

WHO-EM/TFI/125/E

Summary report on the

Annual intercountry meeting on the implementation of the WHO Framework Convention on Tobacco Control: what is next?

Cairo, Egypt
23–25 September 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Summary report on the

**Annual intercountry meeting on the
implementation of the WHO
Framework Convention on Tobacco
Control: what is next?**

Cairo, Egypt
23–25 September 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

© World Health Organization 2014
All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Knowledge Sharing and Production, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: emrgoksp@who.int). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: emrgogap@who.int.

Document WHO-EM/TFI/125/E

Contents

1.	Introduction.....	1
2.	Summary of proceedings	3
3.	Next steps.....	7

1. Introduction

The WHO Framework Convention on Tobacco Control (WHO FCTC) was adopted by consensus at the Fifty-sixth World Health Assembly in 2003, after five years of extensive negotiations. It officially entered into force on 27 February 2005. Since then, it has become one of the most widely accepted international treaties in history. Following its entry into force, the WHO FCTC has continued to be further developed, including a recently adopted protocol on illicit trade, as a comprehensive instrument for reducing the tobacco epidemic and curbing the death toll related to tobacco use. A set of technical and practical tools, the MPOWER package, was also made available to assist Member States during the past five years in implementing the demand-side measures of the WHO FCTC.

In 2011, global commitment to tobacco control was reinforced through the adoption of the United Nations Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. The Declaration recognized tobacco use as a major risk factor for noncommunicable disease and underlined the importance of Member States continuing to address such risk factors.

Ten years have passed since the adoption of the WHO FCTC. At present all but three Member States of the Eastern Mediterranean Region are Parties to the WHO FCTC, and many countries have initiated technical and legislative efforts to implement the treaty even before its entry into force. Although progress has been made in many areas of tobacco control in the Region, considerable challenges still exist. Gaps remain in the implementation of tobacco control legislation and certain related policies. Most importantly, there are still gaps in commitment to tobacco control.

To address this situation, the WHO Regional Office for the Eastern Mediterranean organized a regional meeting on the implementation of the WHO FCTC. The main aims of the meeting were to assess the situation at

regional level, identify gaps in implementation, agree on a way forward towards full implementation of the treaty, scale up political commitment for tobacco control in general and WHO FCTC implementation in particular and, finally, to prepare the Parties from the Region for participation in the upcoming Sixth session of the Conference of the Parties to the WHO FCTC (COP), due to be held October 2014.

The meeting was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who welcomed the newly appointed Head of the WHO FCTC secretariat (CSF) Dr Vera da Costa e Silva. The Regional Director highlighted the importance of scaling up the implementation of the WHO FCTC in light of the international developments and the rising needs at regional level, which was clearly seen in the emerging of new products and the wide spread of new tobacco use trends. He called for more coordinated efforts at both national and regional level and encouraged Parties to look critically into their tobacco control measures, with the aim of reaching maximum level in each policy. He concluded by expressing hope for moving forward the process of protocol ratification/accession and acceptance at national level, noting that the Region had 7 signatories to the protocol and no Parties yet.

Dr Vera da Costa e Silva, Head of the WHO FCTC secretariat (CSF), assured countries of the support of CSF for their implementation of activities under the WHO FCTC and for tobacco control at country and regional level. She reiterated the importance of moving forward with the protocol ratification/accession and acceptance to make sure that it enters into force as soon as possible.

Dr Samer Jabbour Director of Noncommunicable Diseases and Mental Health, outlined the aims of the meeting and highlighted recent developments in noncommunicable diseases prevention and control at both international and regional levels. He concluded by assuring Parties of the Regional Office's full support for national tobacco control activities

within the context of the WHO FCTC and noncommunicable disease targets.

Following the opening session the meeting was divided into two parts. The first part focused on the COP documents and preparation for the COP meeting; the second part focused on WHO FCTC implementation at regional and national level and examined the status and experience in Member States and selected best practices around the world.

The meeting took place over 3 days with multisectoral participation by some countries and with a total of 13 Parties present in the meeting.

2. Summary of proceedings

COP6 session

The session started with a presentation from the head of WHO FCTC secretariat Dr Vera da Costa e Silva on the upcoming COP session, the timetable, items to be discussed and different technical and procedural issues. Following this, a number of other topics were discussed to determine the negotiation positions for regional Parties in the COP6 session.

- Guidelines on Article 6: report of the open-ended inter-sessional drafting group
- Implementation of Article 19 of the Convention “Liability”
- Prevention and control of electronic nicotine delivery systems, including electronic cigarettes
- Control and prevention of waterpipe tobacco smoking
- Economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)

- Further development of the partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC: “Regulation of the contents of tobacco products” and “Regulation of tobacco product disclosures”
- Implementation of Article 5.3 of the WHO FCTC: evolving issues related to the interference of the tobacco industry.

The final part of the session was a closed session for regional Parties to the Convention. During this session Egypt was selected as the regional coordinator for the coming COP6 session, and Oman was selected as the regional bureau member representing the Eastern Mediterranean Region in the coming two years, starting with the closure of COP6.

Implementation of the WHO FCTC

Current status of FCTC implementation

Ten years after adoption of the WHO FCTC, tobacco control has improved in countries of the Region in terms of the adoption of recommended policies. Many countries have initiated technical and legislative efforts to implement the treaty even before its entry into force. Although progress has been made in many areas of tobacco control, considerable challenges still exist. Gaps continue to exist in the development and implementation of tobacco control legislation. Most importantly, there are still gaps in commitment to tobacco control.

While encouraging progress can be seen in terms of adoption of tobacco control policies in the Region, implementation is still in need of further strengthening. Prevalence data across the Region show an alarming picture: in some countries, prevalence rates are higher than 50% among adults and over 40% among youth. These data reflect both the magnitude of the challenges facing tobacco control in the Region.

Nearly ten years have passed since the WHO FCTC entered into force; and with the newly adopted voluntary targets for prevention and control of noncommunicable diseases, especially the target aimed at reducing tobacco prevalence 30% by 2025, it is important that Parties of the Region address the situation of tobacco control in the Region and work together to advance it towards better success and real reduction in the prevalence of tobacco use.

Scaling up interventions

On the topic of increasing political commitment, participants discussed the experiences of different countries in advancing tobacco control due to extraordinary leadership and high political commitment. The presentations included South Africa's tobacco control experience, policies implemented and their impact with specific focus on the taxation policies and related changes, and the experience of Mauritius in achieving the maximum measures in four out of the six selected demand side measures (MPOWER). Participants were briefed on the unique experience of Australia in implementing plain packaging; the presentation covered the legal challenges at both national and global level, the implementation process and finally the evidence around the impact of plain packaging. A presentation on the Turkish experience in achieving the highest level in six of the demand measures highlighted the process: the partners involved, the different phases and the way of monitoring the outcomes of the policies implemented. Finally, in order to support Parties in maximizing the benefits of the already existing tools and instruments available to support implementation the WHO FCTC, secretariat presented on these instruments and how Parties can benefit from their existence.

Implementation of time-bound provisions of the Convention

Under this topic three areas were covered: Article 13, Article 11 and Article 8. In the area of protection from exposure to second-hand smoke, participants were briefed on the guidelines of Article 8 including their requirements and indicators, and the experience of France and other European countries in this regard. The meeting discussed the experience of Lebanon in implementing and enforcing total ban on advertising promotion and sponsorship, including the legislative process and obstacles faced during the process, the different activities conducted at country level to adopt the legislation and the challenges faced in the implementation phase. The GCC experience in packaging and labelling of tobacco products was also presented, including the process of adopting 50% pictorial health warnings on all tobacco products, the different phases in each of the GCC Member States and the different future possibilities.

Discussions focused on the common challenges and impediments at national level that hinder the full implementation of the WHO FCTC.

Implementation of supply side measures

Three issues were discussed under this item: the status of the WHO FCTC protocol; the regional situation with regard to Article 16 on sales to and by minors; and economically viable alternative activities.

Article 5 obligations

Under this topic, all the obligations under Article 5 were discussed in detail, including the need for a multisectoral approach, full-time focal points and good infrastructure, and obligations under 5.3 Guidelines on the interference of the tobacco industry in tobacco control policies. Due to the documented industry interference in tobacco control policies, there

was a consensus on the need to develop at national level national guidelines to reflect parties' commitments under 5.3.

At the outset of group work, it was agreed that in light of the challenges and the problems facing countries in implementing all measures at once, a one year target would be identified under the ONE BY ONE initiative, where each party will select one policy to work on. The group work focused on the following tasks: analysing the situation at country level; identifying the policy/measure that the Parties will focus on in the coming year with the aim of achieving the maximum level in it; and identifying partners and exact steps.

The recommendations of the working groups are reflected under the recommendation section of this report.

3. Next steps

The participants agreed on the need for a stronger regional voice and actions in tobacco control globally. Countries should urgently scale up commitment to the implementation of the WHO FCTC. There is need to capitalize on regional solidarity to go forward with a complementary approach and avoid scattered actions. Aligning all tobacco control agendas together will help to maximize the impact.

Participants focused on need for active participation in the coming session of COP6. They also highlighted the need to guard against tobacco industry participation in COP6. Participants agreed to coordinate at national level to this effect and to encourage multisectoral participation in COP6.

It was noted that delays in VAC payments were hindering the implementation of the treaty and preventing the WHO FCTC secretariat from fulfilling commitments under the 2013–2014 workplan.

The meeting made suggestions for the way forward with regard to the COP6 session and country-specific actions to scale up implementation of the WHO FCTC. They also recommended several actions to be taken by the WHO FCTC secretariat and Tobacco-free Initiative.

Actions for the COP6 session

Topic/documents	Regional positions	Notes
FCTC/COP/6/7 Draft guidelines for implementation of Article 6 of the WHO Framework Convention on Tobacco Control Report of the open-ended intersessional drafting group	The Region strongly supports the draft guidelines as is. The Parties of the meeting feel that no reopening of any parts should be allowed. Based on the outcome of COP6, it is important to look into multisectoral approach to its implementation. Countries agreed to protect the process of adopting GL6 from the vested interests of the tobacco industry	The principles were already approved by COP5. There has been 4 years of work on them. There is no need to reopen an already approved text. The tobacco industry is very active in trying to undermine the adoption of guidelines Article 6, Parties are well aware of the tobacco industry activities in this regard.
FCTC/COP/6/8 Implementation of Article 19 of the Convention: “Liability”	Regional Parties strongly support the continuation of this expert group and turning it if possible into a working group. Parties will request considering waterpipe and e-cig manufacturers to be covered under this process.	
FCTC/COP/6/10 Electronic nicotine delivery systems	Regional Parties agreed to: Keep the e-cigarette	

	<p>banned in countries where it is already banned.</p> <p>Leave countries free to regulate it the way they feel more appropriate to their national context and setting, whether as a tobacco product or medicine.</p> <p>Support the recommendations of the WHO report that was submitted to COP; especially in line with the principles stated in the report.</p>	
<p>FCTC/COP/6/11 Control and prevention of waterpipe tobacco products</p>	<p>The Parties present in the meeting considered options:</p> <p>Establish a new working group</p> <p>Or</p> <p>Request COP to extend the mandate of working group 9–10 to cover waterpipes and come up with guidelines of its regulations based on the WHO FCTC</p> <p>Or</p> <p>Request WHO to develop a document on policy option for consideration of next COP.</p> <p>This last option was preferred for the time</p>	<p>Parties considered two options: the establishment of a new working group, or the extension of one of the relevant working groups.</p> <p>In principle, although Parties recognized that waterpipe tobacco is a tobacco product that should be treated like any other tobacco products under the different FCTC articles, national authorities, especially those not familiar with the WHO FCTC, need further assistance on how to implement the policy options.</p>

	<p>being. Regional Parties are requesting WHO FCTC secretariat to consider including waterpipe relevant aspects at different open WHO FCTC working groups. Parties are requesting the WHO FCTC to consider reporting on waterpipe in the WHO FCTC official report. Egypt is proposing a decision on this document; the decision will be shared with Parties as soon as possible.</p>
<p>FCTC/COP/6/12 Economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO Framework Convention on Tobacco Control)</p>	<p>Parties requested the WHO FCTC secretariat to document the successful models/best practices under Articles 17–18. Parties requested WHO to develop country fact sheets on tobacco planting and associated factors. Parties were not satisfied with the way principle 2 is drafted in the report of Article 17–18 and may request rewording in COP 6.</p>

FCTC/COP/6/13 Progress on further development of the partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC	Parties from the Region are in favour of continuing the work of this working group. Parties from the Region want to revisit any statement that would claim that certain emissions are not harmful. Parties from the Region are in favour of extending the mandate of the Working Group on 9 and 10 to include electronic nicotine delivery systems and smokeless and waterpipe tobacco.
FCTC/COP/6/19 Sustainable measures to strengthen implementation of the WHO FCTC	Parties support the adoption of the recommendations of the working group and support extending the mandate of the working group to develop an implementation assistance framework for the sustainable measures to strengthen the implementation of the WHO FCTC.
FCTC/COP/6/16 Implementation of Article 5.3 of the WHO FCTC: evolving issues related to	Parties from the Region do not have a solid position with regard to the establishment of the expert groups for 5.3.

interference by the tobacco industry	Parties would like to have a copy of the draft resolution from Thailand. In COP 6 the position of Parties of the Region will be decided. Parties are strongly opposing any reopening of the GL at this COP.
Membership of the Bureau and Committees A and B	Oman was selected as the new member of the coming COP Bureau. The Islamic Republic of Iran was selected as the chair/vice chair of committee A and B. Egypt was selected as the coordinator for the coming COP Bureau.

Scaling up the implementation of the WHO FCTC at national level

Country	Priority	
Afghanistan	<i>Article 11</i> Health warnings: the big gap is the lack of tobacco control law. Once approved by the president, MOH will be able to push forward the pictorial health warnings agenda.	
Bahrain	<i>Article 6</i>	Note: Actions already taken Joint committee (MOH, MOF and Customs) was formed in 2011, reached agreement
Kuwait	Increase taxation	
Oman	Health ministries to take the lead and start an effective dialogue with the other concerned ministers	
Saudi Arabia	Continue WHO advocacy on the effectiveness of raising the taxation within all governmental sectors Support the participation of a strong member from the Ministry of Health in the GCC meeting of finance related meetings in order to convince the concerned people and to lobby with the interested people	

Support the introduction of raising the taxation in the national laws
Conduct a mass media campaign on the topic

after several meetings, to introduce internal taxes on tobacco products. The GCC council sent an official letter to all MOF to start the steps needed to implement.

Djibouti

Article 6

Taxation increase

Analyse the situation through establishment of a group under the multisectoral committee as well as experts in the areas of taxation

Conduct a communication campaign with very specific targets, sensitize the public

Identify tobacco industry tactics and dismantle them

Mobilize resources

Follow up on the impact and monitoring the progress

Islamic

Article 6

Republic of

Reviews the taxation system.

Iran

Change the tax system based on the retail price unit.

Look at ways to address smuggling.

Use of SIMTAX module will help in generating positive actions from the different sectors.

Approve the draft law by the parliament.

Jordan

Article 11

Implement pictorial health warnings

Revisit the health warnings in mid 2015.

Engage all sectors.

Address the concerns of the Ministry of Trade.

Share the experience of other countries.

Lebanon	<p><i>Article 11</i></p> <p>Work on pictorial health warnings. In October 2014, the implementation of written health warnings started</p> <p>Request a technical mission expert advice and support</p> <p>Finalize a report on the situation and way forward.</p> <p>Mobilize the Ministry of Finance and the Ministry of Health to move forward in the direction of adopting pictorial health warnings.</p>
Sudan	<p><i>Article 14</i></p> <p>Treat tobacco dependence</p> <p>Recruit a consultant to evaluate and suggest way forward.</p> <p>Integrate cessation into primary health care:</p> <p>Quit line</p> <p>Training of staff</p> <p>Engaging health insurance to provide medications.</p>
Tunisia	<p><i>Article 6</i></p> <p>Increase taxation</p> <p>Establish a group under the multisectoral committee as well as experts in the areas of taxation for analysis and advice</p> <p>Conduct a communication campaign with very specific targets to sensitize the public.</p> <p>Identify tobacco industry tactics and dismantle them.</p> <p>Mobilize resources.</p> <p>Follow up on the impact and monitor the progress.</p>

Recommendations to WHO

1. Consider holding three subregional workshops on the ratification/accession of the WHO FCTC Protocol on Illicit Tobacco Trade.
2. Develop guidance and document best practices for Parties on the different new guidelines and policy decisions that will be adopted in COP6.
3. Provide support to Parties from the Region to attend COP 6 depending on availability of funds.

4. Support within existing possibilities the established nongovernmental organizations and civil society coalitions and networks in implementing the provisions of the WHO FCTC, guidelines and Protocol on Illicit Tobacco Trade.
5. Provide support to the projects and activities at country level under the ONE/ONE initiative according to fund availability and approved workplans.
6. Provide support to Parties to develop national guidelines in light of Article 5.3.



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int