

Summary report on the

WHO-EM/TFI/167/E

Annual regional meeting on implementation of the WHO Framework Convention on Tobacco Control

Tunis, Tunisia
6–7 December 2017



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Document WHO-EM/TFI/167/E

Contents

1.	Introduction.....	1
2.	Summary of discussions.....	3
3.	Recommendations.....	13

1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean organized the 2017 annual regional meeting on the implementation of the WHO Framework Convention on Tobacco Control on 6 and 7 December in Tunis, Tunisia.

The meeting was attended by representatives of 15 countries of the Region: 12 Parties to the Framework Convention and 3 non-Parties. The participants included representatives from ministries of health and agriculture and the faculties of national universities. In addition, there were representatives from the Framework Convention Alliance for Tobacco Control, the League of Arab States, WHO headquarters, WHO Regional Office for the Eastern Mediterranean, the Framework Convention Secretariat, six WHO country offices, WHO temporary advisers from India, the Tanzania Tobacco Control Forum, and the Southeast Asia Tobacco Control Alliance. The meeting was chaired by two representatives of the Ministry of Health of Tunisia, Dr Rafla Dallagi and Dr Faycal Samaali, on a rotating basis.

The core area of this year's meeting was the implementation of Framework Convention Articles 17 and 18 on tobacco growing, namely support for economically viable alternative activities and the protection of the environment and the health of persons involved in tobacco cultivation. The meeting's specific objectives were to:

- discuss the status of WHO FCTC implementation at national level and global best practices related to selected topics;
- enhance countries' understanding of the current WHO FCTC guidelines and strengthen their implementation at national level;
- present key seventh session of the Conference of the Parties (COP7) decisions related to technical topics such as the waterpipe, electronic cigarettes and tobacco growing;

- debate the different technical needs, gaps and way forward for the implementation of COP7 decisions; and
- discuss the status of the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products and look into possible ways of activating the ratification process at national level.

The WHO Representative to Tunisia, Dr Yves Souteyrand, delivered opening remarks on behalf of Dr Jaouad Mahjour, acting Regional Director for the Eastern Mediterranean. He emphasized the alarming picture presented by the WHO report on the global tobacco epidemic 2017, noting that the Region had the second-highest average smoking prevalence among men and was one of only two WHO regions that did not see a decline in smoking prevalence between 2000 and 2012. He called for countries to implement the WHO FCTC through a holistic approach, fully mindful of tobacco industry interference.

Dr Rafla Dallagi from the Ministry of Health of Tunisia welcomed participants to Tunis. Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean, noted that tobacco control was an essential part of the regional Framework for Action to Implement the United Nations Political Declaration on Noncommunicable Diseases, and that the global target to reduce noncommunicable diseases by 25% by 2025 was closely bound to the global target to reduce tobacco use by 30% by 2025. He outlined the expected outcomes of the meeting as follows:

- a better understanding of the COP7 decisions and commitments;
- identification of clear actions, roles and responsibilities at country level; and
- finalization of a regional position on tobacco growing in the Region.

Dr Nicolás Guerrero Peniche, Senior Legal Officer for the Framework Convention Secretariat, noted that the Framework Convention Protocol

to Eliminate Illicit Trade in Tobacco Products would likely enter into force in 2018, and that this would represent a watershed moment for tobacco control. The challenge for Parties to the Protocol would be to ensure effective implementation, while the challenge for non-Parties would be to continue the domestic process to ratify the Protocol.

An introductory video from the WHO Tobacco Free Initiative informed participants that 21% of adults in the Region smoke tobacco. The video also highlighted the fact that tools to curb the tobacco epidemic already exist: the WHO FCTC and the MPOWER package of demand-reduction policies. WHO estimates that the comprehensive implementation of the WHO FCTC and MPOWER in the Region would lead to a reduction in tobacco use, ranging from 20% to 40% in 5 years. Such a reduction is essential to ensure the achievement of Target 3.a of the United Nations (UN) Sustainable Development Goals: “Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate”.

2. Summary of discussions

An overview of tobacco control in the Region emphasized that the WHO FCTC articles which aim to reduce the supply of tobacco (Articles 15–18) must be complemented by those which address tobacco-demand reduction (Articles 6, 8, and 11–14 – broadly speaking, the MPOWER package). However, currently, many countries of the Region only reach the middle level of achievement for MPOWER policies, take a selective approach to the policies they adopt and struggle to maintain the highest level of achievement. These three weaknesses lead to minimal impact on prevalence.

The discussion stressed that instead, the following MPOWER best practices must be adopted for each policy:

Monitor – surveys should be conducted at least once every 5 years and be nationally representative;

Protect – 100% smoke-free indoor public places including e-cigarettes; no designated smoking rooms; strong enforcement;

Offer help to quit – integrate cessation services into primary health care; provide nicotine replacement therapy for free; insert a quit-line on tobacco packages; train health professionals;

Warn – apply graphic health warnings on all tobacco products, including water-pipes, and implement a plain packaging policy;

Enforce a direct and indirect tobacco advertising, promotion and sponsorship ban – ban tobacco industry corporate social responsibility tactics; ban tobacco use in entertainment media; ban point-of-sale advertisements;

Raise tobacco taxes – implement frequent increases to account for inflation, and implement a simplified tax system; taxes should comprise at least 75% of tobacco retail price.

It was also stressed that in order to succeed in tobacco control, countries of the Region must aim to implement all WHO FCTC policies at the highest level of achievement, tackle the tobacco epidemic in all its different forms and prevent tobacco industry interference. In particular, participants were informed of the newly established Foundation for a Smoke-Free World, which is funded by Philip Morris International.

Discussions then focused on COP7 decisions 5–13, 25, 26, and 29 which: created two new intersessional groups on tobacco advertising, promotion and sponsorship and WHO FCTC implementation (Decisions 5 and 13); intensified focus on the Protocol to Eliminate Illicit Trade in Tobacco Products (Decision 6); noted the impact assessment of WHO FCTC (Decision 7); urged Parties to remain vigilant for tobacco industry efforts to undermine the implementation of the WHO FCTC (Decision 8); invited Parties to consider prohibition or regulation of electronic nicotine delivery systems and electronic non-nicotine delivery systems (Decision 9); provided advice concerning economically sustainable alternatives to tobacco growing (Decision 10); offered guidance on WHO FCTC Article 19 on Liability (Decision 11); addressed gender-specific risks in developing tobacco control strategies (Decision 12); adopted partial guidelines for WHO FCTC Articles 9 and 10 (Decision 14); explored the Framework Convention Secretariat’s fundraising efforts and collaborative work (Decision 25); strengthened the Framework Convention Secretariat’s relationship with UN mechanisms working on business and human rights (Decision 26) and called for increased efforts to prevent tobacco industry interference, urged the achievement of Sustainable Development Goal Target 3.a, and invited innovative forms of cooperation, including South-South cooperation (The Delhi Declaration – Decision 29). It was also emphasized that the decisions of the COP7 are decisions to which most participants of the regional annual meeting, as Parties to the WHO FCTC, have agreed upon.

The *WHO report on the global tobacco epidemic 2017* shows that good progress was made in the Region between 2007 and 2012, as the number of countries with at least 1 MPOWER measure at the highest level of achievement increased from five to 13. Discussions highlighted that progress slowed between 2012 and 2016, with the number of countries with at least 1 MPOWER measure at the highest

level of achievement only rising to 14. Attention was drawn to the fact that while the main areas of regional progress were the organization of anti-tobacco mass media campaigns and tobacco advertising, promotion and sponsorship bans, the Region is the only WHO region where it is estimated that tobacco smoking prevalence will increase between 2000 and 2025. As such, without urgent action, the noncommunicable disease target of a 30% relative reduction in tobacco use by 2025 will not be achieved.

The experiences of the Islamic Republic of Iran, Kuwait, Saudi Arabia and Tunisia in implementing the WHO FCTC were then discussed. Tobacco control in Islamic Republic of Iran is led by the National Tobacco Control Headquarters, a multisectoral coordination mechanism. Cessation programmes have been fully integrated into primary health care, and 7.1 million health messengers have been trained to warn about the dangers of tobacco use. Like many countries of the Region, the Islamic Republic of Iran has witnessed a decrease in daily cigarette smoking but a marked increase in daily water-pipe use. Parliament approved the Protocol to Eliminate Illicit Trade in Tobacco Products in 2015, but it has not yet been formally ratified.

Kuwait's legislation bans smoking in seven of the eight smoke-free places defined by MPOWER, and Kuwait has designed an even more comprehensive list of 11 such places. Seven clinics offer free tobacco cessation services. Kuwait signed the Protocol in 2013 and is currently working on its ratification.

In Saudi Arabia, a fourth Global Youth Tobacco Survey is ongoing, while a Global Adult Tobacco Survey is almost complete. Around 20 mobile clinics offer tobacco cessation services, and Saudi Arabia has recently implemented a 100% increase in excise tax on tobacco products.

In Tunisia, the Ministry of Health and Ministry of Interior are responsible for the national tobacco control programme, which has identified as key measures the raising of awareness about the dangers of tobacco, the strengthening and effective implementation of smoke-free legislation, and regular monitoring of the epidemic. Current challenges include a lack of multisectoral cooperation and doubts concerning the Tunisian parliament's approval of the Protocol.

Discussions moved to the issue of key negative impacts of tobacco growing, and a number of these were noted: the social disruption and poverty which stems from tobacco growing due to unfair contractual arrangements between tobacco farmers and the tobacco industry and child labour; environmental risks (deforestation, soil degradation and contamination of water supplies from pesticides); and health hazards (green tobacco sickness, exposure to pesticides and respiratory problems). It was also noted that currently, 90% of global tobacco is grown in low- and middle-income countries.

Participants then discussed the adoption by the sixth session of the Conference of the Parties (COP6) of "Policy options and recommendations on economically sustainable alternatives to tobacco growing," which provide Parties with effective strategies for adopting alternative crops and livelihoods and protecting tobacco growers and the environment from the harms of tobacco production. Participants also noted that COP7 both urged the international community to mobilize resources and requested the Framework Convention Secretariat to promote international cooperation and exchange of information.

Discussions went on to emphasize that while there is growing evidence of the increasing implementation of Framework Convention Articles 17 and 18, the principal problem remains the interference of the tobacco industry. To counter this interference, intersectoral collaboration is

essential, and partnerships with tobacco industry programmes must be strictly avoided. The aim of WHO FCTC Articles 17 and 18 are to promote the best interests of tobacco growers.

Experiences from the WHO African Region then stressed both the environmental and health burdens of tobacco growing, and also highlighted the fact that in Tanzania, the need for a large tobacco-growing workforce has driven human trafficking and slavery. The point was also made that alternative crops such as maize and rice are more profitable than tobacco and are only cultivated during certain months of the year, which allows time for other agricultural projects. Challenges facing the introduction of alternative livelihoods, and ways of helping these to succeed, were also discussed.

Experiences relating to alternatives to tobacco growing from the WHO South-East Asia Region – home to two of the world’s top-five tobacco producers (India and Indonesia) – focused on the determinants affecting crop diversification and highlighted a number of measures to ensure the success of alternative crop cultivation. It was also acknowledged, however, that as long as the demand for tobacco continues, supplies of tobacco and tobacco growing will remain.

Further discussions on the tobacco industry highlighted the fact that the Region is not only a small producer of tobacco, but is in fact also a large tobacco importer, with Libya, Egypt and Tunisia alone accounting for 28% of the African continent’s total cigarette imports.

The discussion challenged the main myths which the tobacco industry employs to promote tobacco growing, and stressed the fact that the industry also uses lobby groups to mobilize tobacco farmers to protest against tobacco-control policies. Once again, the perils of collaborating with the Foundation for a Smoke-Free World were

emphasized, and the following steps were suggested as ways to expose and de-normalize the tobacco industry: the full implementation of WHO FCTC Article 17; the prohibition of the tobacco industry's so-called corporate social responsibility activities; the exposure of tobacco-industry front groups; the rejection of tobacco-industry sponsored studies and technical assistance; and the mapping of tobacco cultivation and the value of alternative crops.

Participants then formed regional working groups to report on challenges involved in providing alternatives to tobacco growing. Representatives from the regional countries in Asia stated that in their part of the Region, national governments are often involved in tobacco production, tobacco growing represents a traditional part of society, there is still a high global demand for tobacco, and there is weak administrative control over tobacco production. Nonetheless, they recommended thorough data collection on tobacco growing, the establishment of national committees, the documentation of best practices for alternative crops, and capacity-building for alternative livelihoods, and stressed the need to convince decision-makers to support alternatives to tobacco cultivation.

Representatives from the regional countries in Africa cited tobacco industry interference, a lack of political support due to other priorities, and no legislation on tobacco cultivation as the main challenges to providing alternatives to tobacco growing in their part of the Region. To counter these difficulties, they proposed raising awareness of tobacco cultivation and its impact, greater cooperation achieved through inter-ministerial meetings and government support for alternative livelihoods for tobacco farmers.

In discussions on electronic nicotine delivery systems (ENDS), which include electronic cigarettes, it was noted that while the tobacco

industry is very keen to introduce ENDS in low- and middle-income countries, ENDS are harmful both for the user and those around them, and that 11 countries of the Region currently ban the sale of e-cigarettes. Participants agree that there was a need for further research on the emissions of ENDS, their health hazards for vulnerable groups, and the promotion of ENDS by their manufacturers, especially in the light of the following four key recommendations outlined by the COP7 (prevent non-smokers, minors and pregnant women from using ENDS; minimize the potential health risks both for users and non-users; challenge unproven health claims – there is insufficient credible scientific evidence that ENDS are suitable cessation aids; and protect tobacco-control activities from all vested interests related to ENDS.

Discussions then turned to issues surrounding heat-not-burn (HNB) tobacco products, and it was noted that despite certain tobacco industry-funded studies, there is no reliable evidence to demonstrate that HNB tobacco products are less harmful than conventional tobacco products. It was stressed that there is still a large knowledge gap regarding these products as they only entered the market relatively recently, and that WHO recommends that all new and emerging tobacco products should be regulated under the Framework Convention. Participants concurred that the burden of proof lies with manufacturers, and that an established regulatory body should have the authority to decide whether the information provided by manufacturers is sufficient. It was noted that HNB are not classified as a form of nicotine replacement therapy, and that WHO is working with countries to formulate regulatory responses to control HNB products, with the aim of finalizing clear guidelines on these novel tobacco products by COP8. Participants also commented that many users of ENDS simultaneously smoke conventional cigarettes, and electronic cigarettes can act as a gateway to conventional cigarettes.

In discussions on the challenges presented by new tobacco-industry products, participants deliberated on an internal document circulated by Philip Morris International in 2014 that emphasized the need to “play the political game” and that electronic cigarettes were “good news” for the tobacco industry, in the light of divisions within the anti-tobacco movement concerning the regulation of e-cigarettes and the fact that e-cigarette users are “more willing to fight back than smokers”. Participants discussed the fact that the tobacco industry circulates much false research on the advantages of e-cigarettes, claiming that they are benign and promote smoking cessation, and that Philip Morris International are in discussions to introduce its IQOS HNB product to the countries of the Gulf Cooperation Council. It was reiterated that such products are, however, not risk free, participants noting that they are even marketed as “harm reduction,” and that moreover, the insincerity of the tobacco industry’s commitment to “harm reduction” is clear from the industry’s persistent lobbying against WHO FCTC measures. It was agreed that the proposed way forward is to monitor and identify e-cigarette proponents; monitor tobacco industry promotions on e-cigarettes and HNB products; apply Article 5.3 to e-cigarette organizations; and apply Framework Convention Secretariat Note Verbal 17/19.

Participants then discussed issues pertaining to tobacco-industry activities at COP7, noting that the tobacco industry mobilized tobacco farmers, promoted front groups, influenced the composition of Parties’ delegations by promoting representatives from sectors other than health, and ensured there was a direct tobacco-industry presence at the conference. The point was raised that while multisectoral COP delegations are of course important, non-health sectors are less aware of WHO FCTC Article 5.3, and view tobacco as a business, enabling the tobacco industry to ally itself to Parties’ departments of trade, commerce and agriculture. It was also noted that Philip Morris

International has recently organized corporate social responsibility activities in Egypt, Jordan, Lebanon, Morocco, Pakistan, Tunisia and the United Arab Emirates, which provide the tobacco industry with access to high-level officials. Participants agreed that further transparency is required, as most governments do not have a procedure for disclosing interaction with the tobacco industry.

Participants then turned their attention to the Protocol to Eliminate Illicit Trade in Tobacco Products, noting its importance in the context of the current illicit cigarette trade rate, which stands at nearly 10% globally, and can reach up to 50% in certain low- and middle-income countries. Participants also noted that to become a Party to the Protocol, countries must send their ratification instrument to their Permanent Mission to the UN in New York. It is very important that the 40th instrument of ratification is deposited by 10 July 2018; otherwise, the first Meeting of the Parties will be delayed until 2020. Participants' attention was also drawn to the fact that assistance to Parties is available through the Panel of Experts on the Protocol, that the Panel will meet in March 2018 to assist the Secretariat on the first Meeting of the Parties (MOP1) agenda, and that there will be a separate pre-MOP1 meeting in early May 2018.

Discussions also emphasized that, as per WHO FCTC Article 21, Parties must send periodic reports on Framework Convention implementation to the Framework Convention Secretariat, and that as of 2016, Parties are to submit these via an internet-based platform. The upcoming period for reporting will run from 1 January to 31 March 2018. It was stressed that reporting is mandatory and that participation in other WHO tobacco research projects does not diminish this obligation, and also that there should naturally be no direct involvement of the tobacco industry in the reporting process.

It was also noted that as of September 2017, 11 regional Parties had arrears in the payment of their assessed contributions; and that a high-level meeting at COP8 has been proposed, which would bring together heads of state, heads of government, ministers and heads of UN agencies to raise the profile of the WHO FCTC, and emphasize the benefits of a multisectoral approach in implementing it.

3. Recommendations

To Member States

1. Continue to monitor the tobacco epidemic at national level, for both adults and youth. Data should be recent, representative, and periodic (collected a minimum of once every 5 years).
2. Maintain the progress already achieved in national tobacco control and protect this progress from tobacco industry interference. This is possible through close adherence to WHO FCTC Article 5.3 and by using the expertise of the Regional Office, the WHO FCTC Secretariat's Tobacco Industry Monitoring Centres (Observatories), and Article 5.3 Knowledge Hub.
3. Promote multisectoral collaboration in order to increase the number of Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products. The Protocol is due to enter in to force in 2018 but, as of December 2017, only two countries of the Region (Iraq and Saudi Arabia) have ratified it. Eight countries of the Region have signed the Protocol but not yet ratified it (Islamic Republic of Iran, Kuwait, Libya, Qatar, Sudan, Syrian Arab Republic, Tunisia and Yemen).
4. Explore the most effective ways to regulate new tobacco products, and extend national tobacco control laws to cover new products including, but not limited to, electronic cigarettes and heated tobacco products.

5. Ensure that WHO FCTC Assessed Contributions are paid on time and that national reports of WHO FCTC implementation are submitted on time.
6. Develop full national profiles on tobacco growing and tobacco trade in order to generate new regional data, in line with the WHO/United Nations Conference for Trade and Development *Status of tobacco production and trade in Africa* factsheets.
7. Develop national plans for the implementation of Framework Convention Articles 17 and 18.
8. Apply a multisectoral approach to deal with tobacco growing and to establish economically viable alternative activities. Simultaneously, protect national measures for implementing WHO FCTC Articles 17 and 18 from the vested interests of the tobacco industry.
9. Explore, document and disseminate information on tobacco growing, including its occupational and environmental hazards, among regional Parties and non-Parties. These dangers can be documented through various mediums including, but not limited to, text and images.
10. Prioritize the needs of the most vulnerable members of the tobacco-growing workforce. Children who work in tobacco growing are exposed to the health hazards of tobacco growing and denied educational opportunities.
11. Document and publish successful national experiences to increase awareness.
12. Raise awareness among decision-makers and tobacco farmers about obligations related to WHO FCTC Articles 17 and 18.
13. Work with national and international partners to counter and undermine tobacco industry efforts to weaken the implementation of the WHO FCTC.

14. Acknowledge the compatibility between anti-corruption laws and WHO FCTC Article 5.3, and utilize these anti-corruption laws in relation to tobacco industry activities.
15. In line with Articles 5.3 and 13 guidelines, fully implement ban on tobacco industry activities described as “corporate social responsibility”.
16. Propose a COP8 agenda item on WHO FCTC Article 5.3 that reflects the situation and challenges faced in the Region.
17. Propose a COP8 agenda item on the implementation of the WHO FCTC and tobacco control policies in countries affected by emergencies.
18. Establish national committees of stakeholders to advocate for ratification of the Protocol. If necessary, the committees can translate the Protocol into the national languages.
19. Organize high-level meetings with decision-makers and members of the legislature to raise awareness regarding the importance of Protocol ratification.

To WHO

20. Continue the practice of holding annual meetings which focus on the multisectoral implementation of the WHO FCTC. Hold the 2018 regional meeting prior to COP8 (due to be held in Geneva on 1–6 October 2018).
21. Work with the regional WHO FCTC Parties and WHO FCTC COP Bureau members to finalize the suggested agenda items for COP8.
22. Continue to offer technical and, where possible, financial support for WHO FCTC Parties and non-Parties to help bring about full implementation of WHO FCTC.
23. Support all countries in developing their national profiles on tobacco growing.

24. On the release of the new WHO trend report, send letters to high-level decision-makers about the tobacco-use trends of regional Parties and non-Parties.
25. Identify, in coordination with the WHO Study Group on Tobacco Product Regulation (TobReg) and the WHO Tobacco Laboratory Network (TobLabNet), a set of laboratories that can perform reliable testing for tobacco products.
26. Develop policy and advocacy briefs on the Protocol to Eliminate Illicit Trade in Tobacco Products to persuade national decision-makers of the benefits of ratification.
27. Conduct reviews following the ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products to ensure its effective implementation.



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