

# Implementing the WHO Framework Convention on Tobacco Control



Why and how?



**World Health  
Organization**

Regional Office for the Eastern Mediterranean



# WHO's Framework Convention on Tobacco Control ... saving lives

## Introduction

WHO's Framework Convention on Tobacco Control (FCTC) is the first treaty negotiated under the auspices of WHO based on its constitution. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. It is one of the most widely embraced treaties in United Nations history and has 172 Parties worldwide, including 19 Member States from the Eastern Mediterranean Region. Morocco and Somalia are yet to become Party to the Convention.

The FCTC was developed in response to the globalization of the tobacco epidemic. It is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The Convention represents a milestone for the promotion of public health and provides new legal dimensions for international health cooperation. Tobacco control-related technical measures adopted by the FCTC can be divided into demand and supply reduction measures.

- Demand reduction measures include: price and tax measures; non-price measures; protection from exposure to tobacco smoke; regulation of the contents of tobacco products; regulation of tobacco product disclosures; packaging and labelling of tobacco products; education, communication, training and public awareness; tobacco advertising, promotion and sponsorship; and measures concerning tobacco dependence and cessation.
- Supply reduction measures include: tackling illicit trade in tobacco products; banning sale to and by minors; and provision of support for economically-viable alternatives.

Other measures relate to: protection of the environment; liability; scientific and technical cooperation; communication of information; institutional arrangements and financial resources; settlement of disputes; development of the Convention and final provisions.

## Regional impact of the FCTC

The FCTC has impacted the Region by:

- strengthening the legal framework for tobacco control, creating legislation and ensuring its implementation and continued development.
- strengthening partnership with regional and subregional organizations involved in tobacco control.
- increasing political commitment to tobacco control at regional and national levels.
- exposing the underhand activities and tactics of the tobacco industry.

The development of the Framework Convention continues through decisions made by the Conference of Parties, which has convened four sessions to date. The subsidiary bodies, established by the Conference of Parties, have created guidelines in relation to various articles. These have been finalized and adopted by the Conference during the sessions. Five guidelines have been unanimously adopted for Articles 5.3, 8, 11, 12, 13 and 14; partial guidelines for Articles 9 and 10 have also been adopted. Expert working groups are currently drafting guidelines for implementation of Article 6 (price and tax measures to reduce the demand for tobacco), Article 17 (economically-viable alternatives to tobacco growing) and Article 18 (protection of the environment and health of persons).

Whilst all the provisions of the guidelines should be implemented at national level in order to fulfil the obligations of the Convention, the evidence-based guidelines aim to assist the Parties in meeting their obligations without compromising their legal or constitutional rights.



## Towards successful FCTC implementation

In order to achieve the expected outcomes for each of the internationally recommended policies of the FCTC, countries need to establish a multisectoral mechanism; create a national plan of action with clear and achievable objectives; link implementation activities to a timetable; establish an effective monitoring system; and create a built-in upgrading mechanism that allows for easy transitioning.

Strong legislation is needed at national level to strengthen the implementation of the Convention. Tobacco control legislation is one thing but compliance and enforcement are another, and without compliance and enforcement the strongest legislation will have zero effect on reducing health risks. Implementation of the FCTC will be less successful without a strong policy to monitor the tobacco industry at national level or a mechanism for international collaboration. The influence of the industry, the "underlying cause of the tobacco epidemic", should be addressed through strict implementation of the guidelines for Article 5.3.

## World No Tobacco Day 2011

WHO has selected "The WHO Framework Convention on Tobacco Control" as the theme for World No Tobacco Day 2011 to highlight the importance of the treaty, to stress Parties' obligations under the treaty and to promote the essential role of the Conference of the Parties and WHO in supporting country efforts. The messages coming out of World No Tobacco Day will help to save more lives and to limit the damage caused by tobacco use and will shed light on the various guidelines and what is needed at national level to strengthen the treaty.

### The key messages of this year's World No Tobacco Day are:

- Regardless of legal obligations, all Parties have a moral obligation to fully implement the FCTC to save lives.
- The obligations of the treaty should be translated immediately into realities at country level through the creation of national mechanisms.
- Organizations, institutions and civil society should join forces to support government in effective implementation of the FCTC.





## Increasing taxes on tobacco products

### Why increase tobacco taxation?

*Is it a legal obligation?*

Article 6 of the WHO Framework Convention on Tobacco Control (FCTC) states that:

“Price and tax measures are an effective and important means of reducing tobacco consumption ... each Party should ... adopt ... tax policies and, where appropriate, price policies on tobacco products, so as to contribute to the health objectives aimed at reducing tobacco consumption”.

This means that all Parties to the FCTC are obliged to undertake fiscal measures to reduce tobacco consumption as per the Convention and according to international best practices. Governments should raise tobacco taxes on a regular basis while taking into account political considerations such as the expected impact of a tax increase on inflation and increased consumer purchasing power.

*What does evidence tell us?*

International accumulative evidence shows that increasing taxes on tobacco products on a regular basis helps to prevent a significant number of premature deaths. Higher prices deter youth from using tobacco and encourage adult smokers to quit. This leads to substantial reductions in the health and economic burden caused by tobacco use.

*Taxes on what?*

Taxes should be increased on all tobacco products, with no exceptions. Tobacco is consumed in many different forms. In addition to cigarettes, tobacco products include raw tobacco for bidis, handrolled tobacco and tobacco for waterpipes (*shisha*), chewing tobacco, tobacco snuff and *snus*. These products are either minimally taxed or are even out of the taxation bracket. If taxes were raised on cigarettes only, the tobacco user would likely shift from one form of tobacco to another, and so tax increases must be levied on all tobacco products.

*How much tax?*

A 70% increase in the price of tobacco through increased taxes could prevent up to a quarter of all smoking-related deaths worldwide.

Increasing tobacco taxes by 10% generally decreases tobacco consumption by 4% in high-income countries and by about 8% in low- and middle-income countries, while tobacco tax revenues increase by nearly 7%. These figures are only approximate based on available international evidence. Each country must conduct its own research before determining the actual percentage of increase and on the exact taxation model that it would follow.

*What type of tax should be applied?*

There are two recommended types of excise taxes to be applied on tobacco products.

- Specific taxes which are levied on a given quantity of tobacco, such as a tax paid per pack or carton of cigarettes.
- *Ad valorem* taxes which are based on a percentage of the wholesale or retail price.

In some countries, a combination of excise taxes is used.

Specific taxes provide more predictable revenue and make it harder for the tobacco industry to influence retail prices. While *ad valorem* taxes help tobacco prices maintain pace with inflation.



The overall tax structure should be simple and easy for countries to implement. Excise taxes should be levied at the level of the manufacturer rather than at the distributor or retail level. This helps increase effectiveness by centralizing revenue collections and minimizing record-keeping burdens on small businesses.

As with other commodities, tobacco products are usually liable to import duties and domestic taxes. Whereas import duties can be subject to international and bilateral agreements within states; domestic excise and value added taxes constitute a greater share of the price of tobacco products in most countries.

### **Tobacco taxes in the Region**

In the Eastern Mediterranean Region, 19 Member States are Parties to the FCTC but the Region has the lowest average tobacco prices in relation to other WHO Regions.

The average tax incidence is also the lowest and accounts for 40% of prevalent retail prices. As there is variation in taxation structures, the prices of cigarettes and the total tax share also vary considerably across countries. Almost half of the countries in the Region do not apply domestic taxation on tobacco products rather they apply a customs tariff only. Excise tax incidence in the remaining countries is also fairly low. There is an opportunity to enhance revenues, and at the same time, achieve health gains by increasing taxes.

Two regional Parties to the Convention took action recently, based on evidence and research, to change their taxation regime and to increase taxes. This led to a significant increase in revenues. The health impact of this step is still being documented.

### **How to implement a tax increase**

The following steps should be followed before implementing a tax increase.

- Identify the responsible national authority in tobacco control and financial issues, i.e. Ministry of Finance, Ministry of Trade.
- Establish a working/study group comprising concerned parties.
- Enlist the help of economists/domestic tax experts to suggest appropriate taxation regimes that benefit the country and conform to national laws.
- Arrange training and conduct research to collect national data.

#### **National data can be used to:**

- persuade decision-makers and relevant national authorities
- determine next steps
- identify the exact increase required at national level

- Engage relevant national entities to ensure that strong actions are taken with regard to certain measures, such as smuggling, and to help guarantee an increase in revenues and a decrease in consumption as a result of increased taxation measures.

#### **Implement measures to control smuggling through:**

- keeping records
- improving border security and security measures
- establishing a committee comprising representatives of finance, customs and other agencies involved in tax collection and enforcement to meet regularly and share information
- affixing tax stamps to every package intended for retail sale
- mandating pictorial health warnings in local languages to further reduce incentives for illicit trade





- Decide on a simple and effective tax structure that is easy for decision-makers to digest and defend.
- Sensitize the media to the idea to garner support.
- Conduct a mini political mapping exercise to generate the support of key people in the country.
- Propose a plan for use of the newly-generated revenues, for example, use a proportion to support health via health insurance. This has already been done in the Region in many countries, including Egypt, whereby 10 piastres are taken from each pack to support the health insurance of students.
- Ensure preparedness and support from political and health allies in parliament.

The tobacco industry says that increases in taxation increase smuggling

**This is not true**

Smuggling is related not to tax increases but to poor governance and soft control measures. Law enforcement and compliance measures must be addressed if smuggling is to be controlled, not lowering taxes on tobacco products.



## Tobacco-free public places

### Why create tobacco-free public places?

As clearly indicated in the WHO Framework Convention on Tobacco Control (FCTC), tobacco-free public places aim to protect the public from exposure to secondhand smoke.

*Is it a legal obligation?*

Yes, it is. Article 8 of the WHO FCTC states that:

2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

The WHO FCTC guidelines elaborate further and indicate the boundaries and requirements to protect society fully from exposure to secondhand smoke.

### What is full protection from secondhand smoke?

The text of the WHO FCTC guidelines says:

“Effective measures to provide protection from exposure to tobacco smoke, as envisioned by Article 8 of the WHO Framework Convention, require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke free environment. There is no safe level of exposure to tobacco smoke...”.

Tobacco-free public places means that ALL indoor workplaces and indoor public places should be smoke free. Designating indoor spaces for smokers breaks these standards and thus is not in conformity with the FCTC guidelines. By creating smoking areas, the legal obligation of the Parties to ensure that indoor public places are 100% smoke free is disrespected. Designated smoking areas should not be allowed indoors.

The WHO FCTC guidelines for Article 8 also clearly indicate that even the best ventilation systems cannot remove smoke pollutants and are ineffective in protecting from secondhand smoke.

Smoking areas, if at all needed, should only be designated in OUTDOOR open spaces that are situated away from the smoke-free areas, so as not to pollute the indoor air, even accidentally.

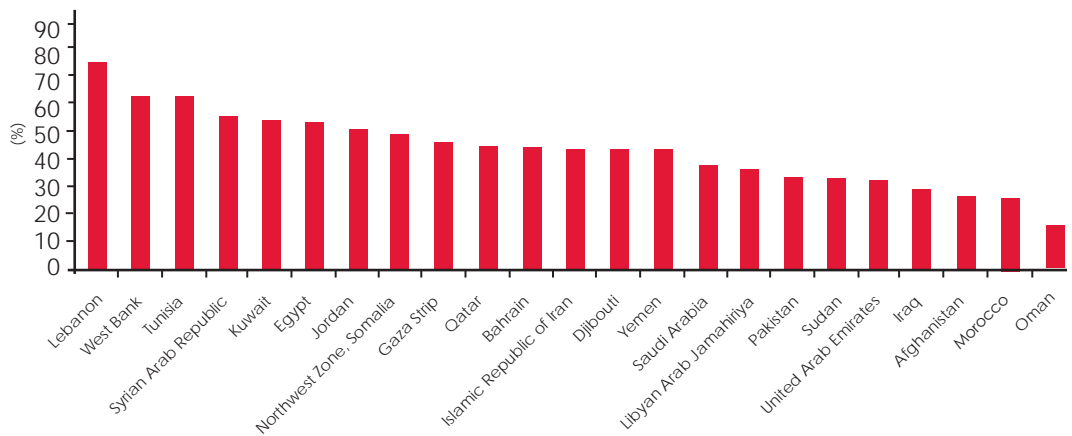
There is no safe level of exposure to secondhand smoke, only a full smoking ban in all enclosed workplaces, including catering and drinking establishments, and all public buildings and transport can protect the health of employees and non-smokers.

Second-hand smoke exposure increases the risk of coronary heart disease by 25%–30% and the risk of lung cancer in non-smokers by 20%–30%.

### Compliance in the Eastern Mediterranean Region

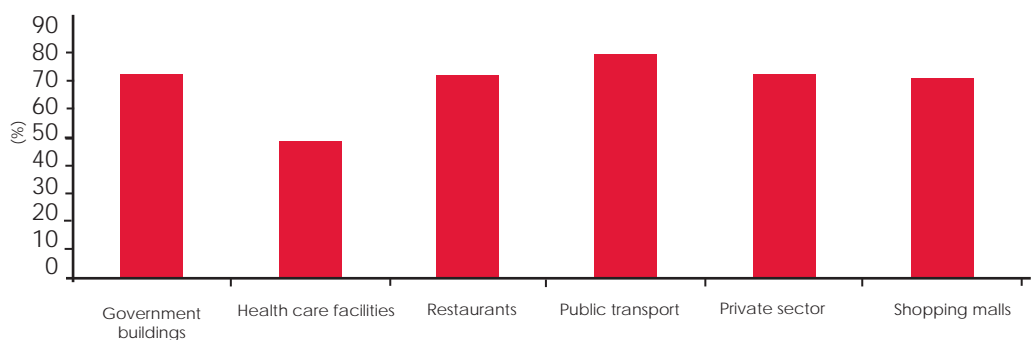
Young people reported in the Global Youth Tobacco Survey that there is a high level of exposure to secondhand smoke in public places (Figure 1).





**Figure 1. Students (13–15 years) who reported exposure to secondhand smoke in public places, Global Youth Tobacco Survey, Eastern Mediterranean Region 2010**

Data generated from the Global Adult Tobacco Survey in Egypt show high levels of exposure to secondhand smoke in public places, including medical facilities even though a total ban on tobacco use in public places came into effect in 2007 prohibiting tobacco use within medical and educational facilities, as well as governmental buildings (Figure 2).



**Figure 2. Percentage of Egyptians exposed to secondhand smoke in public places, Global Adult Tobacco Survey, Egypt 2009**

The above data show that although there is existing legislation that bans tobacco use in public places in many countries of the Region the challenges remain.

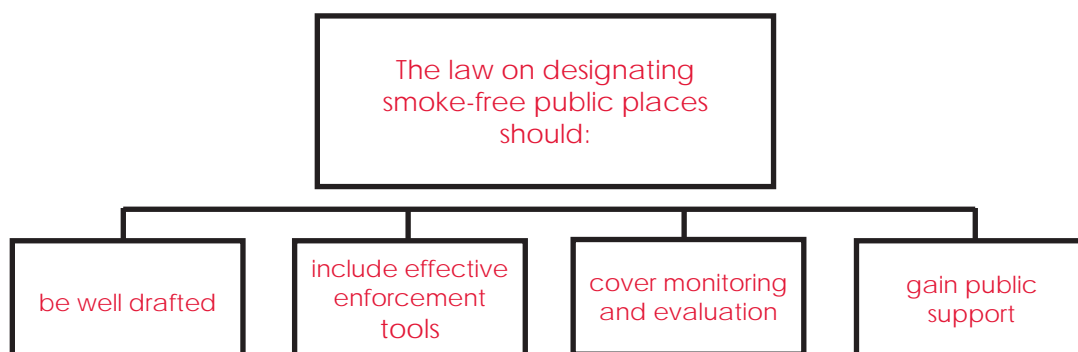
- Total bans usually exclude restaurants and cafes; full implementation occurs in a very small number of countries.
- Areas are still being designated for smokers; lack of public support forces decision-makers to compromise. Real and comprehensive protection from secondhand smoke can only be guaranteed if designated places are 100% tobacco-free.
- Enforcement and compliance are weak even when total bans exist. There is a need for more stringent mechanisms.
- In much legislation definitions are vague creating confusion during implementation in the designation of tobacco-free areas.
- The responsible agency at national level is not always well versed in the legislation, creating confusion and conflict of interest between agencies.
- Monitoring and evaluation are not always part of legislation but are important if the impact of implementation at national level is to be measured.



## How can tobacco-free places be protected?

Legislation should be:

- strict, yet flexible, defining and covering all possible public places, as voluntary codes do not work.
- fully endorsed by the government, to completely ban smoking in public places with no designation of smoking areas.
- comprehensive and clear with regard to penalties for violations.
- inclusive of effective enforcement policies.
- modelled on a step-wise approach to ensure 100% smoke-free environments; existing designated areas for smokers should be phased out within a one-year period, a measure which should be reflected in the legislation.



Governments should:

- engage the public from the start of the process to garner public support for tobacco-free public places.
- educate the public and business communities on the dangers of secondhand smoke.
- involve academia and civil society groups to provide medical evidence to educate the public.
- include the media before actual implementation of the law to increase awareness and inform the public.

All public places should:

- clearly display no-smoking signs, and when possible, a complaints hotline.

### Enforcement and compliance

- Compliance should be monitored by the government and civil society groups to ensure effective enforcement.
- The law must contain a built-in mechanism to ensure flexibility in terms of introducing new enforcement measures and including new public places in the ban. Both can be done through designating authority to the responsible minister to issue a ministerial decree on a yearly basis.
- Once enacted, governments must maintain strong support for the law through firm and uniform enforcement that achieves high compliance levels.



## Pictorial health warnings on tobacco packs

### Why place pictorial warnings on packaging of tobacco products?

*Is it a legal obligation?*

Yes, it is. The WHO Framework Convention on Tobacco Control (FCTC) states in Article 11 that:

“Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to ensure that:

- (a) tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, .....; and
- (b) Each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.....”.

The specification of the health warnings and packaging and labelling were included in detail in Article 11 and the guidelines for Article 11 adopted by the Conference of Parties.

### Impact of pictorial health warnings on tobacco users

Health warnings on tobacco packages increase smokers' knowledge of the risks associated with using tobacco in all its forms. Including pictures in health warnings to show the effects of diseases and information associated with tobacco use has proven to be a very effective tool for increasing the knowledge and affecting the attitudes of smokers in comparison with 100% textual warnings. Combining text and pictures in health warnings has been successful in passing on the message to illiterate groups. In many countries of the world, such as Australia, Belgium, Brazil, Canada, Thailand and other countries experience shows that “strong pictorial warnings on tobacco packages, are an important information source for younger smokers and also for people in countries with low literacy rates. Pictures are also effective in conveying messages to children – especially the children of tobacco users, who are the most likely to start using tobacco themselves”.

As stated in the FCTC guidelines:

“evidence shows that, when compared with text-only health warnings and messages, those with pictures:

- are more likely to be noticed;
- are rated more effective by tobacco users;
- are more likely to remain salient over time;
- better communicate the health risks of tobacco use;
- provoke more thought about the health risks of tobacco use and about cessation;
- increase motivation and intention to quit; and
- are associated with more attempts to quit”.

### What is a pack of tobacco?

The importance of tobacco packet health warnings cannot be understood without looking into the way the industry uses the packaging; the packet for the industry is the moving advertising, the message it sends away with each smoker, expressing not only a brand, but more important, a lifestyle.





Bearing that in mind, it is very important for countries to implement pictorial health warnings not only as part of their WHO FCTC-related obligations but also as a strategy to strip away tobacco's false attractive image, expose its deadly impact on health and its harmful effects on other aspects of human life, such as its impact on national economies. Pictorial health warnings are the most cost-effective tool for anti-tobacco advertising; you are addressing smokers and non-smokers twenty-four a day, seven days a week everywhere with the packet.

### Pictorial health warnings in the Region

Many countries of the Eastern Mediterranean Region have plans to implement pictorial health warnings on cigarette packets and Djibouti, Egypt, Islamic Republic of Iran, Jordan and Pakistan already do. However, the sizes and specifications of these warnings vary from one country to the other although all have the following common elements.

- All warnings are textual and pictorial.
- The size of all warnings varies between 30% and 50% of both sides of the pack.
- Warnings are rotated.
- Many warnings are used.
- All warnings are in national languages.
- Packaging and labelling laws do not allow for the use of misleading messages.

Countries of the Region implementing pictorial health warnings have all noted some common challenges.

- There are no production specifications for the packets used in the market; the industry took advantage of this. In some countries, they tried to change the regular size of the packet to dilute the health warning.
- Pictorial health warnings are not applied on all tobacco products in all countries, for example, tobacco used in *shisha* is not included in the new pictorial health warning system in most of the countries mentioned above. This has to be addressed through innovative mechanisms.
- The implementation of pictorial health warnings did not cancel out the existence of text-only warnings in all countries.
- The future of pictorial health warnings is unclear and no countries have introduced plain packaging as yet.

### How to implement pictorial health warnings

Providing that the national authority is "onboard", there are many steps to take before actually putting pictorial health warnings on the packaging of tobacco products. These preparatory steps are shown in Figure 1.

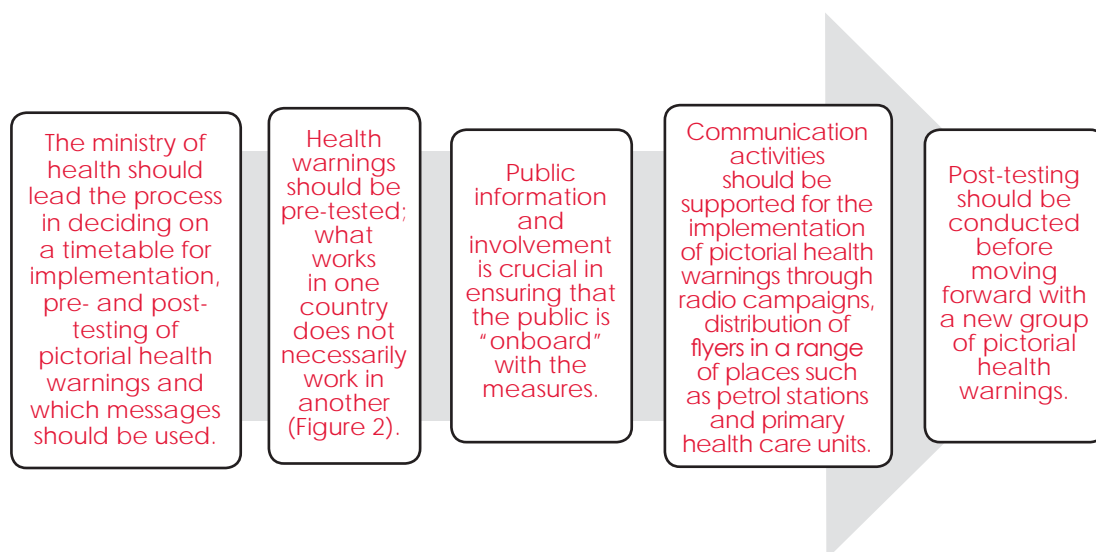


Figure 1. Steps to be taken before putting pictorial health warnings on the packaging of tobacco products

Technical criteria for pictorial health warnings mean that these warnings must be:

- applied on all tobacco products packs irrelevant of the brand or type.
- placed on both the front and back (or on all main faces if there are more than two) of each unit packet and package.
- displayed on principal display areas and, in particular, at the top of the principal display areas rather than at the bottom to increase visibility.
- displayed in such a way that the regular opening of the package does not permanently damage or conceal the text or image of the health warning.
- displayed to cover more than 50% of the principal display areas and aim to cover as much of the principal display areas as possible.
- full colour (four colour printing), rather than black and white, for pictorial elements of health warnings and messages.
- rotational, this can be implemented by having multiple health warnings and messages appearing concurrently or by setting a date after which the health warning and message content will change.
- clearly specified by Parties; the number of health warnings and messages that are to appear concurrently must be clearly indicated. Do not leave it to the industry's choice.
- void of misleading terms, such as "low tar", "light", "ultra-light" or "mild", "extra", "ultra" and numbering of brands, or colouring that is used to indicate a difference in contents, these are all misleading strategies.
- borne by the tobacco industry in terms of the cost of producing and placing the health warnings on tobacco packs.

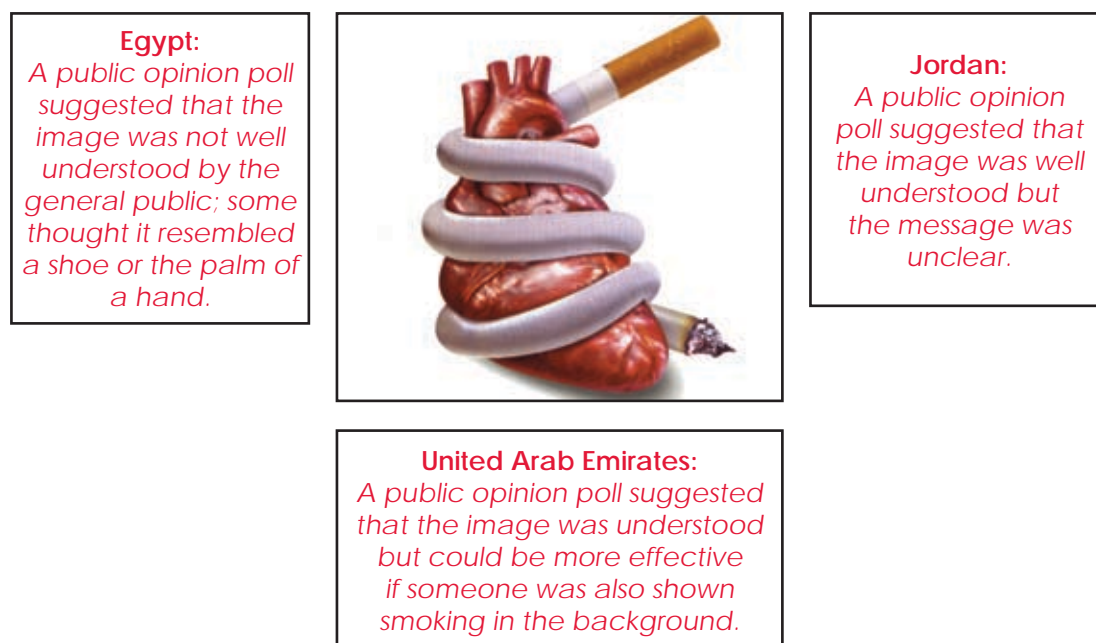


Figure 2. Consider further health warnings and messages on all sides of a package, as well as on package inserts and onserts



## Education, communication and training for tobacco control

### Why conduct education, communication and training?

*Is it a legal obligation?*

Yes, it is. Article 12 of the WHO Framework Convention on Tobacco Control (FCTC) states that:

“Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate. Towards this end, each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:

- (a) Broad access to effective and comprehensive educational and public awareness programmes;
- (b) Public awareness about the health risks of tobacco consumption and exposure to tobacco smoke;
- (c) Public access, in accordance with national law, to a wide range of information on the tobacco industry.”

It is clearly stated that all Parties to the WHO FCTC should take certain measures to promote education, communication and training to raise public awareness, provide information about the health risks of tobacco use and exposure to tobacco smoke and give the public access to information on the tobacco industry. These actions generate support for the actions and strategies undertaken by governments to protect the public and to prioritize public health over other interests.

### Are education, communication and training effective?

Yes, they are. Health education, communication and training increase public awareness of tobacco control. A comprehensive approach, however, is needed in which a range of measures are taken together, but this is not the only determinant for success, also important are:

- evidence-based practices and approaches
- cultural and social suitability of messages
- multisectoral approaches adopted for the planning, identification of needs and implementation methods
- use of a wide variety of tools to address different needs and cover the largest possible population groups.

Strong legislation is important for tobacco control but as equally important is changing public opinion and social norms to ensure compliance. Neither can be achieved without implementation of well-planned and evidence-based education, communication and training programmes.

#### *Effective partnership in tobacco control efforts*

In most countries of the Eastern Mediterranean Region, ministries of health are the leading agencies at national level in tobacco control. However, the role of other partners, government agencies and civil society is vital in health education, communication and training to raise public awareness in tobacco control.

Whether within government or civil society, partnership is key for the success of awareness-raising campaigns and educational efforts at national level. For example, drawing on the experiences of the ministry of education, ministry of information and the services and expertise of public information agencies is important to ensure that all evidence is taken into account when planning, identifying and implementing activities.



Civil society is a central partner in raising public awareness for tobacco control. The WHO FCTC guidelines state that: *“the participation of civil society is of vital importance to national and international tobacco control efforts”*. Civil society should be engaged in all phases of planning, developing, implementing, monitoring and evaluating education, communication and training programmes. Civil society groups with any affiliation to the tobacco industry should be excluded from such partnerships.

Success in tobacco control requires a comprehensive approach involving national level planning. One measure alone will not work. Demand side measures are to be implemented together with other measures for tobacco control. Education and communication will be of little value without strong legislation to support them.

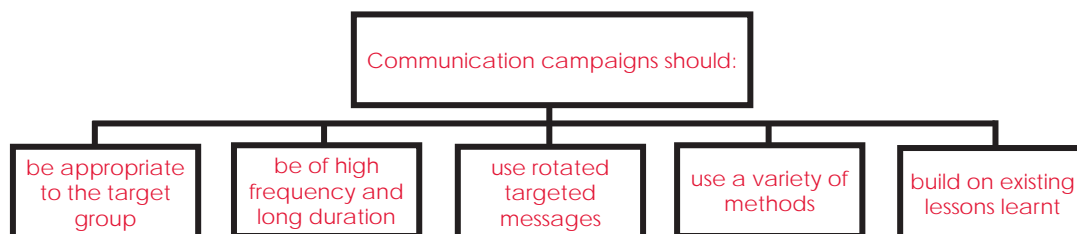
### Education, communication and training in the Region

In most countries of the Region, there is no separate plan of action or strategy for education, communication and training for tobacco control. Countries are conducting activities in these three areas, but in most cases, no comprehensive strategy is being followed. Activities are usually adhoc and do not follow a multisectoral approach to tobacco control at national level. There is great potential to raise public awareness of tobacco control in many countries through proper planning for education, communication and training. Many activities are currently focused around World No Tobacco Day, as national tobacco control activities lack coordination and sustainability. When national campaigns are conducted campaign evaluations should be undertaken regularly.

Successful regional tobacco control campaigns have been conducted, such as the Makkah and Medina tobacco-free campaigns. The campaigns, launched by the former King, HRH Fahd Ben Abdelaziz, had several key elements which led to their success.

- Strong coordination mechanism.
- Strong involvement of civil society.
- Regular evaluation.
- Campaign conducted through:
  - all media to raise public awareness
  - regulations to control practices at city level
  - monitors and evaluators trained to sustain the achievements.

Pre- and post-testing of campaign material is essential for regular evaluation.







## How to implement successful tobacco control programmes?

Education, communication and public awareness is about changing social beliefs and creating an enabling environment for tobacco control. In many countries of the Eastern Mediterranean Region, tobacco use is still widely tolerated and people are hesitant to defend their right to a clean environment.

For successful tobacco control programmes to be implemented, an appropriate infrastructure needs to be in place, and for this, it is necessary to:

- establish coordinating mechanisms
- identify responsible agencies and the role of government versus civil society
- establish action plans for implementing education, training and communication
- ensure legitimacy and research-based activities and evidence-based action conducted
- ensure sustainability through the provision of adequate human and financial resources
- make available cost-effective logistics
- collect national data regularly and review and evaluate implementation of activities
- provide regular training to key players.

Training should be provided to all influential people who work closely with society, such as:

- physicians and health workers
- community workers
- social workers
- media professionals
- educational decision-makers
- religious leaders
- the judiciary.

# Banning tobacco advertising, promotion and sponsorship

## Why ban tobacco advertising, promotion and sponsorship?

*Is it a legal obligation?*

Yes, it is. Article 13 of the WHO Framework Convention on Tobacco Control (FCTC) states that:

1. Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.
2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly...".

The WHO FCTC guidelines also elaborate on this and provide Parties with guidance on introducing and enforcing a comprehensive ban on tobacco advertising, promotion and sponsorship.

## Why a comprehensive ban?

The aim of a comprehensive ban on tobacco advertising, promotion and sponsorship is to ensure a reduction in tobacco-related diseases and deaths by decreasing tobacco consumption.

Using the words of the WHO FCTC guidelines:

"an effective ban on tobacco advertising, promotion and sponsorship means that it should be:

- (a) Comprehensive and applicable to all tobacco advertising, promotion and sponsorship,
- (b) Applied to all forms of commercial communication, recommendation or action and all forms of contribution to any event, activity or individual with the aim, or likely effect of promoting a tobacco use either directly or indirectly,
- (c) Includes cross-border advertising, promotion and sponsorship either originating or entering a Party's territory,
- (d) Includes promotional display and visibility of tobacco products at points of sale.

## What is direct and indirect tobacco advertising, promotion and sponsorship?

Direct tobacco advertising, promotion and sponsorship is all forms of advertising and promotional activities through television, radio, newspapers, magazines, the Internet, billboards, kiosks, posters on trains, airplanes, buses and in subways and direct mail advertising.

Indirect tobacco advertising, promotion and sponsorship is all the indirect ways of promoting tobacco products through the use of words, designs, images, sounds and product-specific colours or schemes, including brand names, trademarks, logos, names of tobacco manufacturers or importers, using non-tobacco products as a means of branding a tobacco product, free distributions (including coupons), lotteries and discounts, hidden advertising, such as packet inserts or sponsoring events financially, making claims of being socially responsible in the name of corporate social responsibility and using points of sale to promote tobacco products.





## Can the tobacco industry be allowed to support “good causes”?

No, they should not be allowed to support “good causes”, this is indirect tobacco advertising, promotion and sponsorship. The tobacco industry uses every possible means to promote itself as a ‘good’ and ‘socially responsible’ industry that is helping society by providing services such as mobile clinics and conducting environmentally-friendly activities. Their only purpose is to promote themselves and to indirectly promote their products.

## Can the tobacco industry be allowed to sponsor smoking prevention campaigns?

No, it is very clearly stated in the FCTC that the tobacco industry’s public education campaigns should not be allowed as they also come under indirect promotion. How can an industry that sells tobacco products be trusted to convince people to stop using these products? It’s simply not logical.

## Exposure in the Eastern Mediterranean Region

Data from the Global Youth Tobacco Survey shows that a significant number of young people have been exposed to direct and indirect tobacco advertising, promotion and sponsorship in all countries of the Region (Figure 1).

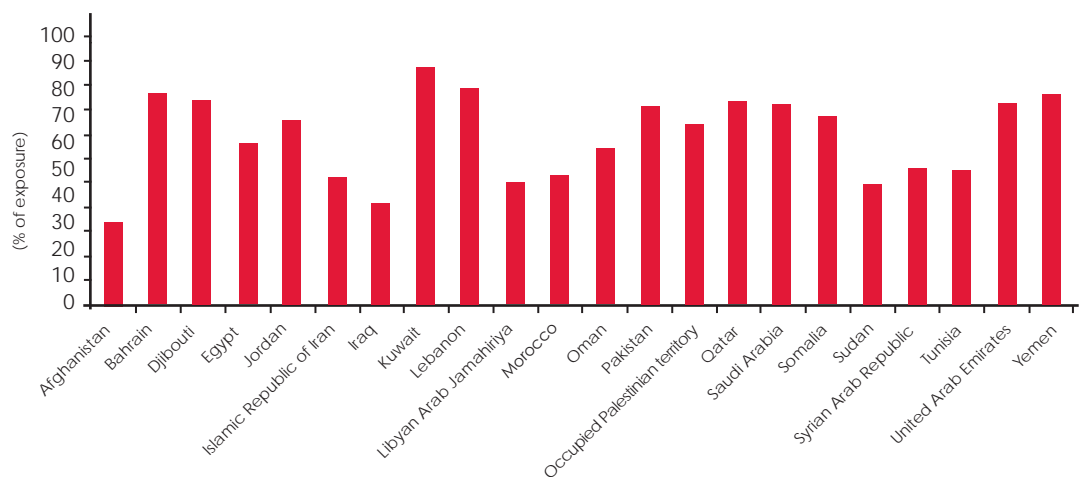


Figure 1. Students (13–15 years) who reported exposure to direct advertising in newspapers and magazines, Global Youth Tobacco Survey

Data generated from the Global Youth Tobacco Survey shows that a significant percentage of young children had held objects with a cigarette brand logo, meaning that indirect advertisement and promotion of tobacco products is also high (Figure 2).

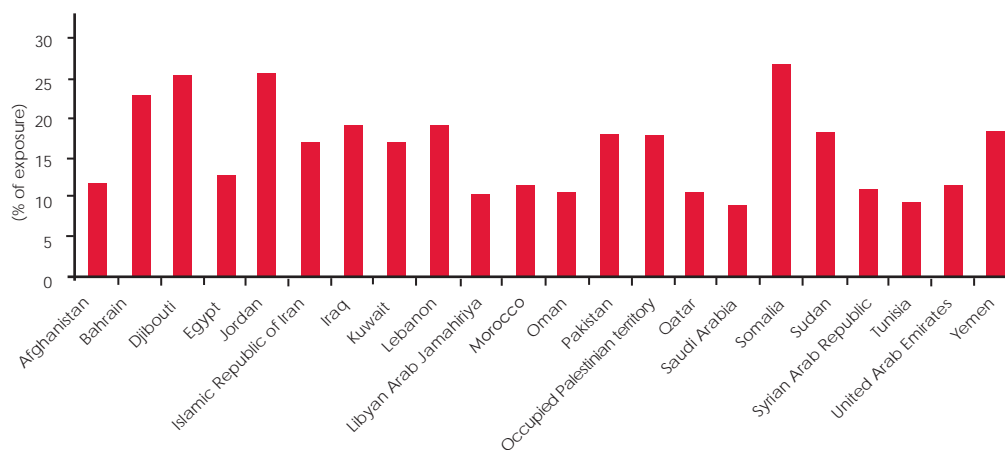


Figure 2. Percentage of youth exposed to indirect advertisements (carrying objects with brand logo), Global Youth Tobacco Survey

Although bans on tobacco advertising, promotion and sponsorship exist in many countries, many challenges remain.



## Legislation in the Region

In the Eastern Mediterranean Region, legislation:

- is not 100% comprehensive
- does not cover:
  - all the direct and indirect forms of advertising, promotion and sponsorship
  - bans in new and emerging media, such as on satellite channels, mobile phone messaging, the Internet and social networking sites
  - points of sale material
- contains vague definitions which allow the tobacco industry to 'legally' promote their products through existing loopholes
- is usually weak with regard to enforcement mechanisms and violations/penalties does not clearly articulate the responsibility of the national agency, causing confusion and conflict of interest among various agencies
- does not always include a section on monitoring and evaluation, which is particularly important for measuring the impact of implementation at national level.

The tobacco industry:

- continuously finds innovative ways (direct and indirect) to promote itself
- carries out activities under the umbrella of 'corporate social responsibility' as these are more difficult to restrict
- markets its products directly and indirectly through films, drama and entertainment ('incidental' advertising and promotion), which is an immense problem in the Eastern Mediterranean Region.

A unique regional problem is that the tobacco industry invests heavily in indirectly advertising its products through Arabic drama.

The use of various tobacco products is being promoted through celebrities.

Tobacco use is being glamorized at a subliminal level to ensure its use and initiation.

## How to enforce a comprehensive ban

1. Legislation should comprehensively ban all forms of direct and indirect tobacco advertising, promotion and sponsorship, including social activities conducted by the tobacco industry.
2. Built-in mechanisms should be established within legislation to ensure flexibility in terms of:
  - introducing new enforcement measures
  - introducing bans on new forms of advertising through ministerial decrees.
3. Legislation should ban all forms of direct, indirect or incidental advertising, as well as points of sale material. Tobacco products should neither be displayed nor visibly placed on countertops in shops.
4. Governments should ban vending machines and kiosks from selling tobacco products as this is a form of advertising and promotion.
5. Governments should consider plain packaging (in line with Article 11 of the WHO FCTC) as branded tobacco product packs are a form of tobacco advertising and promotion. This means that the packets would have a neutral background colour and just display the pictorial and text health warnings.
6. Legislation should ban the use of contributions from the tobacco industry for 'socially responsible causes', as well as any related publicity.
7. Legislation should clearly and completely ban 'incidental' advertising through films, drama and entertainment.
8. Legislation should cover bans on cross-border advertising through satellite channels.
9. Legislation should include clear penalties for violations.
10. Legislation should include effective enforcement policies. The government should designate a competent, independent authority to monitor and enforce the law and entrust it with the necessary powers and resources.
11. Civil society groups should be involved in the monitoring and enforcement of the law and have access to justice.
12. Raising the public's awareness of legislation on tobacco advertising, promotion and sponsorship. This is very important to garner their support and to inform them of ways to notify breaches.





## Cessation

### Why provide tobacco dependence treatment services?

*Is it a legal obligation to support cessation services at national level?*

Yes, it is. Article 14 of the WHO Framework Convention on Tobacco Control (FCTC) states:

“Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.”

Tobacco is highly addictive and there is cumulative evidence that tobacco cessation services can be a very effective tool for treating tobacco dependence. However, tobacco cessation services have to be part of larger national level interventions to control tobacco, based on the obligations of the FCTC.

Guidelines for implementation of Article 14 of the FCTC on demand reduction measures concerning tobacco dependence and cessation were adopted by the fourth Conference of the Parties. The guidelines are not only a very good technical tool on tobacco dependence but a practical step-by-step document for Member States to use for both evaluation and establishing national cessation services.

#### *Funding tobacco dependence treatment*

Tobacco dependence treatment is not a cheap service and therefore the guidelines suggest to Parties the following methodologies to financially support tobacco treatment services.

1. Designate tobacco taxes.
2. Impose tobacco manufacturing and/or importing licensing fees.
3. Impose tobacco product registration fees.
4. Require tobacco selling licenses for distributors and retailers.
5. Levy noncompliance fees, such as administrative monetary penalties, on the tobacco industry and retailers.

#### *Are countries obliged to provide the same tobacco treatment services?*

With growing political support for tobacco control and steps taken by governments to ban tobacco use in public places, to increase taxes and ban all forms of tobacco advertising, promotion and sponsorship, the desire of smokers to quit is likely to increase. It is difficult for most tobacco users to quit on their own and they can benefit from help and support to overcome their dependence. Due to the varying financial ability, health system and priorities of countries, they are not obliged to adopt a certain system for tobacco dependence treatment.

While designing and structuring tobacco cessation strategies and tobacco dependence treatment, countries should take into account factors such as gender, culture, religion, age, educational background, literacy, socioeconomic status, disability, and the needs of groups with high rates of tobacco use.

### Tobacco dependence treatment in the Region

- Seven countries in the Region have no facilities for tobacco dependence treatment, while 12 have tobacco cessation clinics. Three countries have tobacco cessation clinics in most primary health care facilities, hospitals and in clinics of health professionals. In two of these countries the government fully supports the cost of the service.
- Of the 22 countries, only five have a toll-free telephone quit line/help line with a person available to discuss cessation with callers.



- Nicotine replacement therapy (patch, gum, lozenge, spray or inhaler) are legally sold in 18 countries of the Region. These products are purchased in pharmacies without prescription. However, only in four countries does national/federal health insurance or the national health service fully cover the cost of these products, and they are partially supported by health insurance in another three countries. In four countries, nicotine replacement therapy has been added to the essential medicines list.

### How to treat tobacco dependence successfully

The following nine tips can help to ensure that the provision of tobacco dependence treatment is a success at national level.

1. Tobacco dependence treatment should be widely available, accessible and affordable, and should include education on the range of cessation options available.
2. Tobacco dependence treatment should, where appropriate, be tailored to the needs of individual tobacco users.
3. Countries should be very careful to protect the process of planning and building cessation services from all commercial and vested interests of pharmaceutical companies whose aim is to promote their own products.
4. Countries should learn from the experiences of countries with similar health settings and economic status.
5. Health care systems should have a central role in treating tobacco dependence.
6. Existing resources and infrastructure should be used in providing treatment.
7. Health care workers should play a central role in promoting tobacco cessation and offering support to tobacco users who want to quit.
8. The recording of tobacco use in medical notes should be mandatory.
9. The strengthening or creation of a national infrastructure to promote tobacco cessation and to provide tobacco dependence treatment will require both financial and technical resources; is therefore essential to identify funding for that infrastructure (Figure 1).

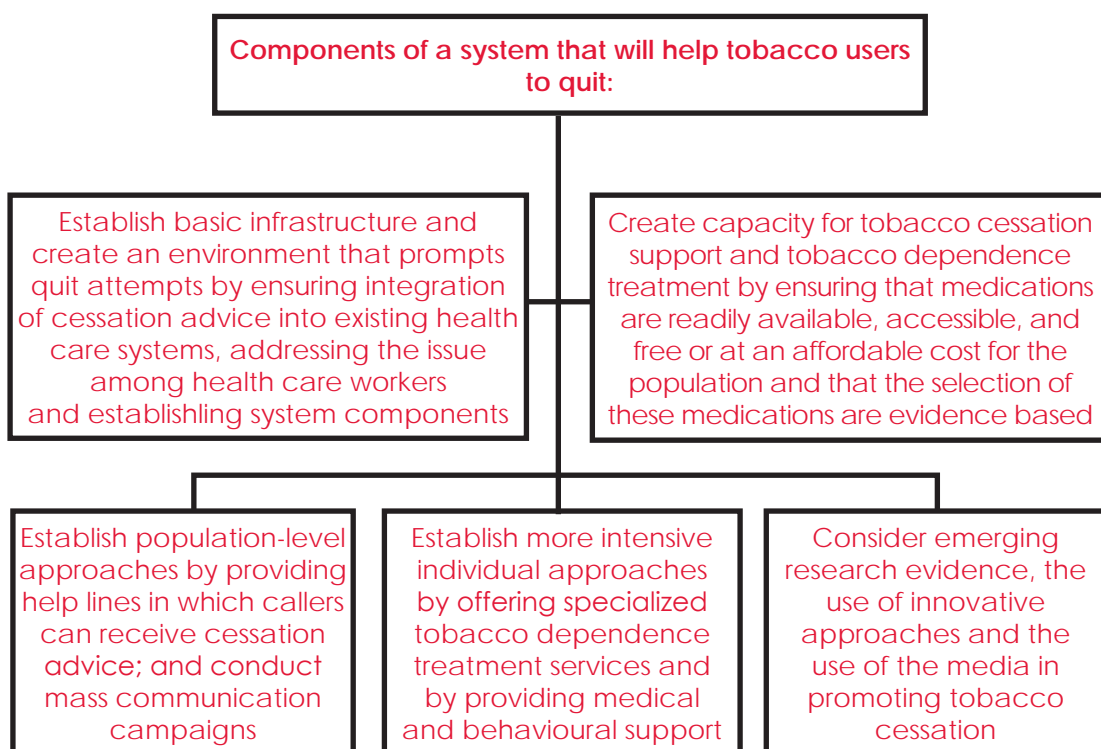


Figure 1. Components of a successful tobacco dependence treatment system





## Surveillance

### Why conduct surveillance?

*Is it a legal obligation?*

Yes, it is. Article 20 of the WHO Framework Convention on Tobacco Control (FCTC) states that:

1. The Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control.
2. The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

The FCTC clearly calls on Parties to establish national surveillance systems and support national research to assess the needs and the dimensions of the tobacco epidemic. Through accurate data the challenges created by tobacco use can be addressed, necessary interventions identified and policy priorities set accordingly.

#### *Impact of national surveillance and research systems*

Comprehensive national surveillance and research systems inform decision-makers in government and civil society how the tobacco epidemic is harming their country and encourages the allocation of tobacco control resources where they are most needed and will be most effective. National level surveillance and research systems provide evidence of whether policies are working or not; and how different policies should be adapted to the needs of a particular country and to various target groups within the country. The lack of a surveillance and research system jeopardizes not only funds placed for tobacco control but the credibility of national tobacco control programmes.

Good dissemination of the outcomes and results of research and surveillance is essential or their value will be lost.

### What to survey and study?

National surveillance and research systems have to "provide overarching, as well as specific information on the tobacco epidemic. These include surveys on tobacco use prevalence and consumption levels by age group, sex, income and other demographic subdivisions, both nationally and by province or region. The effectiveness of local and national tobacco prevention programmes must also be closely assessed". They also need to collect national data on:

- the economics of tobacco; the process and its impact on prevalence, the levels of smuggling; taxes and how tax might affect consumption;
- monitoring and evaluating of implementation of policies and laws; and
- tobacco industry strategies; policies and efforts to undermine tobacco control.

#### *Maintaining national surveillance and research systems*

To maintain an effective national surveillance and research system, "collaboration is needed among health practitioners, economists, epidemiologists, data managers, government officials and many others. Good management and organization are also necessary, which requires stable and sustained funding".



## Global Tobacco Surveillance System

In 2000, the Global Youth Tobacco Survey was introduced for the first time in the Eastern Mediterranean Region. Jordan was the first country to conduct the survey. Later in 2000, the first regional training workshop took place in Rabat, Morocco, where 10 countries were trained on implementing the survey.

The Global Youth Tobacco Survey is now a component in the Global Tobacco Surveillance System which is being implemented, along with its various other components, across the Region.

Through the implementation of the Global Tobacco Surveillance System, several key facts were revealed.

- The use of tobacco products by young people is increasing.
- Data from certain countries shows a rising trend in tobacco use among young girls.
- In some countries levels of female tobacco consumption was similar to that of males.
- The prevalence of tobacco use among young girls in some countries is more than that of adult females.
- There are many types of tobacco use in the Region, and the use of tobacco products other than cigarettes has been rising among girls and boys.

Conducting regular surveys identifies gaps in the implementation of legislation and loopholes in existing monitoring and implementation systems.

Although the Global Tobacco Surveillance System has been implemented for the last 10 years and adhoc research conducted in many countries on the economics of tobacco, there are still many gaps and challenges.

- The data on adult tobacco use need updating; there is a large gap in this area and a serious lack of information.
- National databases on the economics of tobacco are needed; there is a lack of information and without adequate data in this area it is difficult to implement recommendations of the FCTC.
- Most surveillance systems are externally funded; there is a need to establish national funding mechanisms to maintain these systems.
- There are no comparative data across the Region in many areas; the use of one methodology would facilitate the collection of comparative data between countries, paving the way for a coherent policy approach.

Although a majority of countries have tobacco data, there is a need for standardization to allow comparability between and within countries in order to focus more on trends rather than single point estimations.

Good policy is based on evidence.

Evidence is generated from research and surveillance.

The value of surveillance and research is lost if research results are not disseminated.





## Protecting tobacco control policies from the tobacco industry

### Why protect tobacco control policies?

*Is it a legal obligation?*

Yes, it is. Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) states: *“in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law”*.

*How the tobacco industry undermines tobacco control efforts*

The tobacco industry has for years been the vector of the “disease” of tobacco use. The industry promotes tobacco use for all groups, especially targeting young people and women as an ‘untapped’ market, regardless of the negative health-related consequences of tobacco use.

The preamble of the FCTC states that Parties to the Convention: *“need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts”*. This is therefore a legal obligation of all Parties to the FCTC. Parties need to take measures to ensure the protection of tobacco control policies from the influence of the tobacco industry, whether they are state-owned monopolies or multinational companies.

It has been proven on numerous occasions that the tobacco industry, as a whole, aims to undermine tobacco control to increase tobacco use. In 1993, a member of parliament in Egypt submitted a proposal for a total ban on tobacco advertising in Egypt. Philip Morris, from their offices in the United Arab Emirates, produced strategic guidelines and an action plan to undermine the proposal and partnered with the Eastern Tobacco Company in Egypt, the main dominator of the tobacco market at that time, to prevent the ban.<sup>1</sup> The experience showed that the tobacco industry, globally, is one and the same, whose common purpose is to sabotage tobacco control efforts to ensure continuation of their profits.

### Preventing attempts to undermine tobacco control

Parties need to put in place rules and regulations as per the FCTC and its guidelines to protect tobacco control policies from being undermined by the tobacco industry. This will guarantee better protection to the public, and accordingly, will lead to a better use of national resources. Implementing the steps recommended by the FCTC and its guidelines will result in inclusiveness and efficiency in tobacco control measures and in planning public actions based on the interests of the public and not the tobacco companies.

There are four key facts behind Article 5.3 of the FCTC.

1. There is a fundamental and irreconcilable conflict between the interests of the tobacco industry and public health policy.
2. When dealing with the tobacco industry or those working to further its interests accountability and transparency should be key principles.
3. The tobacco industry and those working to further its interests should operate and act in a manner that is accountable and transparent.
4. The tobacco industry should not be granted incentives to establish or run their business operations because their products are harmful to human health.

<sup>1</sup> *The threat of a total ban on tobacco advertising in Egypt. Strategy guidelines and action plan.* United Arab Emirates, Phillip Morris Services Inc, 1993.



## Activities of the tobacco industry in the Eastern Mediterranean Region

Activities of the tobacco industry in the Region to undermine tobacco control policies can be divided into the pre- and post-FCTC era.

In the 'pre-FCTC era' the tobacco industry used direct contact with decision-makers to openly manipulate tobacco control measures; openly undermined and opposed tobacco control attempts; and undertook "socially responsible" activities for purely profitable purposes. The tobacco industry formed the Middle East Tobacco Association (META) to promote and defend the industry's interests and established strong relationships with officials and influential people, and tobacco industry documents show that the companies enlisted prominent political figures in the Middle East to provide information and to lobby for them.

Their activities included:

- lobbying the Egyptian parliament against a total ban on advertising.
- countering the total ban on tobacco advertising in 1993 in Egypt.
- manipulating media and advertising associations.
- establishing contact with owners and publishers of major media outlets in order to influence editors not to publish "anti-industry propaganda".

In the 'post-FCTC era' the tobacco industry:

- uses 'corporate social responsibility' to gain social support and influence society and decision-makers, conducting activities such as sponsoring football teams.
- undermines tobacco control legislation indirectly through third parties and interest groups.
- attempts to influence tobacco control policies and encourage loopholes in the legislation, such as designating areas for smokers.
- engages in multisectoral alliances within governance structures to exploit differing priorities of government agencies.

WHO has produced several reports exposing the truth behind tobacco industry activities. The release of these publications led the governments taking a more aggressive attitude towards the industry as their true intentions were revealed. Both the League of Arab States and member countries of the Gulf Cooperation Council have adopted resolutions calling upon its countries to monitor closely the activities of the tobacco industry at national level. Since the adoption of the FCTC by the World Health Assembly 19 countries in the Region have become Party to the Convention. All countries are aware of the interference of the tobacco industry and countries are taking different steps to address their attempts to subvert tobacco control efforts. Countries need to continue to monitor the activities of the tobacco industry and to counter efforts to sabotage tobacco control efforts.

## How to protect tobacco control policies

Guidelines on protecting tobacco control policies from the vested interests and influence of the tobacco industry are outlined below.

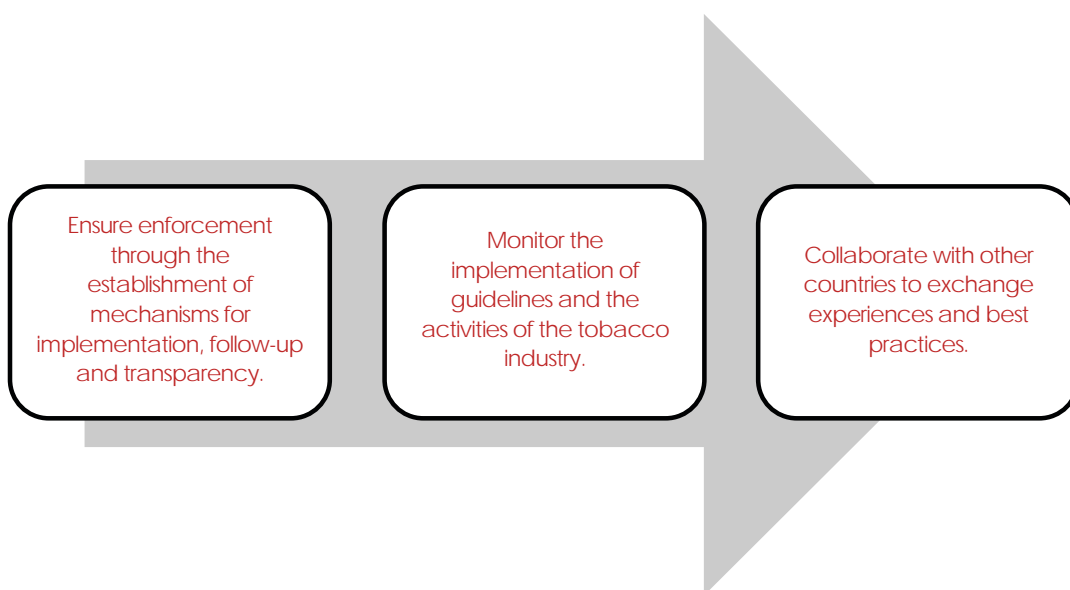
- Raise people's awareness of the addictive and harmful nature of tobacco products and the interference of the tobacco industry in tobacco control policies.
- Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions.
- Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.
- Reject the involvement of the tobacco industry in youth and public education initiatives, or in initiatives of any kind, that are directly or indirectly related to tobacco control.
- Ban the involvement of the tobacco industry in drafting national or subnational tobacco control policies.





- Ensure government officials and employees follow an established code of conduct and are transparent in their interactions with the tobacco industry.
- Ensure representatives of the tobacco industry are not included in official delegations to meetings related to the FCTC or tobacco control.
- Request that the tobacco industry periodically submit information on sales and any other activities/contributions in a transparent and accurate manner.
- Discourage and regulate tobacco industry activities conducted under the umbrella of "corporate social responsibility".
- Do not give preferential treatment to state-owned tobacco monopolies.
- Separate policies relating to tobacco control from policies overseeing and managing the tobacco industry.

Moving forward towards successful implementation cannot be achieved without effective enforcement, regular monitoring and collaboration with other countries to learn from their experiences.



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