

Intercountry meeting on strengthening Parties' capacity for implementing Article 5.3 of the WHO Framework Convention on Tobacco Control*

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Introduction

Article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC) requires countries to protect their health policies from tobacco industry influence (1,2). However, the WHO Eastern Mediterranean Region (EMR) faces a tough challenge in controlling tobacco use, because of the strong presence of the tobacco industry and their influence on tobacco use. The industry has been using several tactics to weaken tobacco control in the region, including questioning scientific facts, attempting to influence government decisions and overstating the industry's contribution to the economy.

Recent data shows alarming levels of interference, including pressure on governments to revoke bans on electronic tobacco and nicotine devices in Egypt; interfering with tobacco taxation in Kuwait; influencing the decisions of national standards boards in Iraq, Jordan and Sudan; and garnering support from top government officials in Islamic Republic of Iran (3).

In February 2024, the WHO Regional Office for the Eastern Mediterranean convened a meeting of relevant stakeholders to discuss latest evidence from the region including tactics used by tobacco industry to influence government decisions, as well as experiences and lessons from countries that have successfully implemented Article 5.3, and possible solutions to the major challenges.

Summary of discussions

WHO Member States have the legal and public health obligations to counter the tactics of the tobacco industry, enforce tobacco use control and effectively tackle the associated health challenges.

There is continuous conflict between the public health sector and the tobacco industry because of the deadly nature of tobacco products (4). The guidelines for implementing Article 5.3 emphasize the need for the health sector to limit interaction with the industry, reject proposals for partnerships with them, and ensure transparency in developing and implementing tobacco control policies.

Among the challenges in implementing Article 5.3 in the EMR are the unstable political and economic situation in some of the countries, the existence of state-owned tobacco companies, aggressive marketing tactics by tobacco companies including tobacco use promotion by social media influencers, limited knowledge of Article 5.3 and its implementation among government officials and researchers, conflict of interest particularly among government officials and politicians who have ties with the tobacco industry, and direct and indirect industry interference in tobacco taxation and regulation policies (2).

To address these challenges, there is a need for awareness campaigns on the harmful effects of tobacco use targeting different sectors of the society and through the traditional and digital media. Such campaigns can be used to educate the public about the tactics used by the tobacco industry and the importance of resisting their influence (2). The social media should be used to target parents and children with anti-tobacco messaging, engage youth in tobacco control efforts, and empower young people to become tobacco control ambassadors.

Sustained partnerships and collaborations between legal entities, non-government organizations, health and other relevant government workers, tax authorities, and the media are essential to combat tobacco industry interference and promote anti-smoking and other related public health initiatives. In Pakistan, for example, advocacy by civil society has helped in countering tobacco industry pressure, leading to the implementation of graphic health warnings on cigarette packs (5). With civil society support, the Khyber Pakhtunkhwa Government was able to enforce the ban of e-cigarette sales to minors. Through multistakeholder collaborations, Cambodia succeeded in banning tobacco-related corporate social responsibility activities in educational facilities (6). With interdepartmental collaboration, Indonesia adopted the use of pictorial health warnings on tobacco packs despite several challenges (7). And in Philippines, the Department of Health worked with the Civil Service Commission to implement Article 5.3 of the WHO FCTC (8).

There is a need to build legal capacity in tobacco litigation at country level across the EMR (9). This will

* <https://applications.emro.who.int/docs/WHOEMTFI232E-eng.pdf?ua=1>

empower the responsible authorities to pursue legal options and hold the tobacco industry accountable for any violation of regulations. Government and tobacco control officials should be made to sign disclosures declaring no links to the tobacco industry and prohibiting them from working for the tobacco industry after leaving their positions. Legislation should prohibit sponsored media activities by the tobacco industry.

Comprehensive assessments and surveillance are needed to better understand the extent of tobacco industry influence and interference and to design appropriate interventions. This will ensure that policymaking processes remain free from undue influence and manipulation.

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Recommendations

For Member States

- Design interventions at country level to implement and monitor implementation of Article 5.3.
- Strengthen collaborations and partnerships between the media, government, non-government organizations, and other relevant stakeholders.

For WHO

- Continue to provide technical support to Member States for planning, implementing and monitoring Article 5.3 activities.