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REGIONAL ACTION PLAN FOR THE TOBACCO FREE INITIATIVE IN THE WESTERN PACIFIC (2010–2014)

Tobacco is the leading preventable cause of death globally. More than 5 million people die worldwide from the effects of tobacco every year—more than from HIV/AIDS, malaria and tuberculosis combined. It is the only legal consumer product that kills when used exactly as the manufacturer intends. Up to one half of all smokers will die from a tobacco-related disease. One third of the world's smokers reside in the Western Pacific Region, where it is estimated that two people die every minute from a tobacco-related disease.

Since the WHO Framework Convention on Tobacco Control (WHO FCTC) came into force in 2005, all eligible parties in the Region have ratified the treaty and are working towards compliance with its articles. Despite this, the Western Pacific Region has the greatest number of smokers, among the highest rates of male smoking prevalence, and the fastest increase of tobacco use uptake by women and young people, in comparison with the other five WHO regions. Recent research shows that up to 50% of students aged 13–15 years surveyed had been recently exposed to tobacco smoke in their homes and in public places. Efforts should now be focused on complete implementation of the WHO FCTC.

Effective tobacco control can save lives, prevent diseases, improve productivity and reduce expenditures for medical care from tobacco-related illness. Legislation and policy is required to achieve effective tobacco control. Social norms need to change. Political will is needed to make tobacco control a priority public health programme within ministries of health.

The Regional Committee is requested to discuss and endorse the *Regional Action Plan (2010–2014) for the Tobacco Free Initiative* as a critical step towards complete implementation of the WHO FCTC, further mobilization of public action and strengthening organizational capacity for comprehensive and sustainable tobacco control in Member States.

1. CURRENT SITUATION

Tobacco is the leading preventable cause of death globally. More than 5 million people worldwide die from the effects of tobacco every year—more than from HIV/AIDS, malaria and tuberculosis combined. The health, social, economic and environmental consequences of tobacco are devastating. It is the only legal consumer product that kills when used exactly as the manufacturer intends. Up to one half of all smokers will die from a tobacco-related disease. If current global trends continue, tobacco will kill more than 8 million people annually by 2030, and three quarters of these deaths will be in low- and middle-income countries.

One third of the world's smokers reside in the Western Pacific Region, where it is estimated that two people die every minute from a tobacco-related disease. Compared with the other five WHO regions, the Western Pacific Region has the greatest number of smokers, among the highest rates of male smoking prevalence, and the fastest increase of tobacco use uptake by women and young people. Recent research shows that up to 50% of students aged 13–15 years surveyed had been recently exposed to tobacco smoke pollution in their homes.

Apart from cigarette smoking, other uses of tobacco are equally alarming. Chewing of tobacco with the Areca nut is a common practice in the Pacific. Studies show that this practice is linked to the high incidence of oral cancer and significantly high rates of mortality. The average worldwide mortality rate for oral cancer is less than 50%, however rates as high as 67% and 80% have been reported in some countries in the Western Pacific Region.

With increased public awareness of the hazards of exposure to second-hand smoke from cigarettes, the industry has started to introduce new products and repackage old ones. Water pipes, or shishas, for example have become a fad among the youth in cities across the Region. Many young people are not aware that a one-hour water pipe smoking session is equivalent to inhaling smoke from 100 cigarettes. There have been increasing reports of the promotion of misleading descriptors, such as "mild", "light" and "low-tar" cigarettes, as well as more aggressive promotion of candy-flavoured and brightly coloured cigarettes that appeal to youth and children. Smokeless tobacco products, such as electronic cigarettes, have also been introduced in some countries.

2. ISSUES

1. Effective tobacco control can avert unnecessary deaths, prevent diseases among both smokers and nonsmokers (e.g. cancer, heart disease, strokes and respiratory illness), improve worker productivity and reduce expenditures on medical care.

Despite this, many countries do not have national action plans, adequate human resources or programme targets and indicators for monitoring progress in tobacco control. Many countries have yet to convene national coordinating mechanisms for tobacco control. Tobacco control programmes in ministries of health are not a priority, and these programmes often lack political and financial support, are understaffed, and face many challenges in meeting the demands for policy and action at national, local and transnational levels.

2. The WHO Framework Convention on Tobacco Control (WHO FCTC) and its ratification by all eligible parties in the Western Pacific Region continues to provide an unparalleled opportunity to pass legislation and develop and enforce effective policies in countries. The greatest stumbling block is interference by the tobacco industry in legislative and policy-making processes through lobbying and "partnering" with organizations inside and outside of government, as well as asserting and maintaining direct and indirect influence on policy-makers, political leaders and researchers. Governments must recognize that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests. Ministries of health must be at the forefront in protecting public policy processes from interference by the tobacco industry.

3. In 2008, WHO identified a package of six proven, cost-effective and evidence-based policies to reduce the demand for and consumption of tobacco products. The package (with the acronym MPOWER) is a platform for effective WHO FCTC implementation and includes: (1) **m**onitor tobacco use and prevention policies; (2) **p**rotect people from tobacco smoke; (3) **o**ffer help to quit tobacco use; (4) **w**arn about the dangers of tobacco; (5) **e**nforce bans on tobacco advertising, promotion and sponsorship, and (6) **r**aise taxes on tobacco. A strong focus on this policy agenda is critical to achieve complete implementation of the WHO FCTC.

4. Since 1990 and every five years thereafter, a Regional Action Plan has been developed to support Member States in addressing the current challenges posed by the tobacco epidemic. The *Regional Action Plan (2010–2014) for the Tobacco Free Initiative* was based on a review of the progress of work by the Tobacco Free Initiative, as well as recommendations from the August 2008 Workshop on Sustaining Action on the FCTC in Manila that was attended by almost all countries and areas. Member States, experts, stakeholders and partners continued to be actively engaged in

extensive consultations with WHO, including the Consultation on the *Regional Action Plan (2010–2014) for the Tobacco Free Initiative* in April 2009 in Manila, attended by the national focal points. The plan proposes three strategic action tracks:

(a) promote and advocate for complete implementation of the WHO FCTC and ratification of its protocols at the highest levels of government;

(b) mobilize and empower policy-makers, tobacco control advocates and communities towards complete implementation of the WHO FCTC through legislation and policies, tobacco taxation, governance and enforcement, and alliances and partnerships for changing social norms; and

(c) strengthen organizational capacity of government tobacco control programmes to protect public policy processes from tobacco industry interests and interference to move towards complete implementation of the WHO FCTC through improvements in:

- investment planning and resource management
- leadership training and human resource development
- surveillance, monitoring and knowledge management
- public education, communication and advocacy, and
- treatment of tobacco dependence.

The document recommends concrete actions and steps that Member States and WHO will take towards achieving an overall regional goal of zero tobacco use prevalence. The plan also calls for stronger surveillance and clearer articulation of both quantitative and qualitative programme indicators and targets.

3. ACTIONS PROPOSED

The following actions by Member States are proposed for consideration by the Regional Committee:

(1) discuss and endorse the *Regional Action Plan (2010–2014) for the Tobacco Free Initiative*;

(2) undertake a review of progress in implementation of the *Regional Action Plan (2010–2014) for the Tobacco Free Initiative* by the Regional Committee in 2012.

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REGIONAL ACTION PLAN FOR THE TOBACCO FREE INITIATIVE IN THE WESTERN PACIFIC (2010-2014)

MOVING TOWARDS THE NEXT LEVEL: COMPLETE IMPLEMENTATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines
2009

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PART I. INTRODUCTION

Why we need to act

Tobacco use is the leading preventable cause of death globally, killing up to one half of the people who use it. The health, social and economic burdens of tobacco use are devastating. If current global trends continue, it is estimated that tobacco will kill more than 8 million people annually by 2030, and three quarters of these deaths will be in low- and middle-income countries.

One third of the world's smokers reside in the Western Pacific Region, where it is estimated that two people die every minute from a tobacco-related disease. Compared with the other five WHO Regions, the Western Pacific Region has the greatest number of smokers, among the highest rates of male smoking prevalence, and the fastest increase of tobacco use uptake by women and young people. Recent research shows that more than 60% of students aged 13–15 years surveyed in the Region had been recently exposed to second-hand smoke in their homes and public places.

All eligible parties in the Western Pacific Region have ratified the WHO Framework Convention on Tobacco Control (WHO FCTC), the first public health treaty negotiated under the auspices of WHO. The treaty is an instrument that reaffirms the right of all people to the highest standard of health.[1] All parties are obligated to implement the treaty. But to realize our vision of people, communities and environments free from tobacco, action from all of us is needed now.

What we need to do

Society and government can avert millions of unnecessary deaths, reduce expenditures on medical care, and spare smokers and nonsmokers from suffering caused by many diseases, including heart disease, cancer, strokes and respiratory illness, through comprehensive and sustainable tobacco control.

Through ratification of the WHO FCTC, all countries in the Region have an obligation to implement the International regulatory framework to control tobacco use. To reap the health, social

[1] "*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*." Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

and economic benefits of tobacco control, countries need to work for complete implementation of the treaty.

The *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014)* calls on Member States to develop and strengthen national coordinating mechanisms and national action plans towards complete implementation of the WHO FCTC. The Plan emphasizes the importance of setting targets and indicators at all levels for tobacco control. It also highlights the need to protect public health policy processes from the interests and interference of the tobacco industry.

Full implementation of the WHO FCTC can only be achieved through engagement of all relevant sectors of government, civil society and nongovernmental organizations, as well as new partners, to take action within their social, cultural, occupational and political networks and spheres of influence.

Where we are and where we want to go

The first *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific Region* was developed for 1990–1994. Since then, there has been great progress in the Region, highlighted by the entry into force of the WHO FCTC in 2005. The Plan was built on the work of pioneering countries, advocates, nongovernmental organizations and communities who envisioned a strong and systematic response to the tobacco epidemic two decades ago.

Today, the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014)* reaffirms the utmost importance of WHO FCTC implementation in protecting public health in all countries. The Western Pacific Region was the first WHO region to achieve 100% ratification by eligible parties to the WHO FCTC. Parties are at various stages of implementation, and the challenge is to move towards complete implementation of the treaty in all countries.

In 2008, WHO identified a package of six policies for cost-effective and evidence-based demand reduction for tobacco products. The package (with the acronym MPOWER) is a platform to support WHO FCTC implementation in countries and includes: (1) **m**onitor tobacco use and prevention policies; (2) **p**rotect people from tobacco smoke; (3) **o**ffer help to quit tobacco use; (4) **w**arn about the dangers of tobacco; (5) **e**nforce bans on tobacco advertising, promotion and sponsorship, and (6) **r**aise taxes on tobacco.

The *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014)* is the product of a series of consultative activities that began with the Workshop on Sustaining Action

on the WHO FCTC in August 2008. The draft document produced was circulated for comments by experts, partners and counterparts in WHO Headquarters and regional offices in December 2008. In March 2009, the draft document was circulated to national focal points for in-country discussions. An expert group meeting was informally convened in April 2009 to review the indicators of the Plan. This was followed by the Consultation on the Regional Action Plan 2010–2014 for the Tobacco Free Initiative that was held in Manila in April 2009, with participation of national focal points, representatives of civil society, WHO and the Convention Secretariat. The final draft included comments and input from this process.

The *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014)* sets regional targets that will be used by WHO to monitor and assess progress of the Tobacco Free Initiative programme at regional and country levels. Actions for countries are provided as a menu that may be used to guide the development of national plans of action. Actions for WHO will be used to guide development of biennial work plans and implementation of the Medium Term Strategic Plan (2008–2013). Qualitative and quantitative indicators are provided and are highly recommended to strengthen implementation at the regional and country levels.

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PART II. *THE REGIONAL ACTION PLAN FOR THE TOBACCO FREE INITIATIVE IN THE WESTERN PACIFIC (2010–2014)*

Vision: Tobacco free people, communities and environments.

Mission: To advocate, enable and support complete implementation of the WHO Framework Convention on Tobacco Control.

Goal: Attain the lowest possible tobacco use prevalence and the highest level of protection from second-hand smoke.

Strategic actions

(1) *Promote and advocate* at the highest levels of government for complete implementation of the WHO FCTC and ratification of its protocols.

(2) *Mobilize and empower* policy-makers, tobacco control advocates and communities towards complete implementation of the WHO FCTC through legislation and policies, tobacco taxation, governance and enforcement, and alliances and partnerships for changing social norms.

(3) *Strengthen organizational capacity* of government tobacco control programmes to protect public health policy processes from tobacco industry interests and interference and to move towards complete implementation of the WHO FCTC through improvements in:

- investment planning and resource management
- leadership training and human resources development
- surveillance, monitoring and knowledge management
- public education, communication and advocacy and
- treatment of tobacco dependence.

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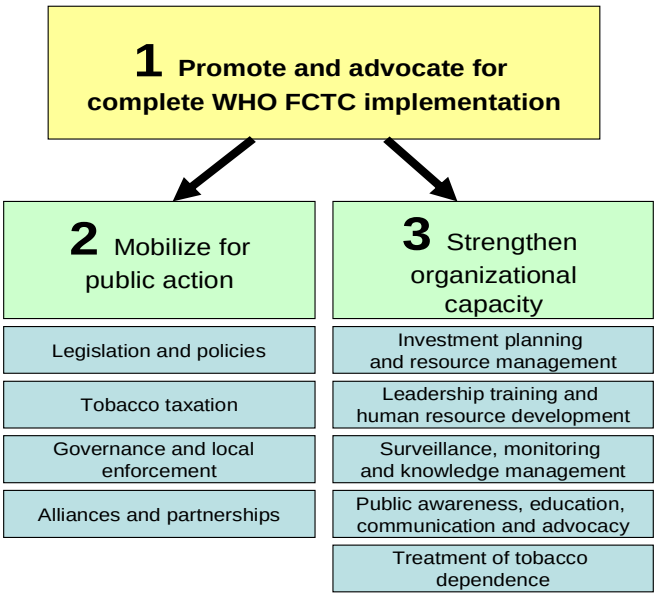
Figure 1. Three-point strategy of the Regional Action Plan for The Tobacco Free Initiative in the Western Pacific (2010–2014)



Approaches

(1) Development and/or updating of national action plans.

(2) Establishment and/or strengthening of national coordinating mechanisms for tobacco control.

(3) Adoption of targets and prevalence indicators to monitor progress.

Overall indicators:

By 2014

(1) All countries have developed national action plans, or equivalents, and established or strengthened national coordinating mechanisms, as appropriate.

(2) All Parties in the Region have ratified all WHO FCTC protocols.

(3) Reliable adult and youth tobacco use data are available in all countries.

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(4) Prevalence of adults (men and women) and youth (boys and girls) current tobacco use (smoking and smokeless) is reduced by 10% from the most recent baseline.

SPECIFIC OBJECTIVES, ACTION POINTS AND INDICATORS

1. Legislation and policies

To develop legislation and related policies, regulations, ordinances, administrative issuances and other measures to ensure timely compliance with all provisions of the WHO FCTC, with specific reference to WHO FCTC articles that have deadlines, approved guidelines or protocols.

Regional programme targets

(a) 100% of countries have legislation and policy components clearly articulated in their national action plans.

(b) 100% of countries have adopted measures to protect their public health policies from interests and interference of the tobacco industry in accordance with WHO FCTC Article 5.3 and its guidelines.

(c) 100% of countries have legislation and policies compliant with WHO FCTC Articles 8, 11 and 13 and their respective guidelines.

(d) 100% of countries meet timeframes for current and upcoming provisions of the WHO FCTC guidelines and protocols.

Actions for countries

(a) Develop national action plans that include a strong legislative and policy development component for tobacco control to meet deadlines and comply with WHO FCTC provisions.

(b) Consider gender and equity issues in the formulation of legislation and policies.

(c) Actively participate in the WHO FCTC process and activities of the Conference of Parties and coordinate with other relevant sectors, particularly on the negotiation and

ratification of the Protocol on Illicit Trade of Tobacco Products through the Intergovernmental Negotiation Body process.

(d) Deter persons employed by the tobacco industry or any entity working to further its interests from serving on delegations to meetings of the Conference of Parties, its subsidiary bodies or any other bodies established pursuant to the Conference of the Parties, the World Health Assembly and other WHO meetings.

(e) Identify champions in legislative bodies and parliaments and provide them with technical assistance and support for the passage of tobacco control laws.

(f) Articulate clear rules for government officials on avoiding conflicts of interest with the tobacco industry, e.g. reject donations for programmes, avoid participation in joint activities, avoid inviting the industry for consultations on policies, and refrain from attending meetings organized by the tobacco industry.

(g) Work with ministries of agriculture, trade and commerce and other relevant ministries and agencies to address supply-side issues related to tobacco.

Country and area indicators

(a) Legislative and policy components clearly stated in national action plans.

(b) Measures in place to protect public health policies from commercial and vested interests of the tobacco industry in accordance with WHO FCTC Article 5.3 and its guidelines.

(c) Legislation and policy on protection from exposure to second-hand smoke are compliant with the definition of 100% indoor smoke-free settings (e.g., workplaces, public transport, indoor public places and, as appropriate, other public places) in accordance with WHO FCTC Article 8 and its guidelines.

(d) Legislation and policy on regulation of tobacco product packaging and labelling are in accordance with deadlines for compliance and in accordance with the provisions of WHO FCTC Article 11 and its guidelines.

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(e) Legislation and policy on the comprehensive ban of all tobacco advertising, promotion and sponsorship are in accordance with deadlines for compliance and in accordance with the provisions of WHO FCTC Article 13 and its guidelines.

Actions for WHO

(a) Provide technical guidance, tools and assistance for countries to comply with WHO FCTC provisions and guidelines.

(b) Provide technical guidance, tools and assistance for countries to consider social determinants and equity issues (e.g., poverty, gender, urban-rural residence) in relation to tobacco control.

(c) Advocate, facilitate and negotiate for financial support for WHO FCTC implementation in countries.

(d) Provide technical guidance, tools and assistance for country-specific advocacy efforts for legislation and policy development consistent with the WHO FCTC.

(e) Facilitate sharing of best practices on WHO FCTC across countries.

(f) Facilitate country participation in the WHO FCTC activities with specific reference to the Working Groups and negotiation and ratification process of the Protocol on Illicit Trade of Tobacco Products (INB) and meetings of the Conference of Parties (COP).

WHO indicators

(a) Tools developed and disseminated to support WHO FCTC implementation in countries.

(b) Percentage of countries that receive technical guidance, tools and assistance for WHO FCTC implementation.

(c) Mechanism established for sharing information on best practices on WHO FCTC.

(d) Support provided for all Parties towards ratification of the Protocol on Illicit Trade of Tobacco Products and meetings of the COP.

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2. Tobacco taxation

To introduce and implement tax and price measures that will result in reduction of tobacco consumption; and to dedicate a significant proportion of the revenue from tobacco taxes to health promotion and tobacco control, including treatment for tobacco dependence.

Regional programme targets

(a) 100% of countries are working towards having all tobacco products subject to excise taxation.

(b) 50% of countries where excise tax on tobacco products is less than 60% of retail price are working towards increasing this until it reaches 60%.

(c) Countries where excise tax on tobacco is equal to 60% or greater are working towards maintaining or increasing this further.

(d) 100% of Parties adopt, sign and ratify the WHO FCTC Protocol on Illicit Trade in Tobacco Products.

(e) 30% of countries are working towards dedicating a significant part of revenue from tobacco taxes to health promotion and tobacco control including treatment of tobacco dependence.

Actions for countries

(a) Work towards excise tax on all tobacco products to be 60% of the retail price and to maintain or increase this level once achieved by:

- consulting and working with technical experts, such as health economists, and other relevant units to review existing tobacco prices, tax structure and policy options;
- organizing a multidisciplinary group to develop, implement and monitor a strategy for effective tobacco taxation and pricing that would result in reduction of tobacco consumption; reinforcing the capacity of the Ministry of Finance to design such strategy and build the capacity of the Ministry of Health to dialogue with the Ministry of Finance on tax issues;

- working with the ministries of finance and other relevant departments and organizations towards achieving tax policy objectives and monitor their impact; and
- collaborating with other partners, especially nongovernmental organizations and media, to gain support for tobacco tax measures.

(b) Work towards dedicating a significant proportion of the revenue from tobacco taxes to health promotion and tobacco control, including treatment for tobacco dependence.

Country and area indicators

(a) All tobacco products are subject to excise taxation.

(b) Policies and action are focused on achieving, maintaining or increasing excise tax on tobacco to 60% or more of the retail price.

(c) Significant proportion of the revenue from tobacco taxes is dedicated to health promotion and tobacco control, including treatment for tobacco dependence.

(d) Protocol on Illicit Trade of Tobacco Products is ratified.

Actions for WHO

(a) Provide technical guidance, support tools and assistance for countries for effective design, implementation and administration of tobacco tax and price strategies.

(b) Create opportunities to dialogue on tobacco taxes and prices with the ministries of finance at the regional level in collaboration with appropriate United Nations agencies.

WHO indicators

(a) Percentage of countries that receive technical guidance, tools and assistance for effective tobacco tax and price strategies.

(b) At least two consultations convened and opportunities created for regional dialogue with Ministries of Finance and appropriate United Nations agencies.

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3. Governance and local enforcement

To implement and enforce laws and policies through national coordinating mechanisms or their equivalent, protect policies and programmes from the influence and interference of the tobacco industry, and promote good governance measures (i.e., strategic vision, participation, transparency and accountability, with specific reference to healthy cities and islands, communities and settings) to achieve tobacco control.

Regional programme targets

(a) 100% of countries with national action plans or equivalent implemented.

(b) 100% of countries are monitoring and evaluating their national and local enforcement of provisions related to Articles 5.3, 8, 11, 13, 15 and 17 and guidelines, where available.

(c) 100% of countries with clear guidance on avoiding conflicts of interest with the tobacco industry.

(d) 100% of countries with demonstrated increasing capacity of national coordinating mechanisms.

Actions for countries

(a) Implement national action plans for tobacco control or their country equivalent.

(b) Strengthen and enhance existing national or subnational coordinating mechanisms and plans for tobacco control, highlighting the critical role of local governments, cities, islands, settings and communities.

(c) Enforce smoke-free indoor settings consistent with WHO FCTC Article 8 provisions and guidelines.

(d) Enforce measures for a comprehensive ban of all tobacco advertising, promotion and sponsorship in accordance with the provisions of WHO FCTC Article 13 provisions and guidelines.

(e) Enforce packaging and labelling consistent with WHO FCTC Article 11 provisions and guidelines.

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(f) Promote the application of good governance principles at national and local levels (e.g. participation, strategic vision, rule of law and accountability) to achieve effective tobacco control.

(g) Enforce measures to protect public health policies from commercial and vested interests of the tobacco industry in accordance with the WHO FCTC Article 5.3 provisions and guidelines, including the following specific actions:

- Work towards full public disclosure by political leaders and policy-makers on any interaction with the tobacco industry in order to achieve transparency and accountability.
- Advocate to private organizations, particularly organizations with close ties to political leaders, to refuse direct or indirect tobacco industry funding for projects and political campaigns.
- Articulate and disseminate rules for all government agencies (e.g., health, arts, education, sports and trade) to reject partnerships as well as non-binding or non-enforceable agreements with the tobacco industry.

(h) Address equity issues, e.g. gender, poverty, and urban-rural disparities among others, in accordance with guidance documents such as the United Nations Millennium Declaration.

(i) Engage affected groups in the development of programmes and services on tobacco control (e.g. the urban poor, workers, women, children, migrant populations and floating populations) and/or other priority target populations that are vulnerable and at risk.

(j) Promote economically viable alternatives for tobacco workers, growers and sellers in accordance with WHO FCTC Article 17 provisions.

(k) Work towards elimination of all forms of illicit trade.

Country and area indicators

National action plans or equivalents implemented, and strive to evaluate progress as defined by the following measures:

- percentage of healthy islands, cities, settings and communities with enforcement of 100% tobacco-free regulations, and that also address equity issues;
- percentage of government departments, officials and government projects that have refused direct or indirect voluntary contribution from the tobacco industry, with reference to WHO FCTC Article 5.3 provisions and guidelines;
- reduction of adult exposure to second-hand smoke in enclosed workplaces and buildings to 0%, with reference to WHO FCTC Article 8 provisions and guidelines;
- reduction of youth exposure to second-hand smoke in public places to 0%, with reference to WHO FCTC Article 8 provisions and guidelines;
- reduction in youth exposure to tobacco advertising, promotion and sponsorship to 0%, with reference to WHO FCTC Article 13 provisions and guidelines;
- 100% compliance with WHO FCTC Article 11 provisions and guidelines;
- 100% compliance with WHO FCTC Article 15 provisions and its future protocol; and
- actions that support economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers in accordance with WHO FCTC Article 17 provisions.

Actions for WHO

(a) Provide technical guidance, tools and assistance for countries for implementation of national action plans and enforcement of legislation and policies.

(b) Provide technical guidance, tools and assistance for countries for strengthening and enhancing national coordinating mechanisms for tobacco control.

(c) Support and disseminate good practices of national action plans and national coordinating mechanisms for tobacco control.

(d) Disseminate information and examples of how good governance can be used to improve tobacco control (e.g., cities, islands, metropolitan authorities that are able to use citizen's participation, strategic vision, rule of law, transparency and accountability to achieve effective tobacco control in localities).

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(e) Promote and advocate for the implementation of WHO FCTC Article 5.3 provisions and guidelines to avoid conflicts of interest with the tobacco industry by political leaders, policy-makers, government agencies as well as private organizations that are associated with political leaders.

(f) Engage with regional healthy cities, healthy islands and other settings networks and alliances and advocate for adoption and enforcement of 100% smoke-free policies.

(g) Provide technical guidance, tools and assistance for countries to help assess and monitor enforcement and ensure that equity issues are adequately addressed.

WHO indicators

(a) Percentage of countries that receive technical guidance, tools and assistance for development and implementation of national action plans and national coordinating mechanisms.

(b) Regional mechanism established for sharing best practices on national action plans, national coordinating mechanisms and good governance.

(c) Technical guidance, tools and assistance developed to support the work of countries in assessing and monitoring enforcement and to address equity issues.

(d) Development of guidance and recognition for 100% smoke-free cities in other settings, as appropriate.

4. Alliance and partnerships

To work with relevant tobacco control stakeholders to achieve comprehensive and sustainable tobacco control and avoid interference from the tobacco industry.

Regional programme targets

(a) 100% of countries have a current list of existing and potential relevant tobacco control partners in their national action plans.

(b) 50% of countries convene annual meetings, at a minimum, with multisectoral partners and relevant tobacco control stakeholders to plan and evaluate their national action plans.

(c) 50% of countries conduct, at a minimum, annual public recognition of outstanding contributions of allies and partners in the implementation of the national action plans for tobacco control.

Actions for countries

(a) Identify and map relevant stakeholders according to their interests, capacities and influence.

(b) Establish or strengthen coordination and engagement with relevant stakeholders and partners in accordance with WHO FCTC Article 5.3 guidelines.

(c) Actively engage relevant tobacco control stakeholders in the development, implementation, assessment and evaluation of the national action plan.

(d) Actively share information on tobacco control issues and initiatives with relevant stakeholders.

(e) Develop, disseminate and implement measures and guidelines to keep alliances and partnerships free from tobacco industry interference.

(f) Support multisectoral activities on tobacco control and facilitate the participation of and action by organized groups and communities.

(g) Develop a system to publicly recognize outstanding contributions of allies and partners, and reinforce social mobilization efforts.

Country and area indicators

(a) Updated list of existing and potential stakeholders relevant to tobacco control.

(b) Annual meetings, at a minimum, conducted with multisectoral partners and relevant tobacco control stakeholders to plan and evaluate their national action plan.

(c) Annual public recognition, at a minimum, of the outstanding contribution of allies and partners in the implementation of national action plans for tobacco control.

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Actions for WHO

(a) Provide technical guidance, tools and assistance for countries on how to mobilize and include relevant stakeholders in the implementation of national action plans.

(b) Provide technical guidance, tools and assistance for countries to strengthen interaction within and between government ministries.

(c) Provide technical guidance, tools and assistance for countries and partners to more effectively engage with partners from nongovernmental organizations, civil society and other sectors relevant to tobacco control.

(d) Provide technical guidance, tools and assistance for countries for the development of measures to prevent tobacco industry interference in activities of tobacco control alliances and partners.

(e) Create opportunities to expand partnerships and build stronger alliances and coalitions for tobacco control at the regional and subregional levels.

(f) Share information regularly across a network of partners in the Region.

WHO indicators

(a) Percentage of countries that receive technical guidance, tools and assistance to strengthen participation of different sectors and partners in the development, implementation and monitoring of national action plans in countries.

(b) Number of partnerships, alliances and coalition-building activities that WHO supports and participates in.

(c) Mechanism developed for sharing information across a network of partners in the Region.

5. Investment planning and resource management

To develop multi-year financial plans for government-supported tobacco control programmes, including mechanisms that raise levels of funding through multiple sources, e.g. tobacco taxes, private sector support, donor aid, community funds and social health insurance.

Regional programme targets

(a) 50% of countries have developed multi-year tobacco control budgetary needs estimates.

(b) 50% of countries have legislative and policy mechanisms to establish sustainable infrastructure and financing for tobacco control.

Actions for countries

(a) Use evidence to estimate multi-year budgetary needs and prioritize budget items that contribute to sustainable tobacco control programmes.

(b) Map the amounts and sources of funds for tobacco control at the national and local levels.

(c) Work towards and advocate for increasing the current levels of funding for tobacco control and expanding the sources of funds, to include but not limited to, national and local governments budgets, contributions from external support organizations, funds from the private sector, community funds and social health insurance.

(d) Enact laws and policies that contribute to sustainable infrastructure and financing for tobacco control.

Country and area indicators

(a) Multi-year tobacco control budgetary needs estimated.

(b) Increased allocation of dedicated taxes or other revenues for tobacco control.

(c) Increase in the proportion of GNP or GDP allocated for tobacco control.

Actions for WHO

(a) Provide technical guidance, tools and assistance for countries to assess and estimate multi-year budgetary needs for tobacco control.

(b) Provide technical guidance, tools and assistance for countries to strengthen the arguments for government investments in tobacco control (e.g. assess the proportion

of GDP spent on health care costs related to tobacco use and show how alternative use of this money could result in healthier populations).

(c) Work with other agencies, financial institutions and donors to secure additional and new funding for tobacco control work in countries.

WHO indicators

(a) Percentage of countries that receive technical guidance, tools and assistance to assess multi-year budgetary needs.

(b) Opportunities created for sharing of best practices.

(c) Percentage of countries that receive technical guidance, tools and assistance for increasing investments, sources and levels of funding for tobacco control.

6. Leadership training and human resource development

To support implementation of WHO FCTC provisions by developing and enabling champions, leaders and advocates at multiple levels to lead tobacco control efforts and to continuously train and provide tobacco control programme implementers with appropriate skills and competencies.

Regional programme targets

(a) 50% of countries participating in regional leadership training programmes for tobacco control.

(b) 100% of countries with multi-year national plans for human resources development for health that directly address tobacco control human resource needs.

Actions for countries

(a) Identify agencies and individuals (e.g. tobacco control programme managers, health workers and professionals, community leaders, local government officials, media practitioners, legislators, policy-makers and enforcers, advocates, etc.) who need training in tobacco control and determine how to further develop skills and competencies required to implement the provisions of the WHO FCTC.

(b) Invest in and conduct tobacco control leadership development at multiple levels and in different sectors.

(c) Organize, facilitate and conduct tobacco control training programmes.

(d) Develop a multi-year national human resources plan for meeting human resource needs of the government tobacco control programme at national and subnational levels, (including mapping staff positions, competencies, functions, roles and responsibilities and developing strategies and plans to meet human resource needs), and to integrate this into overall national plans for human resource development for health, as applicable.

(e) Expand access to training on WHO FCTC guidelines and requirements.

(f) Expand access of tobacco control managers and implementers in the health sector to train with MPOWER.

(g) Incorporate, integrate and expand tobacco control in the course curriculum for health workers and professionals and other relevant sectors.

Country and area indicators

(a) Availability of and at least an annual evaluation of a national plan for human resource development for tobacco control, including the assessment of training needs and the availability of training resources.

(b) Conduct of priority trainings in tobacco control.

Actions for WHO

(a) Develop and implement a regional leadership training programme for tobacco control.

(b) Provide technical guidance, tools and assistance for countries to develop training for tobacco control programme managers, health workers and professionals, legislators, policy makers and enforcers, advocates, etc.

(c) Work with academic institutions and networks to establish a regional consortium for training on tobacco control.

(d) Provide technical guidance, tools and assistance for countries to formulate and implement national plans for human resources development for tobacco control.

(e) Advocate to academic institutions and networks for integration of tobacco control in the course curriculum for health workers and professionals, as well as other relevant sectors.

WHO indicators

(a) Regional programme for leadership training on tobacco control developed.

(b) Regional consortium for training on tobacco control established composed of training and academic institutions in the Region.

7. Surveillance and knowledge management

To generate reliable and updated information and evidence to guide programme planning, implementation, monitoring and evaluation, as well as to gather intelligence and monitor industry actions.

Regional targets

(a) 100% of countries with reliable and comparable population-level adult tobacco use (smoking and smokeless) prevalence data by gender and age.

(b) 100% of countries with reliable and comparable youth tobacco use (smoking and smokeless) prevalence data by gender and age.

(c) 100% of countries with mortality, and, if available, morbidity data attributable to tobacco use.

(d) 100% of countries with information on tobacco industry marketing, product development and other activities.

(e) 100% of countries link tobacco control data to programmes, policies and health outcomes.

Actions for countries

(a) Establish, implement, strengthen and sustain surveillance systems and activities for tobacco control at the population level (e.g., Global Tobacco Surveillance System, WHO FCTC COP Reporting Instrument, STEPs, tobacco control indicators incorporated into national health and census data, etc.).

(b) Monitor the tobacco epidemic including mortality and morbidity and the impact of tobacco control interventions.

(c) Map the social and economic determinants of tobacco use, analyse behavioural and environmental risk data on tobacco, and use this information for noncommunicable disease prevention and control programmes.

(d) Adapt and adopt evidence-based systems and best practices in surveillance, knowledge management, information dissemination and exchange for effective tobacco control.

(e) Develop and implement national tobacco control research agenda to include interventional evaluation and outcomes research (e.g., tobacco control data application projects) in partnership with relevant local and international research stakeholders in the country.

(f) Strengthen use of evidence for policy and action that target decision-makers, partners and the general public (e.g., through data application projects).

(g) Ensure that academic and research institutions do not accept financial, technical and in-kind support for research activities from the tobacco industry or any organization affiliated with the tobacco industry.

(h) Develop, implement and evaluate a strategy to monitor tobacco industry activities (e.g., tobacco industry marketing, product development and attempts to influence political decision-making).

Country and area indicators

(a) Reliable and comparable population-level adult tobacco use (smoking and smokeless) prevalence data by gender and age available and reported in national health statistics.

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(b) Reliable and comparable youth tobacco use (smoking and smokeless) prevalence data by gender and age available and reported in national health statistics.

(c) Mortality data, and if available, morbidity data attributable to tobacco use reported in national health statistics.

(d) Tobacco industry marketing, product development and other activities monitored and reported.

(e) Data clearly linked to programme and policy efforts (e.g., tobacco data application projects).

Actions for WHO

(a) Develop and provide technical guidance, support tools and assistance for countries for capacity-building to implement and scale-up surveillance systems and activities for tobacco control (e.g., Global Tobacco Surveillance System, WHO FCTC COP Reporting Instrument, STEPs, tobacco control indicators incorporated into national health and census data, etc.).

(b) Regularly update web-based WHO Western Pacific Region Tobacco Control Data Centre (WTCDC).

(c) Develop and provide technical guidance, tools and assistance for countries to demonstrate the contribution of tobacco control to overall reduction of noncommunicable disease burden, consistent with the *Western Pacific Regional Action Plan for Noncommunicable Diseases*.

(d) Contribute to the further development of instruments and tools, training, dissemination of evidence-based best practices, and evaluation activities to improve quality of tobacco surveillance systems.

(e) Develop and implement a regional tobacco control research agenda in partnership with relevant research stakeholders in the region and countries.

(f) Develop and provide technical guidance, support tools and assistance for countries to strengthen the use of evidence for policy and action that target decision-makers,

partners and the general public through technical support and guidance (e.g., through data application projects).

(g) Strengthen effective knowledge management at regional and country offices.

(h) Standardize data structure and promote timely and relevant information exchange among and between countries.

(i) Develop and provide technical guidance, support tools and assistance for countries to implement and evaluate strategies for tobacco industry monitoring.

WHO indicators

(a) Percentage of countries that receive technical guidance, tools and assistance for strengthening the use of evidence for policy and action.

(b) Percentage of countries that receive technical guidance, tools and assistance for standardization of data and preparation of COP reporting instruments.

(c) Strategies for monitoring the tobacco industry are developed, implemented and evaluated.

8. Public awareness, education, communication and advocacy

To inform different audiences of the hazards of tobacco use and exposure, as well as effective interventions; and to mobilize stakeholders to change social norms and eventually eliminate tobacco use in society.

Regional programme target

(a) 100% of countries have implemented national communication and advocacy plans.

Actions for countries

(a) Develop, implement and secure appropriate funding for an evidence-based communication and advocacy plan for tobacco control, including current and appropriate methodology for developing media as part of the national action plan on tobacco control and consistent with WHO FCTC Article 12 provisions and guidelines (education, communication, training and public awareness) through the following:

- strengthening communication and advocacy activities in relation to: (a) changing social norms; and (b) counteracting tobacco industry tactics that hinder tobacco control measures;
- advocacy for implementation of health and pictorial warnings on tobacco products in accordance with Article 11 provisions and guidelines;
- advocacy for implementation of comprehensive bans on tobacco advertising, promotion and sponsorship in accordance with Article 13 provisions and guidelines;
- counteracting subliminal advertising of tobacco use in movies, television shows and other forms of entertainment, recognizing its profound impact on youth;
- advocacy for implementation of 100% smoke-free public places in accordance with Article 8 provisions and guidelines; and
- encouraging citizens to monitor and report violations of these bans in accordance with Articles 8, 11 and 13 provisions and guidelines.

(b) Consistent with applicable WHO FCTC provisions and guidelines, mobilize communities in advocacy campaigns for comprehensive tobacco control, and role models such as health professionals, policy-makers, celebrities, athletes, educators and others who can speak out in support of tobacco-free social norms.

(c) Develop and implement training programmes on strategic communication and advocacy for tobacco control.

(d) Support education and information campaigns that target youth and children.

(e) Work with the media and strategic communication specialists such as schools of mass communication to sensitize journalists on tobacco control issues and industry tactics in influencing policy- and decision-making.

(f) Implement mass media (including paid media) and community anti-tobacco campaigns.

(g) Use World No Tobacco Day activities to highlight tobacco control issues and progress in the country.

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Country and area indicators

(a) Strategic communication and advocacy plans developed and implemented.

(b) Effectiveness and reach of strategic communication and advocacy campaigns increased and evaluated.

(c) High-profile activities conducted during World No Tobacco Day.

(d) Measures to counteract subliminal advertising and promotion of tobacco use in movies, television shows and other forms of mass media are in place.

Actions for WHO

(a) Develop a regional support strategy for the needs of countries relevant to strategic communication and advocacy.

(b) Develop and provide technical guidance, tools and assistance for countries to evaluate reach and effectiveness of strategic communication and advocacy activities.

(c) Organize regional events and support World No Tobacco Day activities in countries.

(d) Advocate for inclusion of tobacco control in the global, regional and national health and development agendas (e.g., Convention on the Rights of the Child, Convention for the Elimination of All Forms of Discrimination Against Women and the Millennium Development Goals).

(e) Develop and provide technical guidance, tools and assistance for countries to counteract tobacco industry interference with public health policy processes.

WHO indicators

(a) Regional strategic communication and advocacy plan developed, implemented and regularly evaluated.

(b) Percentage of countries that receive guidance, tools and assistance for evaluating effectiveness of strategic communication and advocacy activities.

(c) Percentage of countries that receive support for World No Tobacco Day activities.

(d) Percentage of countries that receive guidance, tools and assistance for advocating inclusion of tobacco control in global, regional and national health and development agenda in all countries.

(e) Percentage of countries that receive guidance, tools and assistance on counteracting tobacco industry interference with public health policy-making processes.

(f) Percentage of countries that receive guidance, assistance and support tools for counteracting tobacco use in movies and television shows.

9. Tobacco dependence treatment

To develop and integrate treatment of tobacco dependence in the health care system with particular emphasis on primary health care.

Regional programme targets

(a) 100% of countries have developed and disseminated national tobacco dependence treatment consensus guidelines nationally.

(b) 100% of countries have trained primary health care workers to offer brief cessation advice.

Actions for countries

(a) Develop with relevant sectors and effectively implement national consensus guidelines for tobacco dependence treatment with particular emphasis on primary health care, and a plan to scale up services.

(b) Establish or strengthen behavioural intervention services for the treatment of tobacco dependence.

(c) Increase availability, accessibility and affordability of Nicotine Replacement Therapy (NRT) and other effective pharmaceutical interventions, according to national consensus guidelines for the treatment of tobacco dependence.

(d) Train primary health care workers and other stakeholders to provide brief cessation advice.

(e) Work towards securing appropriate health financing for tobacco dependence treatment services compliant with national consensus guidelines (e.g. social health insurance coverage).

(f) Develop, adopt and evaluate effective tobacco dependence treatment programmes for youth, adults, and other high priority groups based on relevant provisions and guidelines of the WHO FCTC.

(g) Integrate tobacco dependence treatment interventions into appropriate strategic programmes, e.g., noncommunicable disease prevention and control, tuberculosis control and safe motherhood.

(h) Work to create synergies between tobacco dependence treatment services and other cessation approaches, particularly mass media and education interventions.

Country and area indicators

(a) National consensus guidelines for tobacco dependence treatment developed and disseminated nationally.

(b) At least 70% of health professionals and health care workers working in primary health care trained to provide brief cessation advice.

Actions for WHO

(a) Provide technical support to countries to develop, implement, monitor and evaluate national consensus guidelines for tobacco dependence treatment.

(b) Scale up and integrate tobacco dependence treatment interventions into appropriate strategic programmes particularly noncommunicable disease prevention and control, tuberculosis control and safe motherhood.

(c) Collect data on availability of and accessibility to tobacco dependence treatment services.

(d) Develop training modules for countries to enable health care workers and other stakeholders to provide brief cessation advice in primary health care services.

(e) Analyse and disseminate information on effective and efficient tobacco dependence treatment practices across the Western Pacific Region.

WHO indicators

(a) Tools and guidance developed to support development and implementation of national consensus guidelines for tobacco dependence treatment.

(b) Training materials developed and disseminated on offering brief cessation advice.

PART III. CONCLUSIONS

To attain complete implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) in the Western Pacific Region, new ways of thinking and working are of the essence. A whole-of-government approach is necessary. Ministries of health play an important role in ensuring synergy, harmonization and alignment of the tobacco control agenda with the work of many different technical units in other parts of government, as well as with other sectors. Protection of public health policy development and implementation from interference of the tobacco industry is a key goal.

The WHO FCTC has provided the overarching pathway that would ultimately lead us to the elimination of one of the world's deadliest health hazards. Through public action and strengthened government infrastructure and capacity, tobacco use will be reduced, exposure to second-hand smoke can be avoided, deaths will be prevented and succeeding generations will live in a world where smoking is no longer an acceptable social norm. Within the next five years, the critical steps to make this happen will be in our hands.

It is hoped that the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014)* inspires countries to focus on the key actions that will bring us closer to a tobacco free Region, where people and communities can live longer and healthier lives.

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PART IV. APPENDICES

References from the WHO Framework Convention on Tobacco Control (Articles 5.3, 8, 11 and 13)

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Article 5.3

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.

Article 8: Protection from exposure to tobacco smoke

(1) Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

(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.

Article 11: Packaging and labelling of tobacco products

(1) 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, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”; 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. These warnings and messages:

- shall be approved by the competent national authority,
- shall be rotating,
- shall be large, clear, visible and legible,
- should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas,
- may be in the form of or include pictures or pictograms.

(2) Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.

(3) Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.

(4) For the purposes of this Article, the term "outside packaging and labelling" in relation to tobacco products applies to any packaging and labelling used in the retail sale of the product.

Article 13: Tobacco advertising, promotion and sponsorship

(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 in conformity with Article 21.

(3) A Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles shall apply restrictions on all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, restrictions or a comprehensive ban on advertising, promotion and sponsorship originating from its territory with cross-border effects. In this respect, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.

(4) As a minimum, and in accordance with its constitution or constitutional principles, each Party shall:

(a) prohibit all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions;

(b) require that health or other appropriate warnings or messages accompany all tobacco advertising and, as appropriate, promotion and sponsorship;

(c) restrict the use of direct or indirect incentives that encourage the purchase of tobacco products by the public;

(d) require, if it does not have a comprehensive ban, the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited. Those authorities may decide to make those figures available, subject to national law, to the public and to the Conference of the Parties, pursuant to Article 21;

(e) undertake a comprehensive ban or, in the case of a Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles, restrict tobacco advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, within a period of five years; and

(f) prohibit, or in the case of a Party that is not in a position to prohibit due to its constitution or constitutional principles restrict, tobacco sponsorship of international events, activities and/or participants therein.

(5) Parties are encouraged to implement measures beyond the obligations set out in paragraph 4.

(6) Parties shall cooperate in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising.

(7) Parties which have a ban on certain forms of tobacco advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law. This paragraph does not endorse or approve of any particular penalty.

(8) Parties shall consider the elaboration of a protocol setting out appropriate measures that require international collaboration for a comprehensive ban on cross-border advertising, promotion and sponsorship.