CONCLUSION

The development and negotiation of the FCTC has provided a unique opportunity to examine the role of NGOs in the international lawmaking process. While governments continue to hold the principle position of decision-making in international lawmaking, NGOs have been actively working to shape and influence this process. This study has introduced the concept of network governance as a lens through which to view and analyze the interaction between NGOs and governments, and among NGOs. The findings suggest that this lens

may be viable for future study of this complex interaction, particularly as the WHO continues to consider its function as a lawmaking forum.

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Appendix A. Document List

Number	Category	Name of Document	Date
1	News Article	ABC news-Preliminary Approval of FCTC	05/20/ 2003
2	Health Canada Press Release	Call for Nominations – Background Document: NGO representation to the Conference of Parties	11/26/2007
3	Health Canada Press Release	Report on Stakeholder Consultations	10/3/2001
4	World Health Organization (WHO) Official Document	INB2 NGO Participation	04/9/2001
5	WHO Official Document	INB2 NGO Participation	04/26/2001
6	WHO Official Document	INB4 NGO Participation	03/14/2002
7	NGO Communication	Canadian NGO meeting with German Embassy	05/14/2003
8	NGO FCTC Caucus	Pre-INB3 brief	05/05/2001
9	NGO FCTC Caucus	Pre-INB5 brief	
10	NGO FCTC Caucus	Pre-INB6 brief	01/27/2003
11	Official submission to the WHO	Lung Association Nova Scotia – FCTC support	09/14/2000
12	Official submission to the WHO	Lung Association Ontario – FCTC support	08/4/2000
13	Official submission to the WHO	PATH Canada – FCTC support	08/29/2000
14	Official submission to the WHO	Smoking and Health Action Foundation (SHAF) – FCTC support	08/25/2000
15	NGO Research Report	Physicians for Smoke Free Canada (PSC) – Global Tobacco Report	04/01/2000
16	NGO Press Release	PSC – Doctors offer draft legislation to implement global tobacco treaty	11/11/2003
17	NGO Bulletin	PSC – Bangkok Smoke Free Conference Bulletin	03/01/2007
18	NGO Press Release	PSC – Annual Report	05/01/2001

19	Official submission to the WHO	PSC – Comments on FCTC draft	03/10/2000
20	NGO Research Report	PSC – Commonwealth Report – 13th Commonwealth Health Ministers Meeting	05/01/2006
21	Official submission to Minister of Health	PSC – Draft legislation to implement the FCTC	11/13/2003
22	NGO Press Release	PSC – World's Doctors Unite to Control Tobacco	09/01/2002
23	NGO Press Release	PSC – A New Era in Global Public Health	09/01/2003
24	NGO Press Release	PSC – New Global Tobacco Treaty Welcomed	02/28/2003
25	NGO Press Release	PSC – Canada's Help Needed to Stem Global Tobacco Pandemic	07/14/2003
26	NGO Press Release – Letter to Foreign Minister	PSC – Tobacco Treaty Deserves Urgent Attention of New Foreign Minister	07/22/2004
27	NGO Press Release	PSC – Think Globally, Ratify Locally	05/31/2004
28	NGO Press Release	PSC – "Forty Reasons to Cheer. Five million reasons to morn." Doctors applaud 20th ratification of global tobacco treaty	11/30/2004
29	NGO Press Release	PSC – R-A-T-I-F-Y Kingston student spell-out need for Canada to ratify the new global tobacco treaty	11/04/2004
30	NGO Press Release	PSC – Negotiations begin on global treaty on tobacco	O8/10/2000
31	NGO Press Release	PSC – Canadian Coalition for Action on Tobacco: Landmark Tobacco Treaty Takes Effect on February 27th	02/25/2005
32	Official Submission to the WHO	PSC – Trade Agreements and Tobacco Use	08/01/2000
33	Official Submission to the Canadian Government	PSC – The Danger of International Investment Agreements for Tobacco Control in Canada	04/01/1999
34	Official submission to the Minister of	PSC – PSC – Draft legislation to implement the FCTC	2002

	Health		

Appendix B. Participants

Participant Number	**Category of Organization**	**Role while involved in FCTC development**	**Date of Interview**	**Length of Interview (min)**
1	Non-governmental organization (NGO)	NGO observer	November 5th, 2007	64
2	NGO	NGO observer/ NGO representative on governmental delegation	November 6th, 2007	109
3	NGO	NGO observer	November 6th, 2007	47
4	NGO	NGO observer/ NGO representative on governmental delegation	November 15th, 2007	110
5	NGO	NGO observer/ FCA bulletin editor	December 18th, 2007	84
6	NGO	Contributed to FCTC process within Canada	January 9th, 2008	34
7	NGO	NGO observer	January 15th, 2008	37
8	NGO	NGO observer	February 5th, 2008	67
9	Government	Contributed to FCTC process within Canada	February 5th, 2008	91
10	Government	Member of the delegation	February 6th, 2008	79
11	NGO	NGO representative on governmental delegation	February 8th, 2008	60
12	Dual Role: 1) Scientific expert on WHO panel	Was not involved in development	February 26th, 2008	80

	2) Scientific expert/advocate for the FCA	but is currently involved in implementation and adherence		
13	Government	Senior Policy Analyst – Attended all INB meetings (2 pre – 6 post and is still involved)	March 27th, 2008	25
14	NGO (Nigeria)	Director	August 13th, 2008	41
15	Government	Director/ Member of Delegation/ Chair of Negotiating sessions	August 20th, 2008	58
16	Government	Member of Delegation	August 20th, 2008	52
17	Government	Member of Delegation	August 22nd, 2008	30
18	Government	Member of Delegation	August 26th, 2008	27