Harnessing law for global noncommunicable disease control: evaluating a legal training program, 2014-2023

Abstract

In 2014, the McCabe Centre for Law & Cancer launched its flagship International Legal Training Programme (ILTP), which aims to raise the capacity of government lawyers from low- and middle-income countries using the law to address noncommunicable diseases (NCDs). The course consisted of in-person/online training followed by practical implementation by participants through a "priority project". To evaluate the ILTP, we conducted a mixed-methods study using: 1) pre- and post-course survey data collected from participants over the last 10 years; 2) assessment of legal and policy changes made by participants in their home countries following the ILTP; and 3) assessment of outcomes reported publicly. From 2014-2023, the ILTP had 450 participants from 97 countries and territories over its 13 deliveries. Participants rated the ILTP highly and reported large increases in confidence/knowledge in using law for NCD prevention and control. Priority projects developed by participants contributed to NCD law and policy change in a documented 30 countries, the defence of legal challenges to NCD laws in five countries, and the initiation of a legal challenge against the tobacco industry to recover health care costs in one country. Evaluation of the ILTP reveals that building the capacity of government lawyers can be effective in driving legal and policy change to better prevent and control NCDs globally. Legal capacity building programs such as the ILTP are essential for addressing NCDs and must be continued and expanded.

Contribution to health promotion

This article describes an important intervention for health promotion by:

- providing insight into the value of legal training to support the prevention and control of NCDs in low- and middle-income countries;
- examining the importance of law and policy to limiting the harm from corporations distributing harmful products, such as tobacco, which cause NCDs; and
- evaluating how legal training may form an important and under-used health promotion intervention to address NCDs, especially in low- and middle-income countries.

Harnessing law for global noncommunicable disease control: evaluating a legal training program, 2014-2023

Noncommunicable diseases (NCDs) are the world's leading cause of death and disease (WHO, 2024a). Laws targeting key NCD risk factors—including tobacco, alcohol and unhealthy diet—are cost-effective ways to limit the effects of these diseases (Magnusson et al., 2018; WHO, 2024b). Law effectively targets the now widely recognised problem of the commercial determinants of health (Mialon, 2020). Yet globally, law remains an underused tool for NCD prevention and control (Magnusson et al., 2018). Moreover, the challenges in curtailing the harms caused by transnational corporations trading in such products is significantly more challenging in low- and middle-income countries, which suffer at least 70 per cent of the global burden of NCDs (WHO, 2024a).

Building the capacity of lawyers and policymakers in low- and middle-income countries to better use the law is therefore a valuable avenue for reducing the global burden of NCDs (Magnusson et al., 2018). The McCabe Centre for Law & Cancer (McCabe Centre) was established in 2012 due to recognition of the critical role of law and policy in addressing NCDs. It was named for Rolah McCabe who, in suing British American Tobacco for causing her lung cancer, became the first person outside the United States to win a verdict against Big Tobacco in a personal injury claim. The McCabe family and lawyers then donated part of the settlement funds towards establishing a specialist legal centre to continue similar efforts.

Shortly after its founding, the McCabe Centre sought to help fill the global gap in legal and policy capacity for the prevention and control of NCDs by launching the International Legal Training Programme (ILTP). This program was developed in 2013 and launched in 2014. It was primarily conceived of as a support for government lawyers and policymakers in low- and middle-income countries who were seeking to use the law for NCD prevention and control. Consequently, participants were introduced to applicable legal frameworks on NCDs and related

fields, including sustainable development, human rights at the international level, and targeted training on related aspects of trade and investment law. They were also to be given instruction on supporting the exchange of information between countries on legislation and litigation. A key goal of the course was supporting countries to respond to legal challenges by transnational unhealthy commodities companies. Early courses had a significant focus on policy coherence and multisectoral collaboration between health, trade, and investment law in the context of legal challenges to tobacco control laws, with the course over time becoming more a general exploration of implementing laws and policies to prevent and control NCDs. Since its launch, the ILTP has run 13 times and has in turn provided training to 450 participants from 97 countries and territories.

This article describes the ILTP and evaluates how it has met its aim of building capacity in NCD prevention and control. We assess changes in participants' reported perceptions of their own abilities to use the law, and also describe changes to NCD laws and policies in low- and middle-income countries that have in some measure resulted from the course. To do so, we undertook a mixed-methods study using historic evaluation data from pre- and post-course surveys, and publicly available information on laws and policy, based on four metrics: 1) participants' reported satisfaction; 2) reported changes in confidence/knowledge in using law for NCDs; 3) the ILTP's documented and/or reported contribution to the adoption, implementation, enforcement or defence of NCD laws or policies; and 4) the ILTP's documented impact on broader awareness of and support of using law to address NCDs.

Background

The McCabe Centre has run many trainings and workshops on law and NCDs since its founding in 2012, including as part of its role as the WHO Collaborating Centre on Law and Noncommunicable Disease (since 2018) and as the WHO Framework Convention on Tobacco Control (WHO FCTC) Knowledge Hub on Legal Challenges (since 2013). This article focuses on the ILTP, which specifically aimed to build legal capacity of government lawyers and policymakers from low- and middle-income countries. From 2014 to 2019, it ran as a multiweek

face-to-face (F2F) course, in Melbourne, Australia (deliveries 1-9). The ILTP was moved online from 2020 due to the COVID-19 pandemic (deliveries 10-13).

Between 2014 and 2023, 450 participants from 97 countries and territories enrolled in the ILTP, and 345 completed (see Tables 1 and 2) (These figures include a small number who participated on multiple occasions). Participants came from all WHO Regions, with the most coming from the WHO's Western Pacific, Africa, and South-East Asia Regions. Participants were primarily government officials, although some came from non-government organisations (e.g. not-for-profits and academia) and inter-governmental organisations (e.g. WHO country offices). Selection was by the McCabe Centre in coordination with relevant stakeholders including WHO Headquarters, Regional and Country Offices; the WHO FCTC Secretariat; and the Secretariat of the Pacific Community (SPC). For the F2F deliveries, nominations were made from relevant country focal points via stakeholders. For online deliveries, they were made directly via an online form.

The direct costs of the course were primarily funded by the Australian Government, with staffing costs primarily covered by the McCabe Centre's parent body, Cancer Council Victoria. Some participants received other funding, with a small number—particularly from high-income countries—funded by their home governments or institutions.

Course content was adapted to participants' and countries' needs and interests but focused on a consistent set of objectives and core topics. These included tobacco control—especially, the key provisions of the WHO FCTC—alcohol control, healthy diet and physical inactivity, international trade and investment law, and overarching issues of human rights law, sustainable development, policy coherence, and multisectoral coordination. Courses also at times covered a range of other topics. These included, domestic legal challenges to NCD measures; occupational and environmental cancers; universal health care coverage; access to medicines; negotiating trade and investment agreements; lessons for policy development and implementation, and enforcement in low-resource settings. In recent years, air pollution was included in the program

due to global recognition that it is a major NCD risk factor (Campbell-Lendrum and Prüss-Ustün, 2019). An example of the agenda for an in-person course is contained in Appendix 1.

There were substantial differences in approach between the F2F and online deliveries. F2F used presentations, individual and group activities (such as moot court exercises), and one-on-one sessions with McCabe Centre staff, initially delivered intensively over four weeks for delivery 1, and subsequently over three weeks. Online deliveries used seven self-paced modules comprising recorded presentations, quizzes, activities, and discussion forums, delivered over a six- to eight-week period. Asynchronous activities were supported by live video-meetings scheduled to accommodate multiple time zones.

ILTP facilitators were staff from the McCabe Centre and Cancer Council Victoria; McCabe Centre Regional Managers (consultants based in-region in Africa, Asia, and the Pacific); and university academics. Stakeholders also attended and actively participated, including representatives of the WHO FCTC Secretariat, WHO Regional Offices, the SPC, and the Australian Government.

In each F2F delivery, participants started a "priority project" that consisted of addressing a legal or policy challenge of importance to their role and/or jurisdiction. Each participant selected their project in consultation with colleagues and developed it during the course with guidance from the instructors. These projects were then completed on return home after the course with continuing support provided by McCabe Centre Regional Managers. These projects were removed from the curriculum when the course transitioned to online delivery for course 10 because of insufficient capacity to provide instructor- or peer-support in the new mode of delivery. For courses 12 and 13, however, a smaller version of this project was trialled.

Methods

This study is a retrospective evaluation of the ILTP based on quantitative and qualitative data collected incidentally during its deliveries. Because these data were not collected from the outset

with research in mind, they have certain limitations that the research team have been required to accommodate. The data come from three sources:

1) Quantitative data on demographics, and participation satisfaction and confidence, collected from pre- and post-course surveys conducted for stakeholder reporting and iterative course development;
2) participant reports to the McCabe Centre staff of outcomes of projects developed during the course; and
3) assessment of publicly reported outcomes of the ILTP and "priority projects" begun by participants during the course.

Survey data

Pre- and post- surveys were conducted from deliveries 3 to 13 to determine participant satisfaction and increases in confidence/knowledge using law to address NCDs. Surveys were completed online prior to commencing the F2F deliveries and at the start of online courses. Post-surveys were completed on the last day of the F2F deliveries (3-9), and for online deliveries, after all seven modules were completed (10-13).

Across all deliveries:

- 332 participants completed a pre-course survey.
- 287 participants from 296 who completed a course returned a survey (97%).

Because these surveys were not designed with a later study in mind, they varied in wording and in the number of questions asked. However, all of the surveys for courses 3 to 13 included questions using a Likert scale and space for open-ended feedback. To ensure comparative analyses could be conducted, the following decisions were made about the quantitative data:

- Across all the surveys, two of the questions addressed overall participation satisfaction with the courses and were selected for this evaluation.
- Depending on the course, six- to eight questions assessed confidence in key skills before and after the F2F course. The exact wording of the questions varied over time due to the

changing content of the course. For example, some courses assessed confidence relating to the role of law in reducing the burden caused by NCD risk factors beyond tobacco, such as alcohol and unhealthy diet, however, this was not consistently assessed across all F2F courses. To account for these variations in wording yet consistent meaning, six key skills were considered. (To avoid confusion, the most frequently used wording is reflected in the results.)

- Questions on confidence in key skills that were not consistently asked across the F2F courses and where the wording varied significantly were excluded.
- The surveys for the online course consistently compared knowledge in nine key skills both before and after delivery and had only minor variations in the wording of the questions. As a result, all nine questions were included in this study.

Basic demographic data was also collected in these surveys, including country of origin, gender, and professional role. These data were analysed to understand the character of the participant cohorts that attended each course delivery and changes in participation over time. De-identified data on country of origin, number of participants who came from each WHO regions, and the corresponding country income levels (2014-2023) was collected and is presented below in Tables 1 and 2.

Qualitative survey data

Beyond the quantitative data, the surveys also yielded some qualitative data about participant experiences. Open-ended questions for F2F and online deliveries generally allowed participants to provide comments. These largely included discussions of what they found most valuable; how they intended to use their knowledge; and suggestions for course improvement. The questions varied significantly in wording, however, limiting the utility of these responses in this case. Examples of the questions and their variation is provided in Appendix 2 (F2F delivery) and Appendix 3 (online delivery). Consequently, only comments that spoke to the overall impact of the course were collated and used in this study.

Follow-up on participants' priority project outcomes

For courses 1-9, the McCabe Centre conducted formal follow-up with participants six months after the course to assess the progress of their priority projects to determine effects on laws or policies. Information on the success of these projects was also gleaned from informal reporting by participants to the McCabe Centre. This follow-up occurred via email, phone calls, or text messages, depending on the preference and location of the participant. Platforms like WhatsApp were commonly used. Informal priority project follow-up does not have a defined end date, with participants regularly reporting updates on their projects many years after completing the course. Participants also continue to regularly provide updates about their priority projects and new work that relates to the education provided by the ILTP.

Where possible, these informal reports by participants were confirmed by McCabe Centre staff against publicly available information. For example, claims that a law had been passed would be verified by checking relevant legislative databases in the country and/or the Campaign for Tobacco-Free Kids' Tobacco Control Laws website (www.tobaccocontrollaws.org) for a copy or reference to the law, or by searching for policy announcements from official sources. In some cases, verification involved reaching out to stakeholders or other alumni working in the country or region to verify the status of laws due to challenges publicly accessing laws in many countries. Where verification was not possible (for example because the project was an internal policy or event and not of a public nature), participant claims were generally accepted as reported.

Database searches to assess the impact of the ILTP

To capture further insight into the broader impact of the ILTP, online archives and published materials were systematically searched. Databases included, WHO IRIS; websites of the SPC, Australian Government and Pacific Islands Forum; and the UN High Level Political Forum. Search terms used were "ILTP" (and its full spelling); "Legal Training"; "McCabe Centre"; and "Knowledge Hub". Only direct references to the ILTP were collected and reported.

Results

Course participation and completion

450 participants from 97 countries and territories participated in the ILTP, with 92% from low- or middle-income countries and 8% from high income countries (Full demographic data is presented in Tables 1 and 2).

Table 1: ILTP Participants 2014–2023

Year	Course #	Delivery method	Participants F/M/Not disclosed/Total (completed)				WHO Region						Country World Bank income classification				Organization		
							AFRO	WPRO	SEARO	EMRO	PAHO	EURO	LIC	LMIC	UMIC	HIC	Government	Non-government	Intergovernmental
2014	1	In-person	14	12	0	26	5	16	3	0	0	2	2	8	7	7	20	6	0
Feb 2015	2	In-person	12	11	0	23	3	9	9	0	2	0	6	13	4	0	19	2	2
Sep 2015	3	In-person	10	6	0	16	4	7	3	1	1	0	4	10	2	0	13	3	0
Feb 2016	4	In-person	6	11	0	17	5	2	6	1	2	1	0	10	5	2	14	3	0
Sep 2016	5	In-person	12	6	0	18	2	7	9	0	0	0	0	16	2	0	15	3	0
May 2017	6	In-person	8	10	0	18	3	7	5	0	3	0	2	11	5	0	18	0	0
Sep 2017	7	In-person	9	8	0	17	5	9	2	0	1	0	3	5	8	0	17	0	0
May 2018	8	In-person	8	6	0	14	3	8	3	0	0	0	2	10	2	0	14	0	0
May 2019	9	In-person	10	17	0	27	7	11	7	2	0	0	7	10	7	1	26	1	0
Sep 2020	10	Online	21 (15)	13 (9)	1(1)	35 (25)	7(5)	11(7)	12(10)	1(1)	1(1)	3(1)	5(3)	22(18)	7(4)	0(0)	23(15)	1(1)	11(9)
Apr 2021	11	Online	50 (34)	31 (15)	0	81 (49)	18(9)	21(15)	13(10)	5(3)	21(10)	3(2)	11(5)	36(25)	26 (12)	8(7)	61(35)	11(9)	9(5)
Aug 2022	12	Online	42 (30)	27 (22)	0	69 (52)	5(5)	31(22)	10(10)	6(5)	11(8)	6(2)	6(6)	32(22)	21 (18)	10 (6)	52(37)	15(13)	2(2)
Aug 2023	13	Online	37 (17)	52 (26)	0	89 (43)	40 (20)	22(12)	11(3)	7(1)	9(7)	0	15 (6)	44 (19)	24 (13)	6(5)	64 (30)	17 (10)	8 (3)
Total	13		239 (185)	210 (159)	1(1)	450 (345)	107 (76)	161 (132)	93 (80)	23 (14)	51 (35)	15(8)	63 (46)	227 (177)	120 (89)	34 (28)	356 (273)	62 (51)	32 (21)

Table 2: ILTP Participant Countries and Territories[1]	
1.	Afghanistan
2.	Argentina*
3.	Azerbaijan**
4.	Bahamas**
5.	Bahrain*
6.	Bangladesh
7.	Barbados*
8.	Belgium**
9.	Bhutan
10.	Botswana
11.	Brazil
12.	Brunei Darussalam
13.	Burkina Faso*
14.	Cambodia
15.	Cameroon
16.	Canada*
17.	Chad**
18.	China
19.	Colombia
20.	Cook Islands
21.	Costa Rica*
22.	Cote d'ivoire*
23.	Ecuador*
24.	Egypt
25.	Eswatini
26.	Ethiopia
27.	Fiji
28.	Gambia
29.	Georgia
30.	Ghana
31.	Guyana
32.	India
33.	Indonesia
34.	Iran
35.	Ireland*
36.	Jamaica
37.	Jordan
38.	Kenya
39.	Kiribati
40.	Lao People's Democratic Republic
41.	Lebanon*
42.	Lesotho
43.	Liberia
44.	Malawi**

[1] *Indicates a new country/territory the online course reached and the participant completed the course. ** Indicates a new country/territory the online course reached, however, the participant did not complete the online course

45.	Malaysia
46.	Maldives
47.	Marshall Islands
48.	Mauritius
49.	Mexico
50.	Micronesia (Federated States of)
51.	Mongolia
52.	Mozambique
53.	Myanmar
54.	Namibia
55.	Nepal
56.	New Zealand
57.	Niger**
58.	Nigeria
59.	Niue
60.	Norway
61.	Occupied Palestinian Territories**
62.	Pakistan*
63.	Palau
64.	Papua New Guinea
65.	Peru
66.	Philippines
67.	Republic of Moldova*
68.	Russian Federation
69.	Rwanda
70.	Samoa
71.	Saudi Arabia*
72.	Senegal
73.	Seychelles
74.	Sierra Leone
75.	Singapore
76.	Solomon Islands
77.	South Africa
78.	Sri Lanka
79.	Suriname*
80.	Sweden*
81.	Syria*
82.	Tanzania
83.	Thailand
84.	Timor-Leste
85.	Togo*
86.	Tokelau
87.	Tonga
88.	Trinidad and Tobago*
89.	Tunisia*
90.	Turkey**
91.	Uganda
92.	United Kingdom*
93.	United States of America**

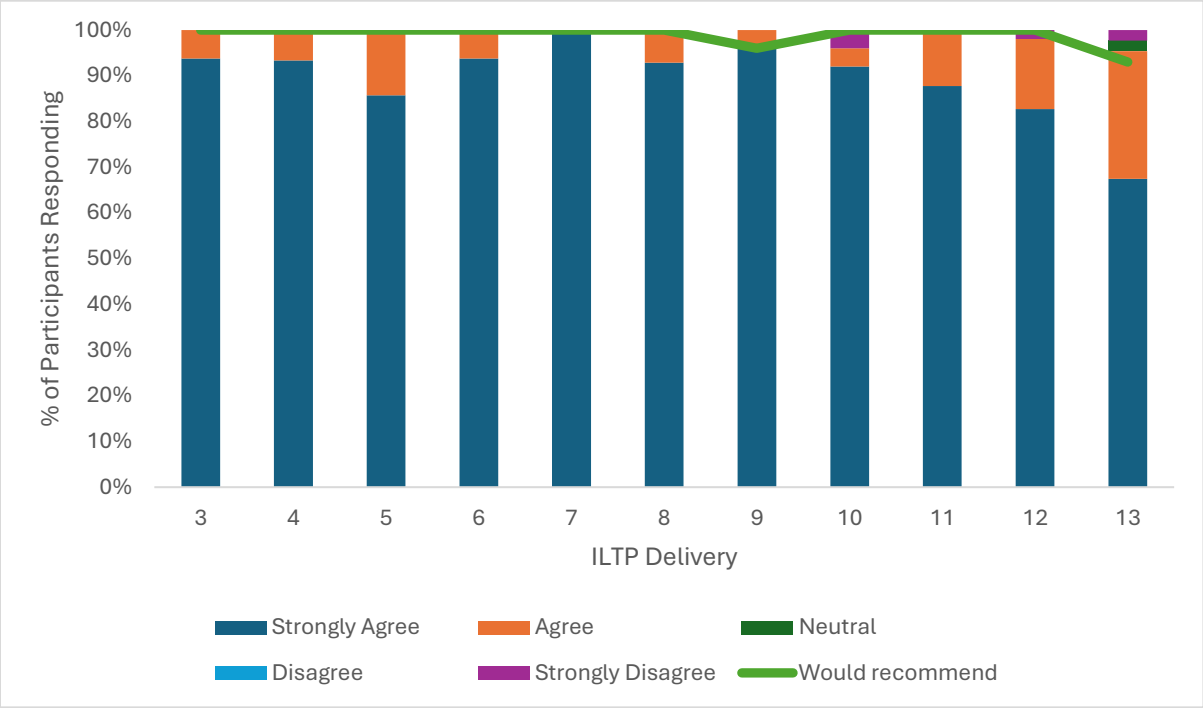
94.	Uzbekistan*
95.	Vanuatu
96.	Viet Nam
97.	Zambia

The character of the cohort changed over time. Deliveries 1 to 13 varied in size from 14 to 89 participants, with the move online dramatically increasing enrolments from an average of 20 participants to 69. Virtually 100% of participants completed the F2F courses. However, online courses had lower completion rates, ranging from 48% to 75% (2023/2022), where completion was defined as completing all seven modules.

Over the 13 courses, 53% of participants were female versus 47% males, mirroring closely course completions: 54% female, 46% male. Female participation increased from 51% F2F to 55% for online enrolments (57% for completions). Gender for F2F was obtained from travel documents, for online deliveries participants were asked their gender with options including self-identify and prefer not to specify.

Satisfaction:

Participants were asked if the ILTP 'enhanced their knowledge' (Question 1) and how likely they were to 'recommend the training to others' (Question 2). Graph 1 shows participant responses to these questions. The results for Question 1 show all responses while the results for Question 2 show a combined percentage of 'would recommend' or 'would highly recommend'.



Graph 1: Participant satisfaction of ILTP. Graph 1 shows responses to statement 'The ILTP enhanced my knowledge' (bars) and 'Would you recommend the ILTP to others?' (line). Blue indicates percentage of participants who responded 'strongly agree the ILTP enhanced their knowledge', orange indicates percentage of participants who responded 'agree the ILTP enhanced their knowledge', dark green indicates percentage of participants who responded 'neutral the ILTP enhanced their knowledge' and purple indicates percentage of participants who 'strongly disagreed the ILTP enhanced their knowledge'. The green line indicates the combined percentage of participants who 'would recommend/would highly recommend' the ILTP.

Participant confidence/knowledge:

Table 3 presents pre- and post-course responses for six questions on how the ILTP increased confidence in using law to address NCDs asked of F2F participants. Table 4 presents pre- and post-course data on nine questions on how the ILTP increased knowledge of using law to address NCDs asked of online participants. Over deliveries 3-13, there were slight variations to the questions asked. The most used wording is reflected in the below Tables.

Table 3: Participant Reported Confidence in Key Skills pre and post – F2F ILTP

Question	Course	Pre (%) reporting they were confident or very confident	Post (%) reporting they were confident or very confident
Question 1: Analyse relevant international and regional health, sustainable development, trade, investment and human rights instruments and processes	1	No data	No data
	2	No data	No data
	3	27 (n = 15)	81 (n = 16)
	4	46 (n = 22)	100 (n = 15)
	5	10 (n = 21)	79 (n = 14)
	6	47 (n = 17)	100 (n = 16)
	7	31 (n = 16)	100 (n = 17)
	8	22 (n = 18)	93 (n = 14)
	9	33 (n = 27)	88 (n = 26)
Question 2: Analyse the relationships between these instruments and processes	1	No data	No data
	2	No data	No data
	3	No data	No data
	4	36 (n = 22)	100 (n = 15)
	5	10 (n = 21)	79 (n = 14)
	6	47 (n = 17)	100 (n = 16)
	7	25 (n = 16)	100 (n = 17)
	8	28 (n = 18)	93 (n = 14)
	9	33 (n = 27)	88 (n = 26)
Question 3: Identify practical steps that can be implemented to improve policy coherence and multisectoral collaboration	1	No data	No data
	2	No data	No data
	3	40 (n = 15)	93 (n = 15)
	4	23 (n = 22)	100 (n = 15)
	5	14 (n = 21)	86 (n = 14)
	6	42 (n = 17)	100 (n = 16)
	7	31 (n = 16)	100 (n = 17)
	8	28 (n = 18)	86 (n = 14)
	9	30 (n = 27)	88 (n = 26)
Question 4: Analyse the role of law in reducing the burden caused by tobacco	1	No data	No data
	2	No data	No data
	3	No data	No data
	4	45 (n = 22)	100 (n = 15)
	5	24 (n = 21)	93 (n = 14)
	6	53 (n = 17)	100 (n = 16)

	7	44 (n = 16)	94 (n = 17)
	8	28 (n = 18)	100 (n = 14)
	9	59 (n = 27)	96 (n = 26)
Question 5: Analyse the significance of the WHO Framework Convention on Tobacco Control as a legal instrument	1	No data	No data
	2	No data	No data
	3	No data	No data
	4	59 (n = 22)	100 (n = 15)
	5	19 (n = 21)	93 (n = 14)
	6	47 (n = 17)	100 (n = 16)
	7	44 (n = 16)	100 (n = 17)
	8	28 (n = 18)	93 (n = 14)
	9	59 (n = 27)	92 (n = 26)
Question 6: Analyse the relationships between international trade and investment agreements and NCD prevention and control	1	No data	No data
	2	No data	No data
	3	No data	No data
	4	27 (n = 22)	93 (n = 15)
	5	10 (n = 21)	71 (n = 14)
	6	29 (n = 17)	100 (n = 16)
	7	19 (n = 16)	100 (n = 17)
	8	22 (n = 18)	92 (n = 13)
	9	33 (n = 27)	81 (n = 26)

Table 4: Participant Reported Knowledge in Key Skills pre and post – Online ILTP

Question	**Course**	**Pre (%) reporting they were very knowledgeable**	**Post (%) reporting they were very knowledgeable**
Question 1: The relationship between law and NCDs	10	4 (n = 25)	68 (n = 25)
	11	4 (n = 49)	80 (n = 49)
	12	6 (n = 66)	69 (n = 52)
	13	4 (n = 55)	65 (n = 43)
Question 2: The World Health Organization Framework Convention on Tobacco Control	10	6 (n = 25)	84 (n = 25)
	11	31 (n = 49)	78 (n = 49)
	12	18 (n = 66)	63 (n = 52)
	13	25 (n = 55)	74 (n = 43)
Question 3: The relationship between Law and alcohol	10	0 (n = 25)	68 (n = 25)
	11	2 (n = 49)	63 (n = 49)
	12	6 (n = 66)	56 (n = 52)
	13	2 (n = 55)	53 (n = 43)
Question 4: The relationship between law and unhealthy diets and physical inactivity	10	0 (n = 25)	60 (n = 25)
	11	4 (n = 49)	61 (n = 49)
	12	9 (n = 66)	63 (n = 52)
	13	4 (n = 55)	58 (n = 43)
Question 5: The relationship between law and air pollution	10	4 (n = 25)	40 (n = 25)
	11	8 (n = 49)	51 (n = 49)

	12	6 (n = 66)	48 (n = 52)
	13	2 (n = 55)	47 (n = 43)
Question 6: The relationship between trade law and NCDs	10	4 (n = 25)	36 (n = 25)
	11	2 (n = 49)	49 (n = 49)
	12	5 (n = 66)	46 (n = 52)
	13	2 (n = 55)	49 (n = 43)
Question 7: The relationship between investment law and NCDs	10	4 (n = 25)	40 (n = 25)
	11	2 (n = 49)	41 (n = 49)
	12	3 (n = 66)	44 (n = 52)
	13	0 (n = 55)	37 (n = 43)
Question 8: The relationship between law, NCDs and universal health coverage	10	4 (n = 25)	64 (n = 25)
	11	2 (n = 49)	59 (n = 49)
	12	5 (n = 66)	54 (n = 52)
	13	0 (n = 55)	56 (n = 43)
Question 9: Practical aspects of implementing NCD laws and policies (i.e. multisectoral coordination, the role of evidence, etc.)	10	8 (n = 25)	56 (n = 25)
	11	6 (n = 49)	65 (n = 49)
	12	5 (n = 66)	50 (n = 52)
	13	4 (n = 55)	51 (n = 43)

Both tables show that the ILTP helped raised the confidence/knowledge of participants in using the law to address NCDs. Notably, for F2F, the biggest average changes in confidence were seen in relation to Question 6 which assessed participants confidence analysing the relationship between trade and investment agreements and NCDs, followed by the relationships between relevant international and regional health, sustainable, development, trade, investment and human rights instruments and processes (Question 2) and practical steps to implement for improving policy coherence and multisectoral coordination (Question 3). For online deliveries the biggest change of knowledge on average came in relation to the relationship between law and NCDs (Question 1), followed by knowledge on the relationship between law and alcohol (Question 3). The smallest knowledge gain for online deliveries came in relation to the relationship between investment law and NCDs (Question 7).

Participant qualitative reactions post ILTP:

Post-course surveys included open-ended questions with the primary aim of requesting feedback concerning course logistics and ways the course could be improved. However, some participants provided reflections and suggestions for the course that broadly relate to the impact of the ILTP and are relevant to this study of impact. Illustrative examples have been included below. (Note:

Another study is currently underway to examine these qualitative data alongside new interviews conducted with alumni and stakeholders to provide a fuller picture of the impact of the ILTP.)

On assessment of the course, the feedback received via open-ended questions in surveys was positive. An indicative quote from delivery 3 reads as follows: "It is an excellent program, well designed which gives new insights into intricate relationships of global trade, investment etc. have while implementing policies of public health. A good and must for public health planners and policy makers." When asked how they intended to use their acquired knowledge, participants generally described sharing knowledge with colleagues through self-initiated trainings and/or presentations.

A desire for F2F delivery was a consistent theme amongst responses from deliveries 10-13. Participants recognised the benefits of online training—especially during the COVID-19 pandemic—but at least 13 requested in-person training. Participants frequently reported problems with internet access, difficulties attending live sessions due to time zones, and the impost of existing work and family commitments. Participants also suggested F2F as a complement to online delivery.

Priority project outcomes:

Table 5 shows participants reported completed priority projects from deliveries 1-9.

Table 5: Showing examples of completed priority projects	
Laws, policies, and litigation	
Countries where alumni have contributed to the adoption of new NCD laws/regulations	1. Bangladesh (graphic health warnings) 2. Cambodia (tobacco regulations) 3. Ethiopia (alcohol advertising law) 4. Gambia (tobacco control regulations) 5. Georgia (tobacco control law including plain packaging) 6. Ghana (tobacco control regulations including graphic health warnings) 7. Guyana (tobacco control regulations including graphic health warnings) 8. Indonesia (conflict of interest and allocation of tobacco taxes for health promotion regulations)

	9. Malaysia (new tobacco control law) 10. Maldives (multiple tobacco control regulations) 11. Nigeria (tobacco control regulations) 12. Niue (tobacco control law) 13. Philippines (multiple tobacco control regulations on graphic health warnings and e-cigarettes) 14. Papua New Guinea (tobacco control act) 15. Rwanda (multiple tobacco control regulations) 16. Sierra Leone (tobacco control act) 17. Solomon Islands (soft drink tax) 18. Sri Lanka (ban on smokeless tobacco products) 19. Thailand (multiple tobacco control regulations including plain packaging) 20. Uganda (tobacco control regulations) 21. Viet Nam (comprehensive alcohol control law)
Countries where alumni have contributed to amendments to NCD laws/regulations	1. Botswana (tobacco control) 2. Malaysia (tobacco control including smoking ban) 3. Mexico (amended tobacco control law and regulations) 4. Mongolia (amendments to the breast milk substitutes law) 5. Myanmar (tobacco control) 6. Samoa (tobacco control amendment act)
Countries where alumni have helped successfully defend laws from legal challenge	1. Kenya x 2 (defence of tobacco control regulations and ban on shisha) 2. Malaysia (defence of legal challenge to extend smoking ban) 3. Sri Lanka (multiple legal challenges to graphic health warnings) 4. Uganda (successful defence of legal challenge and appeal to tobacco control law before Constitutional Court) 5. Thailand (defence of graphic health warnings)
Countries where alumni have been involved in litigation against the tobacco industry	1. Brazil – launch of health care cost recovery litigation against tobacco industry (ongoing)
Countries where alumni have been involved in developing, implementing or enforcing WHO FCTC article 5.3 measures	1. Indonesia (Ministry of Health regulations) 2. Philippines (alumni worked on updating an already existing 5.3 policy)
Countries where alumni have contributed to the development, monitoring or evaluation of national policies on NCD risk factors	1. Bhutan (alcohol) 2. India (multisectoral action plan on NCDs) 3. Lao People's Democratic Republic (multisectoral action plan on NCDs) 4. Cambodia (multisectoral action plan on NCDs)

Countries where alumni have contributed to the enforcement of NCD laws/regulations	1. Lao People's Democratic Republic (enforcement of graphic health warnings) 2. Namibia (enforcement plan for tobacco control law)
Other projects	
Multisectoral bodies or action for NCDs	1. Bangladesh (National Tobacco Control Cell) 2. Cambodia (focusing on tobacco control) 3. Mauritius (interministerial committee on NCDs) 4. Myanmar (focusing on tobacco control) 5. Philippines (novel tobacco control unit established but has since been disbanded) 6. Solomon Islands (multisectoral taskforce for a Sugar Sweetened Beverage tax)
In country training workshops / capacity building	1. Cameroon (tobacco) 2. Indonesia (law and NCDs) 3. Kenya (state counsel training on WHO FCTC) 4. Mozambique (training on alcohol and tobacco control) 5. Myanmar (workshop on NCDs) 6. Namibia (training of enforcement officers) 7. Philippines (tobacco control) 8. Sri Lanka (tobacco control enforcement)
Policy brief	1. China (smoke-free local legislation) 2. Myanmar (policy brief on investing in tobacco control)
Government handbook	1. China (on WHO FCTC)
Government reports	1. Cambodia (on ILTP) 2. Ghana (on ILTP) 3. Indonesia (on packaging and labelling and advertising) 4. Iran (report to government on tobacco control) 5. Samoa 6. Solomon Islands
Books / papers / reports	1. India (Book – public health, tobacco and trade in India) 2. India (Paper on plain packaging and graphic health warnings) 3. Myanmar (paper on tobacco and international trade law) 4. Nepal (on world's strictest graphic health warnings) 5. Sri Lanka (paper on the amendment of the National Alcohol and Tobacco Control Authority Act) 6. Sri Lanka (report for Attorney General on prosecution of film producer in violation of ban on alcohol/tobacco advertisements)

	7. Sri Lanka (policy recommendations to the National Authority on tobacco and alcohol for the effective enforcement of the ban) 8. Tanzania (peer reviewed academic article on tobacco control and trade and investment law) 9. Thailand (report on impact of free trade and international investment agreements on tobacco tax policy in ASEAN)
Amendments to other policies to incorporate NCDs	1. Indonesia (targets on NCDs and tobacco control added to national action plan on human rights)
Communication campaigns	1. Bangladesh (tobacco control) 2. Nepal (anti-tobacco)
Academic lectures	1. Thailand

Other reported projects were considered incomplete or ongoing. Examples include:

- A toolkit on conflict of interest for Ministry of Health (Colombia)
- Development of tobacco control laws and regulations (Eswatini, Micronesia (Federated States of), Fiji, Jamaica, Lesotho, Liberia, Mozambique, Nepal, South Africa, Sri Lanka).
- Amendments to tobacco control laws (Kiribati, Mongolia, Marshall Islands, Seychelles, Solomon Islands, Sri Lanka, Tonga)
- NCD policies (Eswatini (alcohol policy), Lesotho (alcohol policy)
- Other NCD laws: Eswatini (alcohol regulations), Lao People's Democratic Republic (regulations establishing an NCD multisectoral committee), Viet Nam (SSB tax).

From an evaluation standpoint, lost contact, incomplete recorded-keeping and job changes sometimes made tracking of priority projects difficult. The availability of NCD laws and policies in English was a significant barrier to confirming completed priority projects, especially in relation to NCD risk factors beyond tobacco. Further, laws/regulations adopted in Table 5 may not be implemented and enforced or may have later been overturned.

Other references to the ILTP:

Searches for references to the ILTP in key stakeholder databases reveal two definitive instances where the ILTP is cited for contributing to NCD laws in countries. These include references to the ILTP contributing to a new tobacco control law in Sierra Leone (WHO, 2023) and tobacco control laws in Samoa, Niue and Papua New Guinea (WHO Regional Office for the Western Pacific, 2024).

The ILTP has been cited as an example of the importance of using law for addressing NCDs in WHO and WHO FCTC documents (WHO FCTC Conference of the Parties Sixth Session, 2014; WHO FCTC Conference of the Parties Eighth Session, 2018; WHO Regional Office for the Western Pacific, 2016a; WHO Regional Office for the Western Pacific, 2016b; WHO Regional Office for the Western Pacific, 2018; WHO Regional Office for the Western Pacific, 2020; WHO Regional Office for the Western Pacific, 2021; WHO, 2022).

Discussion

Overall impact

The results of this study show that workshops aimed at building capacity on using law for NCD prevention and control are an effective intervention to address NCDs. Across deliveries, participants consistently reported that the ILTP enhanced their confidence/knowledge, and that they would recommend the program to others. The course also had a demonstrable impact on NCD law and policy in participants' countries. Participants' priority projects contributed to the adoption, implementation, and enforcement of laws and policies in 30 countries, assisted in the defence of tobacco control laws from legal challenges brought by the tobacco industry in Kenya, Malaysia, Sri Lanka, Uganda and Thailand, and assisted in the initiation of litigation against the tobacco industry to recover health care costs in Brazil. Each of the first nine deliveries resulted in NCD laws or policies being developed, implemented, or enforced in at least three countries.

References to the ILTP in key stakeholder documents is evidence that the program has contributed to building broader awareness on the importance of building capacity on law and NCDs. A 2023 WHO publication recognised the ILTP for its important role in the development of Sierra Leone's *Tobacco and Nicotine Control Act* (WHO, 2023). In 2024, the McCabe Centre's leadership in building legal capacity for NCDs and the ILTP's contribution to tobacco control laws in countries and building the capacity of numerous lawyers and policymakers in the WHO Western Pacific Region was again highlighted (WHO Regional Office for the Western Pacific, 2024).

The impact of mode of delivery

The ILTP also provided lessons in the advantages and limitations of online versus F2F delivery. Transitioning the ILTP online greatly expanded its reach, including facilitating participation from 30 countries not previously accessible by F2F delivery (see Table 2). Online delivery overcame issues of funding, accommodation, training space, and other logistical limitations, although enrolments remained capped at (approximately) 80 to ensure effective facilitation. Online delivery also increased the percentage of female enrolments. In some instances, for F2F female participants were encouraged by funding partners.

Online delivery did have limitations, including underrepresentation of some countries known to have limited internet (see Supplementary File 1), overall lower completion rates and smaller changes in knowledge post ILTP. Lower completion rates for the online delivery are likely explained by participants speculatively enrolling and/or feeling less pressure to complete than in an F2F delivery or the difficulties of having competing work and home commitments while completing the online delivery. Requests for a return to F2F or blended delivery in qualitative feedback suggests an F2F component is still considered a critical component of training. Participants generally reported less knowledge in topics prior to commencing the online course and reported smaller increases in knowledge pre- and post online deliveries compared to increases in confidence reported in F2F deliveries. For example, participants frequently reported smaller increases in knowledge in relation to NCDs and international trade and investment law

compared to reported changes in confidence for F2F delivery which was likely due to the difficulty of teaching complex subject matter in an online environment which allows for shorter time to cover concepts and limited opportunity for questions. This is further evidenced by participants reporting smaller increases in knowledge for online deliveries in relation to practical aspects of NCDs such as multisectoral coordination. Some differences in confidence and knowledge gains reported may also be explained by the different questions asked and Likert scale options provided for participants for F2F compared to online.

The advantages and challenges of measuring law and policy reform

Law and policy reform is a long-term and collective endeavour where change may take significant time, and results may not be definitively attributable to any one factor or individual. Although we have included priority project impact as a measure of the ILTP's success because these projects can be clearly linked to the course requirements, the full impact—or success—of ILTP cannot be simply measured by the number of laws or policies adopted or defended.

Priority projects focusing on the adoption of NCD laws and policies continues in at least 13 countries. Well-known obstacles to law and policy reform including political will, competing priorities, strong and well-resourced industry opposition, natural disasters and competing job priorities all impact completion of priority projects and are largely beyond the control of individual participants. Law reform captured in priority projects may also have been part of existing government priorities or may have been supported by multiple international partners.

The full impact of the ILTP extends beyond priority projects, with the clearest example being technical support for alumni beyond their nominated priority project. For example, the McCabe Centre has assisted with legal challenges to tobacco control measures in the Philippines and Brazil, neither of which is captured in Table 5. Many other effects were not captured here. These include alumni being better equipped to lead internationally (for example, in negotiations or by pushing for strong outcomes at the WHO FCTC Conference of the Parties); the onward impact of participants relaying their knowledge to colleagues, developing supportive networks, and the

receipt by alumni of professional accolades (such as appointments to key positions or World No Tobacco Day Awards).

Study limitations

While this initial evaluation of the ILTP provides significant insight into participants' experience of the ILTP—including acquired knowledge and confidence—the relative benefits and weakness of the mode of delivery, and its impact more broadly, the picture is necessarily incomplete. A limitation of this study was caused by the need to reconstruct historically collected data not initially meant for evaluation. Inconsistencies in the surveys—especially in the open-ended questions from which much of the qualitative data were acquired—limited the utility of these data to assessing overall impact of the course, rather than offering detailed insight into participant experience. This was unfortunate; however, our current project is attempting to build a fuller qualitative picture of that experience through new interviews with participants and stakeholders.

Conclusions and future directions

From 2014 to 2023, the ILTP had 450 participants from 97 countries and territories, and meaningfully helped build capacity in the use of law for NCD prevention and control. Evaluation of the ILTP reveals the power and potential to affect change from building legal capacity in the prevention and control of NCDs. Despite the relatively modest size of the program, participants significantly increased their confidence/knowledge in key skills and contributed to significant new NCD laws and policies, the defence of legal challenges, and the recovery of health care costs. This evaluation makes a compelling case for investing in legal training programmes aimed at raising the capacity of lawyers in addressing NCDs using law and policy.

The transition of the course from F2F to online delivery also provides lessons in how to make an intensive, networking-focused course work in a digital medium. Finally, the counting of completed priority projects only captures part of the impact of the ILTP. A second study using qualitative interviews with alumni and stakeholders of the course is underway to provide a fuller

picture of the impact of the ILTP and ongoing needs in relation to legal capacity. It is clear at this point, however, that the development of a network of alumni with legal skills through the ILTP has helped countries use law to reduce the burden of NCDs around the world.

Author contributions:

The article was conceptualised by HJ, SZ, TK and CS. CS located and compiled records and led the drafting. RKD and MRD followed up with participants of the ILTP for updates on priority projects. RKD, MRD and SZ provided significant input into Table 5. CS provided additional desk research to confirm the status of Table 5 projects where possible. AM conducted the literature review and provided additional research support when needed. TK provided significant direction to authors with the scope and drafting of the article. HJ, SZ, TK and AM all contributed to the drafting and review of this commentary. All authors provided comments on the final draft.

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