

Summary report on the

Regional intercountry meeting on the implementation of pictorial graphic health warnings and plain packaging on tobacco products

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Cairo, Egypt
26–28 July 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The guidelines for implementation of Article 11 (packaging and labelling of tobacco products) of the WHO Framework Convention on Tobacco Control (FCTC) note that globally, many people are not fully aware of, misunderstand or underestimate the risks for morbidity and premature mortality due to tobacco use and exposure to tobacco smoke. Well-designed health warnings and messages on tobacco product packages have been shown to be a cost-effective means to increase public awareness of the health effects of tobacco use and to be effective in reducing tobacco consumption. Effective health warnings and messages and other tobacco product packaging and labelling measures are key components of a comprehensive, integrated approach to tobacco control. The guidelines specify that, given the evidence that the effectiveness of health warnings and messages increases with their size, Parties should consider using health warnings and messages that cover more than 50% of the principal display areas and aim to cover as much of the principal display areas as possible.

Well-documented evidence shows that graphic health warning labels on tobacco packaging and hard-hitting mass media campaigns reduce tobacco use. According to the WHO report on the global tobacco epidemic 2011, effective warning labels on tobacco packaging serve several purposes, including disrupting the marketing value of the packages. Because traditional avenues for marketing tobacco products have become increasingly restricted due to wider adoption of bans on tobacco advertising, promotion and sponsorship, the tobacco industry has become increasingly more reliant on cigarette packaging as a primary marketing vehicle. Warning labels reduce the marketing effect of tobacco product packaging, making it more difficult for tobacco companies to reinforce brand awareness.

The WHO report on the global tobacco epidemic 2011 describes how graphic health warnings: raise the awareness of many people who are unaware of the deadly impact of tobacco use; have greater impact on health and are more powerful than just text warnings; can promote quit line numbers to the public; have greater impact on youth and that youth respond to their messages; cost the government nothing as they are paid for by the tobacco industry, while the health impact reduces government spending on responding to tobacco use consequences; can be made stronger in many countries, either through larger graphics or through implementing plain packaging; and will be opposed by the tobacco industry, but that all their arguments can be easily countered.

The well-documented impact of graphic warnings on reducing tobacco prevalence has led some countries to move beyond classic graphic health warnings to implement plain packaging. This phenomenon began in Australia, but now more countries are joining in including France, Ireland, New Zealand and the United Kingdom. Moreover, other countries have moved towards implementing larger warnings that cover more than 50% of the principal display area. The tobacco industry is fighting graphic health warnings by all possible means and taking aggressive actions against governments to delay or stop the implementation of larger warnings and plain packaging.

In WHO Eastern Mediterranean and African regions, many countries face challenges as they move to enlarge their graphic health warnings on tobacco packs. One of the main challenges in moving forward with implementing larger graphic health warnings are the efforts of the tobacco industry to defeat, delay and/or compromise such proposals. Implementation of FCTC Article 11 guidelines on labelling and packaging cannot be separated from the implementation of Article 5.3 guidelines on tobacco industry influence on public health policies, and it is clear that more must be done to address this issue.

Against this background, a regional intercountry meeting was held in Cairo, Egypt, on 26–28 July 2016 to bring together experts with experience in this area from different countries in both regions to discuss the way forward and how support can be provided to those countries seeking to protect their populations with large graphic health warnings. The meeting also sought to explore how to empower governments to face pressure from the tobacco industry, taking a whole-government approach, in order to increase the effectiveness of implementing large graphic health warnings.

The meeting brought together, for the first time, colleagues from ministries of health and from the specification committees that are usually a national partner in implementing graphic health warnings. This presented a unique opportunity to discuss the of status graphic health warnings at a national level and best way forward.

The objectives of the meeting were to:

- present a situation analysis on the implementation of graphic health warnings in different countries of the WHO African and Eastern Mediterranean regions and identify challenges;
- present best practices and country experience in implementing graphic health warnings, regionally and globally;
- discuss the role of the tobacco industry and how comprehensive implementation of Article 5.3 guidelines of the WHO FCTC can support countering tobacco industry activities;
- agree on a way forward towards stronger graphic health warnings, including plain packaging, in the WHO African and Eastern Mediterranean regions, and ascertain roles and responsibilities of different partners at national and regional level.

In his opening remarks, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, welcomed the joint meeting between WHO Regional Office for Africa and WHO Regional Office for the Eastern Mediterranean and highlighted the importance of the topic and concerns about tobacco trends. The Regional Director noted the role of specification committees in implementing and monitoring graphic health warnings, and in other areas of noncommunicable diseases, declaring that WHO would like to establish an effective partnership with them in all relevant areas. He said that tobacco control was part of the United Nations Sustainable Development Goals and therefore a high priority for WHO, which would continue to monitor each country, publishing reports every six months, to assess progress towards implementation of the WHO FCTC, including Article 11 on graphic health warnings. Dr Alwan thanked the WHO FCTC Secretariat for supporting the meeting, which built on the message of World No Tobacco Day 2016.

2. Summary of proceedings

Effectiveness, legal obligations and regional status

The first session was chaired by Andrew Black. Presentations were given by Rob Cunningham, Rodrigo Santos Feijo, Andrew Black, Ben McGrady, David Levy, Ahmed E. Ogwel Ouma, Fatimah El-Awa, Bharathi Viswanathan, Shahzad Alam Khan, Toker Ergüder, Stella Bialous and Luminita Hayes. These addressed: the effectiveness of graphic health warnings in controlling tobacco; best practices in graphic health warnings and the experience with plain packaging in Australia and United Kingdom of Great Britain and Northern Ireland; the guidelines requested by the WHO FCTC for the implementation of Article 11 of the Convention; and the evidence for the effectiveness of graphic health warnings and plain packaging from the SimSmoke model. A discussion was held on the regional status of graphic health warnings in the WHO African and Eastern Mediterranean regions, and

country-specific experiences with the comprehensive approach to tobacco control were presented.

Evidence for the effectiveness of graphic health warnings was presented, noting that numerous studies indicate that they are an effective measure for tobacco control. They undermine the glamour of the tobacco pack, which is a means of advertising for the tobacco industry. Graphic health warnings reach every tobacco consumer, while also targeting people around the consumer. They are important in spreading health warnings to those that cannot read. Many examples exist in countries of legislation for graphic health warnings being passed despite the resistance of the tobacco industry. It is important that the tobacco industry pays for graphic health warnings to ensure that the measure is affordable.

A presentation on WHO FCTC implementation at country level and what is expected from each party to the Convention was given. The presentation included discussions on the comprehensive approach to tobacco control outlined in the Convention, the specifications for graphic health warnings as outlined by Article 11 of the Convention, previous victories in implementing graphic health warnings, a restatement of the effectiveness of graphic health warnings and the way forward in terms of legislation, enforcement and liability. The current status of plain packaging policies globally and the implementation rates of Article 11 were outlined.

Global best practices in the implementation of graphic health warnings and comprehensive approaches to tobacco control were discussed with examples from Australia and the United Kingdom. The Australian experience with regard to tobacco advertising, promotion and sponsorship bans, tobacco-free public places and pictorial health warnings was detailed. The role of different sectors at national level in

pushing forward the tobacco control agenda was highlighted, along with the achievement of Australia and the United Kingdom in reducing prevalence and not submitting to tobacco industry claims and threats. Evidence that indicated that each tobacco control policy will work once implemented was also presented. It was highlighted that tobacco control works when using a comprehensive rather than a selective approach.

The SimSmoke model was explained including its implementation, the elements used, the results reported from different countries, its limitations, how it can benefit the planning and development of tobacco control programmes at a national level, and the way forward. The model showed the effectiveness of graphic health warning implementation at its highest level in different Eastern Mediterranean Region countries, including its impact on the reduction in smoking prevalence and in smoking-attributable mortality.

There were discussions on the status of tobacco control legislation at country level in the WHO African and Eastern Mediterranean regions, experience in implementing key tobacco control WHO FCTC measures and key achievements at country level. The challenges, needs and suggested way forward were highlighted. It was noted that the WHO African and Eastern Mediterranean regions were the only two regions likely to expect an increase in tobacco prevalence in 2025, and that joint effort was needed in this area.

However, it was also emphasized that once there is a comprehensive approach to tobacco control, there will be successful outcomes, and even in prosperous regions and countries implementing tobacco control measures, more needs to be done: tobacco control must be a continuous process in order to meet changeable and emerging challenges.

Lastly, the challenges facing the implementation of graphic health warnings and the experiences of Pakistan, Turkey and Seychelles of implementing graphic health warning were described. In all cases there was resistance by the tobacco industry to new policies and a gap between implementation and enforcement. Country-specific accomplishments in the implementation of Article 11 and next steps were outlined.

The session concluded with training on the methods of the tobacco industry in resisting graphic health warnings. The training addressed the exact details to go on packs, “pack tricks” by the tobacco industry, language to avoid in legislation, partners who can provide support, and taking a phased approach versus immediate implementation.

Challenges in implementing graphic health warning and countering the tobacco industry: practical and doable solutions

The second session, chaired by Stella Bialous, included presentations by Ben McGrady, Stella Bialous, Ashraf Ahmad and Jawad Al-Lawati, and a training exercise conducted by Stella Bialous and Luminita Hayes. The presentations addressed: common challenges in implementing graphic health warning and plain packaging; tobacco industry tactics to undermine graphic health warnings; new copyright-free graphic health warnings; and the involvement of regional and subregional organizations in supporting the implementation of graphic health warnings, with the example of the Gulf Cooperation Council (GCC).

Similar challenges face countries trying to implement the guidelines for Article 11 of the WHO FCTC, particularly in terms of tobacco industry resistance to implementation on legal grounds. An outline was given of the usual challenges, both in domestic and international courts, or on the grounds of a lack of evidence or a lack of due process, followed by examples of successes in repealing these challenges. It was emphasized

that there is hope for countries and WHO committees to resist the challenges of the tobacco industry. The presentation concluded with a summary of the merits of plain packaging when augmenting or supporting other measures as part of a comprehensive approach.

A set of tobacco industry tactics to undermine graphic health warnings were outlined that focus on challenges to the effectiveness of graphic health warnings or to the evidence provided for them. It was noted that the presentations and academic studies on the effectiveness of graphic health warnings and plain packaging provided at the meeting could be used to counter the claims of the tobacco industry that have been countered successfully on several occasions.

A joint WHO FCTC Secretariat/WHO Regional Office for the Eastern Mediterranean project has developed 30 copyright-free graphic health warnings for country use. These have been field tested in Egypt, Islamic Republic of Iran, Qatar and Sudan. The images will be available online and accessible by all countries. This is expected to facilitate and expedite the approval processes in each country for use of new graphic health warnings.

Using the GCC as a case study, the role of regional and subregional organizations in supporting the implementation of the guidelines of the WHO FCTC was explored. After a brief overview of the progress made in tobacco control since the 1970s, a description of the structure of the GCC and its relevant subcommittees was presented. The obstacles and benefits of dealing with regional and subregional organizations were also outlined. The GCC has been able to make significant progress in all of its Member States at a close to standard rate, in part due to the close collaboration between the GCC, its Member States and WHO.

Working groups were held to look at the activation of regional and subregional organizations in moving forward the implementation of graphic health warnings. The Africa Region working group focused on: evaluating compliance with current health warnings; developing new warnings for plain packaging; and establishing legislation where it is lacking for the implementation of graphic health warnings and plain packaging. The Eastern Mediterranean Region working group focused on: advocacy for plain packaging and graphic health warnings; WHO support in moving towards graphic health warnings and plain packaging; undertaking a health and economic analysis of tobacco in the Region; and establishing a databank for health warnings. The outcomes of the groupwork emphasized the need for an immediate comprehensive approach to tobacco control at the level of all regional and subregional organizations.

Countries' next steps

The third session, chaired by Dorcas Kiptui, included groupwork on the next steps at country level and the support needed from regional organizations, in particular WHO. In groups, participants discussed and decided on the next steps at country level, the partners they can work with in legislating, implementing and enforcing graphic health warnings and plain packaging at a national level and the extent of support needed in this from WHO and the WHO FCTC Secretariat.

The implementation of graphic health warnings varies from one WHO region to another: five countries in the African Region; 19 countries in the Region of the Americas; 23 countries in the European Region; 12 countries in the Eastern Mediterranean Region; five countries in the South-East Asia Region; and 14 countries in the Western Pacific Region.

Countries in WHO African Region are at different stages of implementing Article 11 of the WHO FCTC and its guidelines. Countries implementing graphic health warnings in the Region (as of July 2016) include Chad, Namibia, Madagascar, Mauritius and Seychelles. Countries that have adopted regulations and are due to implement graphic health warnings in the Region include Burkina Faso, Gabon and Kenya. Delays in implementation of existing laws (Burkina Faso, Gabon and Kenya), delays in completing the adoption of relevant regulations (Congo, Ghana and Senegal), and delays in completing the drafting of regulations (Uganda) are due to stiff resistance and interference in policy-making by the tobacco industry. The tobacco industry and their allies are applying pressure on governments not to adopt strong graphic health warnings and to prefer text-only warnings of small size. These are ineffective.

The WHO Eastern Mediterranean Region has 12 countries implementing graphic health warnings. The last major changes in the Region were in 2012, when six GCC countries adopted graphic health warnings at 50% of the package front and back, and in 2014, when Yemen adopted graphic health warnings with the same GCC specification. Important other recent changes include Afghanistan adopting legislation for implementing graphic health warnings at 50%, Iraq adopting legislation for implementing graphic health warnings at 40%, Palestine proposing a new by-law that includes the implementation of graphic health warnings at 20%, and Sudan adopting one of the few examples globally of subregional legislation on implementing graphic health warnings in Khartoum State at 30% (implementation started in 2016). The tobacco industry is lobbying hard to stop any developments in the area of graphic health warnings in the Region.

The set of copyright-free graphic health warnings developed by the WHO FCTC Secretariat and WHO Regional Office for the Eastern

Mediterranean are going to be shared with all countries, posted online and can be used as soon as possible. This will help countries to change their graphic health warnings, as the official process of requesting them from other countries can take up to one year.

Plain packaging as standardized packaging is being implemented currently in Australia, France, Ireland and United Kingdom. It is in progress in countries such as Belgium, Canada, Finland, Hungary, New Zealand, Norway, Singapore, Slovenia, Sweden and Uruguay. Standardized packaging is not yet being implemented in the African Region, but several countries are considering this measure with a view to implementing it in the near future. In the Eastern Mediterranean Region, Islamic Republic of Iran is the only country that has taken significant steps to adopt it. Countries from the African and Eastern Mediterranean regions have requested a knowledge-sharing session on evidence related to its implementation, to be organized by WHO and the WHO FCTC Secretariat. It was strongly advised by all experts that only countries implementing graphic health warnings have the ability to take the further step of implementing plain packaging. So far all legal challenges against countries by the tobacco industry have failed.

3. The way forward

Member States

- Countries without graphic health warnings should consider changing their policies to implement graphic health warnings covering 50% or more of the principal surfaces of the pack.
- Countries implementing graphic health warnings should review their policies in order to achieve the highest level of the policy, including standardized packaging.

- All countries should fully implement Article 5.3 and domesticate commitments with regards to Article 11 and all other aspects of the WHO FCTC.
- Each country shall, within two weeks (by 12 August 2016), identify the steps required at national level for implementing graphic health warning policies or for reviewing and improving existing graphic health warnings, based on the agreed steps, and share them with WHO Regional Office for Africa and WHO Regional Office for the Eastern Mediterranean.
- In collaboration with WHO country offices, countries should request WHO and WHO FCTC Secretariat technical support for the development and implementation of graphic health warnings.
- Based on the country-specific recommendations, steps should be taken to fully implement the agreed activities.

African Union (in collaboration with WHO Regional Office for Africa)

- WHO Regional Office for Africa should communicate the outcomes of the meeting to the African Union Commission with a view to developing specific joint activities to promote graphic health warnings.

Gulf Cooperation Council (GCC)

- WHO Regional Office for the Eastern Mediterranean should bring to the attention of the GCC the recommendations of the meeting.
- Member States should require taking the needed steps to advance graphic health warnings with the relevant unit in the GCC.

League of Arab States (in collaboration with WHO Regional Office for the Eastern Mediterranean)

- Integrate tobacco control agenda item in the ongoing programme and activities.
- Identify a topic for each ministerial meeting related to tobacco control to increase awareness and update decision-makers on international and regional developments.
- Provide political support for countries in the implementation of the highest level of tobacco control policies, and in particular for the demand reduction measures of WHO FCTC/MPOWER policies.
- Develop model legislation through the technical committee for tobacco control to guide Member States on how to bridge existing legislative gaps.

WHO

- WHO FCTC Secretariat and WHO Tobacco Free Initiative should organize an experience-sharing session on large graphic health warnings and standardized packaging to share the experience of countries already implementing them, possibly during COP7. Senegal and United Arab Emirates should take the lead in approaching the WHO FCTC Secretariat and WHO.
- WHO Regional Office for Africa should coordinate focused sessions on graphic health warnings and standardized packaging in the forthcoming World Conference on Tobacco or Health to be held in South Africa in 2017.
- WHO Regional Office for the Eastern Mediterranean should release, as soon as possible, the library of graphic health warnings for all countries to use.

- WHO regional offices for Africa and the Eastern Mediterranean should engage with regional and subregional economic blocks on the issue of graphic health warnings and standardized packaging. These include but are not limited to: African Small Island Developing States (SIDS), Central African Economic and Monetary Community (CEMAC), East African Community (EAC), Economic Community of West African States (ECOWAS), Organization of Islamic Cooperation (OIC), Southern African Development Community (SADC) and West African Economic and Monetary Union (WAEMU).
- WHO regional offices for Africa and the Eastern Mediterranean should prepare evidence on the effectiveness of large (above 50% of the principal display area) graphic health warnings in the form of a factsheet or information package, including on tobacco industry interference in the implementation of Article 11 of the WHO FCTC.
- WHO regional offices for Africa and the Eastern Mediterranean should support countries in documenting tobacco industry litigation-related activities at country level and in adapting the Article 5.3 guidelines.
- WHO regional offices for Africa and the Eastern Mediterranean should provide technical support to countries wanting to advance graphic health warning policies, including standardized packaging, upon request.
- WHO regional offices for Africa and the Eastern Mediterranean should keep countries updated on international best practices and developments through communicating the information to high-level decision-makers, tobacco control focal points and WHO country offices.
- WHO regional offices for Africa and the Eastern Mediterranean should support countries to raise public awareness on the

importance of the implementation of Article 11 and its guidelines, including graphic health warnings and standardized packaging.

- WHO regional offices for Africa and the Eastern Mediterranean should document and disseminate country experiences in the implementation of Article 11 in collaboration with ministries of health.



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