

# Summary report on the **Informal brainstorming session on leveraging diplomacy in support of tobacco control in the Eastern Mediterranean Region**

Virtual meeting  
20–22 January 2025



**World Health  
Organization**

Eastern Mediterranean Region

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## **1. Introduction**

The WHO Eastern Mediterranean Region faces a range of social, cultural and economic factors that intensify the challenge of combatting tobacco and nicotine use. At the core of these are the transnational nature of the tobacco crisis and the tobacco industry's exploitation of regulatory loopholes and attempts to influence policy-makers, rendering national-level responses insufficient. This situation demands a unified, Region-wide approach, grounded in all relevant sectors, including a regional diplomatic approach to tobacco control.

Diplomacy, in the general perception, is a tool for preventing and resolving conflicts between States. However, in practice, its role exceeds this, which was very clear during the negotiations for the WHO Framework Convention on Tobacco Control (WHO FCTC), the first public health treaty negotiated under the WHO Constitution, where ministries of foreign affairs played a key role in negotiations and moving the tobacco control agenda forward. Following this, diplomacy became increasingly recognized as a strategic asset for advancing health goals, both globally and regionally.

To achieve the required success in tobacco control, a shared understanding of the role of diplomacy in advancing tobacco regulation is essential, along with practical steps to transition from negotiations to effective, long-term implementation of the WHO FCTC at national level. Given the demanding responsibilities of ministries and permanent mission staff who work on health areas, there can sometimes be gaps in information, which may be taken advantage of by the tobacco industry. To actively engage national authorities, including ministry of foreign affairs and permanent missions, to enhance coordination and safeguard public health policies, regular briefings and meetings between the staff of ministries of health and ministry of foreign affairs, supported by the Convention Secretariat, are essential.

The goal is to construct a path forward that institutionalizes diplomacy as a central pillar of health policy in the Region by examining global best practices in health diplomacy, better understanding the risks and identifying possible opportunities. Through strategic diplomatic engagement, a Region-wide approach can be built that counters industry influence, protects public health and ensures a healthier future for the next generation.

In this context, the WHO Regional Office for the Eastern Mediterranean held an informal brainstorming session on 20–22 January 2025 on leveraging diplomacy in support of tobacco control in the Eastern Mediterranean Region. The virtual session also aimed to draw attention to the importance of applying Article 5.3 in all interactions with the tobacco industry to prevent its influence over national tobacco control policies.

The specific objectives of the session were to:

- share with participants the most recent tobacco control changes and challenges regionally and globally;
- present best practices in multisectoral collaboration in tobacco control and showcase examples of tobacco industry interference; and
- rebuild the link between diplomacy and tobacco control for stronger multisectoral collaboration at the national level.

The informal brainstorming session was a first step towards stronger collaboration by all ministries, with a special focus on the ministry of foreign affairs, and prioritizing health issues on national agendas.

## 2. Summary of discussions

### *Day one: The issue*

Dr Adham R. Ismail Abdel Moneim, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, conveyed a message from Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, stressing the transnational nature of the tobacco epidemic and the necessity of a unified regional strategy. The Regional Director highlighted diplomacy as a critical tool in countering industry interference and advancing health goals, saying that the session aimed to assess global best practices, identify challenges and leverage diplomatic engagement for stronger tobacco control measures.

Dr Fatimah El-Awa, Regional Adviser, Tobacco Free Initiative, WHO Regional Office for the Eastern Mediterranean, in her opening remarks, noted the importance of implementing tobacco control measures in the Eastern Mediterranean Region, in alignment with global agendas such as the voluntary targets for noncommunicable diseases reduction and the Sustainable Development Goals (SDGs). She highlighted concerning trends in tobacco use, especially among youth, and called for urgency in curbing the epidemic to safeguard future generations. Dr El-Awa underscored the pervasive influence of the tobacco industry, which spreads false information and actively opposes tobacco control policies, even forming alliances to resist regulation. She stressed the legal and health obligations to combat the tobacco industry's tactics and called for continued vigilance and action at both national and regional levels to effectively tackle this persistent health threat.

Dr Douglas W. Bettcher, Senior Advisor, Office of the Director-General, WHO headquarters, highlighted the historical impact of the WHO FCTC, emphasizing its role in overcoming industry opposition and setting a precedent for global health diplomacy. He highlighted the

FCTC's success in shaping international law and collaboration between the health and foreign affairs sectors, offering valuable lessons for current public health negotiations.

Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean, provided an overview of the session's objectives, emphasizing the intersection of diplomacy and tobacco control. He noted the ongoing challenge of rising tobacco use in the Region, particularly with new nicotine products targeting youth. Urging a multisectoral approach, he called for stronger engagement with diplomatic actors to address regulatory loopholes, misperceptions and industry influence through instruments such as the FCTC and MPOWER package.

Dr El-Awa then welcomed participants and stressed the importance of engaging ministry of foreign affairs' representatives alongside ministries of health, parliamentarians and stakeholders. She traced the evolution of health diplomacy and its role in shaping tobacco control efforts, accentuating the urgency of aligning these with the SDGs. She expressed hope for actionable outcomes, strengthened regional collaboration and sustained diplomatic efforts.

Dr Bettcher and Ms Juliette McHardy, Consultant, Department of Social Determinants of Health, WHO headquarters, jointly presented on global health diplomacy, defining key dimensions such as governance, stakeholder alliances and crisis response. They highlighted the growing involvement of the ministry of foreign affairs in health, referencing the FCTC negotiations and broader international collaborations on noncommunicable diseases. They called for integrating health into foreign policy and enhancing diplomatic cooperation to address global health challenges, particularly in the post-COVID-19 era.



H.E. Ambassador Amr Ramadan, Vice-Chair of the Intergovernmental Negotiating Body (INB), emphasized the crucial link between diplomacy and health, citing the INB's work on pandemic prevention. He stressed the need for international cooperation in tackling global health challenges and highlighted the successful collaboration between Egypt's Ministry of Health and Population and Ministry of Foreign Affairs as an example of effective inter-ministerial coordination.

Dr Syed Jaffar Hussain, WHO Representative in the Islamic Republic of Iran, discussed country-level health diplomacy, stressing the need for ministry of foreign affairs' engagement in addressing the economic and health impacts of tobacco. He highlighted challenges in the Eastern Mediterranean Region, such as rising tobacco use and industry interference, and called for stronger regional coordination, trade policies and border controls. He reiterated that the economic burden of tobacco outweighs short-term industry gains, advocating for enhanced implementation of FCTC strategies.

Dr Mansour Zafer Alqahtani, Senior Health Expert, Secretary-General of the National Tobacco Control Committee, Saudi Arabia, presented on the involvement of the country's Ministry of Foreign Affairs in tobacco control. He highlighted its role in supporting FCTC ratification, international negotiations and tax standardization across the Gulf Cooperation Council (GCC). He provided examples of diplomatic action, including Saudi Arabia's implementation of plain packaging, achieved through coordinated efforts between the Ministry of Health, Ministry of Foreign Affairs, and regulatory bodies.

Regional advisers in tobacco control from the WHO's Regional Office for the Americas, Regional Office for South-East Asia and Regional Office for the Western Pacific provided insights into ministry of foreign affairs' involvement in tobacco control across different WHO regions. Ms Diana Cerón Díaz (Regional Office for the Americas) noted that

ministries of foreign affairs played a leading role in FCTC implementation in the Americas, particularly in international negotiations. Dr Jagdish Kaur (Regional Office for South-East Asia) highlighted industry interference and the need for stronger intersectoral collaboration, while Ms Mina Kashiwabara (Regional Office for the Western Pacific) stressed the importance of a whole-of-government approach to tobacco control, urging greater ministry of foreign affairs' engagement.

### *Discussion*

Dr Bettcher moderated a discussion on the following questions: (1) It worked before; can it continue to work?; and (2) How can we institutionalize the integration?

Dr Hussain emphasized a threefold approach to institutionalizing the role of the ministry of foreign affairs in health issues: sustained engagement, accountability and collaboration. At the country level, he stressed using best practices and evidence to involve the ministry of foreign affairs in advocacy, policy-making and decision-making. He proposed shifting some responsibilities from ministries of health to ministries of foreign affairs to enhance ownership and accountability, supported by high-level entities such as the FCTC chair. Dr Hussain highlighted collaboration with ministries of finance to address economic and cultural arguments, alongside the vital role of permanent missions in Geneva and New York. He called for involving ministries of foreign affairs and ministries of finance through evidence, engagement and integration, noting the importance of parliamentary support, as seen in Egypt's WHO FCTC approval. Observing ministry of foreign affairs' successes during COVID-19, he expressed confidence in securing their role in tobacco control through leadership and ownership.

Dr Kaur stressed the need to shift the perception that FCTC custodianship lies solely with health ministries, advocating for

continued multisectoral collaboration in the implementation phase. To institutionalize the role of the ministry of foreign affairs, she proposed mandating ministry representation in FCTC Conference of the Parties (COP) delegations through formal communication from the Convention Secretariat and fostering collaboration between health ministries and ministry of foreign affairs to create platforms for intercountry cooperation. These steps would strengthen partnerships and enhance the engagement of ministries of foreign affairs in tobacco control.

Dr Behzad Valizadeh, Head of the National Tobacco Control Secretariat, Ministry of Health and Medical Education, Islamic Republic of Iran, stressed that institutionalizing collaboration depends on ministries of health involving ministries of foreign affairs in future initiatives. For countries not yet engaged in this, he emphasized prioritizing ministry of foreign affairs' involvement. He anticipated strong engagement of ministries of foreign affairs at the upcoming COP, particularly in fostering regional cooperation. Regarding implementation, he noted that progress relies on securing sufficient funding and resources, which remains a key challenge.

Dr Kawthar Mohamed Aleid, Head of Anti-Smoking Group, Public Health Directorate, Ministry of Health, Bahrain, highlighted bureaucratic challenges in advancing tobacco control efforts, noting that Bahrain's National Committee for Tobacco Control lacks representation from the Ministry of Foreign Affairs, with communication occurring only at higher ministerial levels. This poses difficulties in transitioning smoothly to the implementation phase. On institutionalizing the role of ministries of foreign affairs in health-related issues, she emphasized the need for frequent meetings with ministry representatives to bridge the gap between health issues and health diplomacy. While challenges exist in achieving this integration with other sectors, Dr Kawthar stressed the importance of regular engagement and stated that efforts would be made to include this objective in future agendas to strengthen collaboration.

Dr Shahzad Alam Khan, Tobacco Control Officer, WHO country office, Pakistan, emphasized the need to expand ownership of the FCTC beyond the ministry of health to formally include the ministry of foreign affairs and other stakeholders, ensuring they have a clear role and feel responsible and accountable for tobacco control. He advocated for national dialogues on health diplomacy under the joint leadership of the ministries of health and foreign affairs. He also highlighted the importance of integrating tobacco control into other public health programmes and called for including collaborative activities between the ministry of foreign affairs and the ministry of health in work plans. Dr Khan reiterated that a whole-of-government and whole-of-society multisectoral approach is essential, as the health sector alone cannot tackle these challenges effectively.

Dr Mary Assunta, Head of Global Research and Advocacy, Global Center for Good Governance in Tobacco Control, emphasized the importance of intersectoral collaboration, particularly with ministries of foreign affairs, in implementing the guidelines of Article 5.3. She noted that at COP10, only six of the 114 delegations were led by the ministry of foreign affairs, with some showing pro-industry stances. She recommended including ministries of foreign affairs in FCTC committees and briefing them on health issues to ensure they adopt pro-health positions. Dr Assunta stressed the need for health ministries to prepare the ministry of foreign affairs for international negotiations and highlighted the upcoming Global Tobacco Industry Interference Index. She concluded by stressing the importance of strengthening the engagement of ministries of foreign affairs in health diplomacy.

Dr Bettcher closed the day by stressing the need for collaboration between ministries of foreign affairs, health attachés and public health officials to ensure unified, pro-health positions in government delegations. He called for prioritizing stronger cross-ministry collaboration, particularly between foreign affairs and health, to ensure a coordinated, multisectoral approach

to treaty negotiations, follow-ups and implementation. This is essential for addressing challenges such as tobacco industry interference and achieving global health goals, including reducing premature mortality from noncommunicable diseases.

*Day two: Impediments and how to address them*

Dr Ghazi Zaatari, Professor and Chair, Department of Pathology and Laboratory Medicine, American University of Beirut, opened the second day highlighting the Region's slow progress in fully implementing the WHO FCTC due to industry interference, misinformation and the introduction of new tobacco products. Additionally, complex emergencies in some countries have further hindered tobacco control efforts. He stressed the urgent need for a unified, multisectoral approach and provided an overview of the day's focus on identifying barriers and strategies for effective tobacco control.

Dr Adriana Blanco Marquizo, Head of the Convention Secretariat, presented on the FCTC's whole-of-government approach. She detailed the treaty's development, emphasizing its foundation in human rights and international cooperation. Diplomats played a key role in negotiating consensus, and intersectoral approaches such as national commissions and the FCTC 2030 process have been essential for implementation. She underscored the importance of linking tobacco control to human rights and environmental protections, citing recent decisions including the [Panama Declaration](#).

Dr Abdulrahman Alqashaan, Health Attaché, Kuwait Permanent Mission to the United Nations, discussed the role of the Geneva Eastern Mediterranean Region health group in coordinating health diplomacy. He emphasized tobacco economic and health burden and the need for integrating health into foreign policy. Dr Alqashaan highlighted regional collaboration in the COVID-19 pandemic response and

proposed strengthening capacity-building efforts for diplomats, improving interministerial coordination, and ensuring continuity in health representation. He cited Egypt's successful integration of health into foreign policy as an example of effective ministry of health/ministry of foreign affairs collaboration.

Dr Joumana Hermez, Acting WHO Representative, Djibouti, presented on multisectoral collaboration for tobacco control in Djibouti. Despite progress, gaps remain in enforcement, taxation policies and cessation support. A national workshop had concluded with commitments to reactivate the multisectoral committee, strengthen policy enforcement, and enhance nongovernmental organization involvement to sustain tobacco control progress. Dr Hermez emphasized the need for coordinated action using the WHO MPOWER framework.

Dr Tarek A. Numair, Head of the Central Administration for Environmental Affairs, Egypt's Ministry of Health and Population, discussed the country's tobacco control efforts. While Egypt has ratified the WHO FCTC and implemented graphic health warnings and tax increases, challenges persist with high smoking rates and the rise of new tobacco products. Dr Numair called for enhanced coordination between the ministries of health and foreign affairs, expanded nongovernmental involvement and policy updates to address evolving trends, particularly among youth.

Ms Rasha Manasra, Tobacco Control Officer, WHO country office, Jordan, highlighted Jordan's multisectoral approach to tobacco control. The Ministry of Foreign Affairs and Expatriates has played a crucial role in international negotiations and ratifying protocols such as the one on illicit tobacco trade. She emphasized the need for stronger intersectoral coordination and the activation of a multisectoral committee to maintain momentum in tobacco control efforts.

Dr Olfa Saidi, Technical Officer, WHO country office, Tunisia, discussed Tunisia's whole-of-government approach to tobacco control. Despite a high smoking prevalence and significant health and economic burdens, Tunisia has strengthened its inter-ministerial collaboration, with the Ministry of Foreign Affairs advocating for stronger national laws and youth prevention programmes. The Ministry's involvement has helped Tunisia align policies with the WHO FCTC and promote sustainable tobacco control measures.

### *Discussion*

Dr Zaatari moderated a discussion on the following questions: (1) Does one module fit all?; (2) Does what work once works always?; and (3) How can lead agencies facilitate?

Dr Valizadeh emphasized the need to involve the ministry of foreign affairs in national tobacco control mechanisms to ensure effective coordination and implementation of laws. He urged ministries of health to advocate for this inclusion and highlighted the importance of the ministries of foreign affairs in international tobacco control efforts through country permanent missions. He suggested that improved communication channels and streamlined processes, with direct involvement of the ministry of foreign affairs, are crucial for better follow-up and efficient implementation of tobacco control conventions.

Dr Aleid highlighted that Bahrain's National Committee for Tobacco Control currently lacks representation from the Ministry of Foreign Affairs and that she plans to advocate for their involvement during quarterly meetings to strengthen and sustain collaboration.

Ms Manasra suggested undertaking a root cause analysis to understand why the ministry of foreign affairs has limited involvement in tobacco control. She proposed that the analysis should also assess the ministry of foreign affairs' current role, identifying gaps, such as knowledge deficits,

poor communication, or high staff turnover. Ms Manasra also suggested the need for education campaigns to raise the ministry of foreign affairs' awareness of the importance of tobacco control and its relevance to foreign policy, alongside tailored policy recommendations. Additionally, engaging ministries of foreign affairs with tobacco control champions could foster diplomatic involvement and strengthen their leadership in this area.

Dr Jawad Al-Lawati, Senior Consultant, Ministry of Health, Oman, and Rapporteur of the National Tobacco Committee, stated that mission representatives often lack familiarity with tobacco control efforts, while stakeholders are unaware of the new representatives' roles. To address this, he proposed organizing targeted meetings, such as on-the-spot sessions before COP meetings and annual gatherings, to foster mutual understanding and collaboration between mission representatives and tobacco control stakeholders.

Dr El-Awa agreed that ministries of foreign affairs should be included in national multisectoral tobacco control committees and that in the meantime, they should be proactively invited as a technical or political resource. The ministry of health, as the lead agency for tobacco control, should actively engage the ministry of foreign affairs through regular updates and meetings, such as quarterly debriefings. She affirmed that WHO could support the involvement of ministries of foreign affairs through pre-COP meetings, but national coordination should remain the ministry of health's responsibility. She suggested that reviving past practices, such as regular updates during the FCTC negotiation phase, could improve collaboration. To address high turnover among ministry of foreign affairs' representatives, their involvement should be institutionalized, and existing structures such as health committees utilized. She noted that formal communication, such as summary letters to ministers of health and foreign affairs, would support this collaboration and follow-up action.



Ms Nohal Al-Homsi, Project Officer, WHO country office, Lebanon, emphasized the need to better educate ministries of foreign affairs in tobacco control and the FCTC, as they often lack awareness of these issues. She stressed the importance of a strong national tobacco control committee, with a dedicated ministry of foreign affairs representative to keep them involved. Ministries of health should step up their efforts to encourage the participation of ministries of foreign affairs. A two-pronged approach was suggested: raising the awareness of the ministries of foreign affairs, while ensuring their engagement at the national level, especially if they miss regional meetings. She said that in Lebanon, stakeholders are taking proactive steps to advance tobacco control and keep the Ministry of Foreign Affairs and Emigrants actively involved.

Dr Zaatari closed the second day's session by stressing the importance of a unified, multisectoral approach to tobacco control with health diplomacy playing a key role in uniting stakeholders. He urged national tobacco control committees to include key ministries, such as the ministry of foreign affairs, to align efforts with national strategies and foster collaboration at all levels, led by the ministry of health. Highlighting the rise of nicotine addiction and new products, Dr Zaatari called it a defining challenge of our time, requiring collective effort and innovative strategies to tackle what he called "the epidemic of the century".

*Day three: Tobacco industry attempts to undermine tobacco control*

Ms Kritika Khanijo, Technical Officer (Legal), Public Health Law and Policies, Health Promotion, WHO headquarters, moderated the final day, outlining its focus on tobacco industry interference and strategies for implementing Article 5.3 of the WHO FCTC. Special emphasis was placed on the role of ministries of foreign affairs, multisectoral collaboration and case studies demonstrating regional integration of health priorities.

Dr Assunta presented on the Global Tobacco Industry Interference Index, highlighting tactics used by the industry to undermine regulations, especially in crisis situations. She cited examples from Sudan, the Syrian Arab Republic and Yemen, where the industry targets non-health sectors to influence policies. She emphasized the need for transparency, limiting industry interactions and de-normalizing corporate social responsibility (CSR) activities as a form of promotion.

Ms Evita Ricafort, Legal Officer at the Convention Secretariat, stressed that the WHO FCTC is a whole-of-government commitment, not solely the responsibility of the ministry of health. She outlined the role of ministries of foreign affairs in international negotiations, emphasizing the necessity of intersectoral cooperation. She shared examples from Australia, the United Kingdom and Saudi Arabia, illustrating successful multisectoral policies and highlighted the need for ministries of foreign affairs to advocate for stronger national laws.

Ms Khanijo presented on challenges in enforcing Article 5.3, identifying weak policies, lack of political will, CSR activities and third-party lobbying as major obstacles. She highlighted how tobacco companies use deceptive strategies, such as harm reduction narratives and environmental initiatives, to undermine regulations. She called for integrating Article 5.3 into national laws and strengthening legislative frameworks against emerging tobacco products.

Dr Rayana Bou Haka, WHO Representative, Qatar, shared Qatar's experience in implementing tobacco control during the FIFA World Cup 2022. She emphasized the challenges and successes of enforcing tobacco-free stadiums and highlighted the importance of leveraging global events for tobacco control awareness. Future recommendations included integrating tobacco control into planning for mega-events and strengthening diplomatic recognition of health initiatives.

Dr Khan discussed Pakistan's high tobacco burden and its economic costs. He detailed the country's efforts, including FCTC ratification, increased excise duties and pictorial health warnings. He highlighted ongoing industry resistance and emphasized the importance of the involvement of ministries of foreign affairs in tobacco control negotiations and stronger multisectoral coordination.

Dr Rasha Alfawaz, Director, Public Health Programmes and Policies, Gulf Center for Disease Prevention and Control (Gulf CDC), outlined the Center's efforts to integrate tobacco control into public health agendas. She highlighted regional smoking trends and tax measures, noting ongoing challenges in achieving WHO's recommended 75% tax rate. She stressed the need for gradual tax increases and stronger intersectoral cooperation to reduce tobacco use across the Region.

Dr Raouf Alebshehy, Managing Editor, Tobacco Tactics, Tobacco Control Research Group, Department for Health, University of Bath, United Kingdom, discussed the tobacco industry's historical infiltration of diplomacy. He presented case studies of diplomatic interference and industry tactics to influence trade and public health policies. He emphasized the ethical dilemmas faced by diplomats engaging with the industry and called for stronger regulatory oversight to prevent industry interference in public health decisions.

Dr Hina Hafeez, Consultant, Tobacco Free Initiative, WHO Regional Office for the Eastern Mediterranean, emphasized the need for sustained ministry of foreign affairs involvement in tobacco control. She highlighted the importance of strengthening communication between the ministry of foreign affairs and ministry of health and called for WHO and the Convention Secretariat to facilitate regular engagement with foreign ministries. Future recommendations included ensuring systematic implementation of Article 5.3 and integrating tobacco control into broader diplomatic and public health efforts.

*Discussion*

Ms Khanijo moderated a discussion on the following question: How can the ministry of health, as the lead agency for tobacco control at national level, facilitate further and sustainable collaboration with the ministry of foreign affairs?

Dr Assunta emphasized the importance of ensuring that the ministry of foreign affairs explicitly adopts and implements Article 5.3. She suggested that any reference to addressing tobacco industry interference should explicitly include implementing Article 5.3 to highlight its importance and ensure continuity despite changes in staffing.

Dr Al-Lawati acknowledged the sensitive and complex nature of conferences such as COP, where political and scientific issues are often discussed. He emphasized the need to clarify when countries have differing opinions or stances during such events. In situations where the ministry of health is unable to formally present their viewpoint, the ministry of foreign affairs can serve as an alternative platform to communicate those perspectives.

Ms Khanijo summarized the day's proceedings and emphasized the ongoing challenge of the tobacco industry's profit-driven innovations that prioritize business over public health. She highlighted the need for a comprehensive, whole-of-government approach to protect health policies from tobacco industry interference, stressing that this responsibility should not fall on just one ministry but should be a collective effort. Ms Khanijo also praised country-level examples of multisectoral collaboration, including cooperation between ministries of foreign affairs, trade and finance, as key to advancing tobacco control. She emphasized the importance of regional cooperation, especially with organizations such as Gulf CDC, to tackle the tobacco industry's cross-border influence. She stressed the unparalleled harm caused by tobacco and the need for an

exceptional response to address it. Ms Khanijo concluded by noting that while the challenges are great, through commitment and collaboration, progress toward a healthier future is achievable.

Dr El-Awa expressed her appreciation for the successful completion of the brainstorming session, highlighting the participation of various sectors, including from ministries of health and foreign affairs, and of parliamentarians. She emphasized the importance of taking action at the national level, stressing that regional action cannot replace the efforts of the national lead agency.

### **3. Future directions**


The significance of the meeting and keen interest of Member States and experts was reflected in the presence of 70–80 participants from a wide range of disciplines, including public health, international relations, governance, health policy, research and academia. The discussions centred on the critical role of multisectoral support in advancing tobacco control efforts, with a particular focus on the ministry of foreign affairs as a key driver of this important global commitment. The implementation of the WHO FCTC and its protocols necessitates a whole-of-government approach, with all sectors having a role to play in its full implementation. Given the tight timeline Member States have to achieve the SDG targets by 2030, it was agreed that continued involvement by ministries of foreign affairs is crucial, not only for meeting the agreed targets, but for facilitating and leading negotiations related to the WHO FCTC.

The following suggested actions are derived from the discussions.

1. Member States should ensure the sustainable involvement of ministries of foreign affairs in tobacco control at the national level through the available opportunities, including:

- regular briefings by the lead government agency (ministry of health) on tobacco prevention and control to all relevant sectors, including the ministry of foreign affairs. These should include evidence on the direct and indirect impact of tobacco use on the health of the population and what role other sectors, especially the ministry of foreign affairs, can effectively play;
  - active participation of ministries of foreign affairs in national meetings related to tobacco control;
  - institutionalizing and integrating ministries of foreign affairs into national coordination mechanisms and tobacco control committees, including, where possible, through legislative or ministerial invitation;
  - sensitizing ministry of foreign affairs' representatives on tobacco control and the WHO FCTC to improve their understanding and engagement in related issues; and
  - bringing to the attention of the ministry of foreign affairs those challenges that require its action, including diplomatic engagement, and collaborating on the necessary steps forward.
2. Member States should include ministry of foreign affairs representatives in FCTC COP delegations and other international tobacco control events to ensure effective coordination and the representation of national interests in tobacco control.
  3. WHO and the Convention Secretariat should facilitate ongoing communication with ministries of foreign affairs at regional and global levels to strengthen tobacco control at all levels (nationally, regionally and globally). It is suggested to hold at least one annual meeting with ministry of foreign affairs' representatives at national and permanent mission levels to build mutual understanding and align strategic approaches among national-level ministries of foreign affairs, mission representatives and tobacco control stakeholders.
  4. WHO and the Convention Secretariat should establish strong links and cement relations/collaboration with health attachés at permanent missions and ministry of health tobacco control focal points for continued follow up and regular updates.

5. WHO and the Convention Secretariat should facilitate, strengthen and intensify ministry of foreign affairs' involvement in global and regional tobacco control efforts/initiatives through official and direct communication channels and regular briefings. This might include:
  - routing/copying communications through the permanent mission and the ministry of foreign affairs for better follow-up and involvement in WHO FCTC matters;
  - special sessions with ministries of foreign affairs on tobacco control efforts/initiatives, before and after major events take place, such as launch of publications;
  - national, regional and global engagement of ministries of foreign affairs in tobacco prevention and control events, seeking their support in safeguarding the COP and MOP processes from tobacco industry influence and interference;
  - involving ministries of foreign affairs, in addition to usual national partners, in specific tobacco control capacity-building activities, such as training, capacity-building and meetings, given the routine turnover in ministry of foreign affairs personnel at all levels;
  - ministry of foreign affairs' consideration of adopting and implementing Article 5.3 as part of a whole-of-government approach to full implementation of Article 5.3.
6. To support WHO FCTC Article 5.3 implementation at all levels, international partners should:
  - document best practices through various means, including on their websites and through different influencing groups;
  - publicly share examples of government documentation in applying Article 5.3;
  - continue offering training opportunities to different sectors in this regard; and
  - develop/share mechanisms for fully implementing Article 5.3 at national level.



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