

Sixth session of the Conference of the Parties

Report of the regional consultation

WHO/SEARO, New Delhi

29-30 September 2014



**World Health
Organization**

Regional Office for South-East Asia

SEA-Tobacco-52
Distribution: General

Sixth session of the Conference of the Parties

Report of the regional consultation

*WHO/SEARO, New Delhi
29–30 September 2014*



**World Health
Organization**

Regional Office for South-East Asia

© **World Health Organization 2015**

All rights reserved.

Requests for publications, or for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – can be obtained from SEARO Library, World Health Organization, Regional Office for South-East Asia, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India (fax: +91 11 23370197; e-mail: searolibrary@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This publication does not necessarily represent the decisions or policies of the World Health Organization.

Printed in India

Contents

	<i>Page</i>
Acronyms	v
1. Background	1
2. Opening session.....	1
3. Objectives and expected outcome.....	4
4. Regional situation on implementation of WHO FCTC	5
5. Introduction to provisional agenda of the Sixth Session of the Conference of Parties.....	9
6. Update by the Parties on the status of accession to the Protocol to Eliminate Illicit Trade in Tobacco Products	10
7. Application for the status of observer to the Conference of the Parties	14
8. Global progress in implementation of the WHO-FCTC	18
9. Control and prevention of smokeless tobacco (SLT) products	20
10. Economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)	29
11. Impact assessment of the WHO FCTC	35
Options and methods for the impact assessment:	35
12. Guidelines for implementation of Article 6 of the WHO FCTC: Price and tax measures to reduce the demand for tobacco	37
13. Implementation of Article 5.3 of WHO FCTC: evolving issues related to the interference of the tobacco company	40

14.	Report of the working group: further development of the partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC: Regulation of the contents of the tobacco products and regulation of tobacco products disclosures	42
15.	Trade and investment issues relevant to implementation of WHO FCTC	44
16.	Closed-door meeting.....	46
17.	Conclusions and recommendations	49
18.	Closing session	53

Annexes

1.	Draft resolution proposed by Parties in WHO SEAR Region on agenda item FCTC/COP/6/9	54
2.	Agenda.....	57
3.	List of participants	58

Acronyms

ASEAN	Association of South-East Asian Nations
CDC	Centers for Disease Control and Prevention (United States)
COPTA	cigarettes and other tobacco products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution)
CTFK	Campaign for Tobacco-Free Kids
COP	Conference of the Parties
DSR	designated smoking room
EAC	East African Community
ENDS	electronic nicotine delivery system
LMIC	low- and middle-income countries
GATS	Global Adult Tobacco Survey
GHW	graphic health warnings
GYTS	Global Youth Tobacco Survey
GSPS	Global School Personnel Survey
GHPS	Global Health Personnel Survey
STEPS	Stepwise Surveillance
MOF	Ministry of Finance
NCD	noncommunicable diseases
NGO	nongovernmental organization
NTCC	National Tobacco Control Cell
SEA	South-East Asia
SEATCA	South-East Asia Tobacco Control Alliance
SHS	second hand smoke

SLT	smokeless tobacco
TAPS	tobacco advertising, promotion and sponsorship
TFI	Tobacco-Free Initiative
TQS	standard tobacco questions for surveys
WFO	World Farmers Organization
WHO	World Health Organization
WHO FCTC	The World Health Organization Framework Convention on Tobacco Control
WLF	World Lung Foundation
WTO	World Trade Organization
ZFTCT	Zimbabwe

1. Background

In accordance with decision FCTC/COP5 (24), the Sixth Session of the Conference of the Parties COP6 to the WHO Framework Convention on Tobacco Control (WHO FCTC) was scheduled to be held during 13–18 October 2014 in Moscow, Russian Federation, in which 195 countries were expected to participate.

In preparation for the upcoming COP6, the WHO Regional Office for South-East Asia (SEA) organized the regional consultation for the Sixth Session of the Conference of the Parties during 29–30 October 2014 in New Delhi, India upon request by Member States. All Member States except the Democratic People's Republic of Korea participated in the consultation. Not being a signatory to the WHO FCTC, Indonesia participated as an observer. Officials of civil society from India and Sri Lanka, partner agencies, the Convention Secretariat and WHO headquarters also attended.

The main purpose of the consultation was to have a consensus among Member States on regional positions on issues of importance for the SEA Region.

2. Opening session

Dr Poonam Khetrpal Singh, Regional Director, WHO South-East Asia Region extended greetings and a warm welcome to all participants from Member States, Dr Vera Luiza da Costa e Silva, Head of the Convention Secretariat and Mr Amal Pusp, Vice President of the Bureau of the Conference of the Parties.

At the outset, the Regional Director said that Member States, through this consultation, would get an opportunity to meet and discuss various issues important for the Region just before the Sixth Session of the Conference of the Parties.

Dr Poonam Singh said that the WHO South-East Asia Region has one of the highest tobacco burdens and faces a growing public health threat. There are approximately 250 million smokers and nearly the same number of smokeless tobacco (SLT) users, leading to more than 1.3 million deaths every year due to tobacco use. India and Indonesia also belong to the top tobacco producers and consumers in the world.

The Regional Director acknowledged that Member States indeed face a number of unique challenges and conditions that make the task of controlling the tobacco epidemic extremely difficult. The tobacco industry interferes with the adoption of policies and their implementation in the Region through litigation and various other tactics. It has used front groups of tobacco farmers and workers to oppose stringent laws. Due to the international trade and investment agreements, tobacco has emerged as one of the most litigated products in the world. She reminded that it is crucial for Member States to develop action plans to implement the guidelines on Article 5.3 of the WHO FCTC.

Prompting Member States of their obligation to Article 15 of the WHO FCTC, she reminded them to adopt and implement effective measures to eliminate illicit trade in tobacco products. Studies show that Asia is one of the key targets of global illicit trade of international brands of tobacco products and in response to this growing menace, the Protocol to Eliminate Illicit Trade in Tobacco Products was developed. Till date, only Myanmar has signed the Protocol, and the other Member States were urged to accelerate their efforts to accede to the Protocol.

The Regional Director further elucidated that about 90% of global SLT users reside in countries of the South-East Asia Region causing over 30 000 deaths annually. There is an increasing trend in the use of SLT by youth in many countries. The increasing trend in SLT consumption points to inadequate tobacco control policies. She said that SLT is an agenda item in COP6, and some concrete measures would come out of the Conference to stop this epidemic.

The Regional Director highlighted a new challenge of confronting emerging tobacco products such as electronic nicotine delivery systems (ENDS). The tobacco industry frequently markets ENDS as an aid to quit smoking or as being a healthier alternative to tobacco. But there is very little

research on ENDS and no convincing evidence that they are effective for tobacco cessation. ENDS contain varying levels of nicotine, many times similar to those in cigarettes. Half of the countries in the developing world have no mechanism to regulate ENDS. She urged the Parties to have a rigorous discussion on this issue, and to prepare a regional position for COP6.

Knowing the negative effects of tobacco growing on the health of farmers and workers and the environment, there is an urgent need to address the issue of finding alternative livelihoods to tobacco growing. This could be further discussed at COP6, and an effective mechanism put in place to implement guidelines for Articles 17 and 18.

The Regional Director thanked Member States for their continued efforts towards curbing the tobacco epidemic in the Region. She hoped that the momentum would be enhanced within the context of prevention and control of noncommunicable disease (NCD) to achieve the global target of 30% relative reduction of tobacco use by 2025. With this, she wished all Parties successful deliberations.

Dr Vera Luiza da Costa e Silva, Head of the Convention Secretariat offered her warm greetings to all participants of the regional consultation. She said after her arrival in New Delhi that she had an opportunity to meet many people from different organizations, including the ministries of health and nongovernmental organizations. She learned that the SEA Region is facing the combined threat from SLT and cigarette epidemics. SLT is complicating the issue of tobacco control in the Region and it was appropriate for the Member countries to give extra attention to it.

She said that globally, accessibility and availability of various forms of tobacco products in the markets are presenting new challenges. The health sector alone cannot handle the tobacco epidemic now. Building partnerships with all relevant organizations at local, national, regional and global levels, and implementing multisectoral approaches would be the cornerstone of tobacco control strategy in clamping down on tobacco use.

While there are many issues at hand in the Region to be dealt with, Dr Silva stated that the regional consultation was particularly timely and befitting. The outcomes of this consultation would invariably steer Member

States towards the next level of formulating and developing appropriate and effective policies and strategic programmes on tobacco control for the Region. She was hopeful that the deliberations would prepare the Region well ahead of the COP6.

Mr Amal Pusp (India) and Mr Kedar Bahadur Bogatee (Nepal) were respectively nominated Chair and Vice-chair, while Mr Hassan Mohamed (Maldives) was nominated rapporteur.

Mr Amal Pusp, Vice President of the South-East Asian Bureau of the Conference of the Parties (COP), thanked the Regional Director and the Convention Secretariat for organizing such an important meeting. He said that India enjoyed the strong partnership and support of its development partners, civil society organizations and dedicated individuals in the fight against the tobacco epidemic. Similarly, for the Region, which has almost a quarter of the global population and a high burden of tobacco use, a robust partnership between WHO regional and country offices and the Convention Secretariat is a must for achieving the desired synergy to put the WHO FCTC on the overall health agenda of the Region and the countries.

Recognizing the grave public health threat posed by the rising trend of tobacco use among youth, and high SLT prevalence in the Region, Mr Amal Pusp reiterated the importance and urgency of implementing Articles 5.3 and 6 of the WHO FCTC, and developing a mechanism to eliminate all forms of illicit trade in tobacco products. He also highlighted the need to develop a regional strategy and plan of action and cooperation.

Mr Pusp said that holding such a pre-COP consultation would help Member States of the Region to develop a common understanding of the issues of regional importance, and facilitate reaching informed consensus on all important agenda items of COP6. He wished all participants interactive, participative and intensive deliberations.

3. Objectives and expected outcome

The general objective of the consultation was to have a consensus among Member States on regional positions on issues of importance for the Region

to be discussed at the Sixth Session of the Conference of the Parties (COP6) to be held in Moscow, Russia, in October 2014. The specific objectives were as follows:

- to brief Member States on the provisional agenda items (2-8) of the WHO FCTC and documentation;
- to discuss the regional positions on agenda items of COP6 pertaining to electronic nicotine delivery systems, SLT, water pipe smoking, impact assessment of the WHO FCTC, guidelines for implementation of Article 6 of the Convention and implementation of Article 5.3 of the WHO FCTC; and
- to discuss the status of ratification/accession to the Protocol to Eliminate Illicit Trade in Tobacco Products by Parties to the Convention from the WHO South-East Asia Region.

Expected outcomes:

- Member States of the SEA Region briefed comprehensively on the agenda items of, and issues of regional concern to be presented to the COP6.
- Member States adopting common positions on issues of regional importance, such as SLT use, electronic cigarettes and the Protocol to eliminate illicit trade in tobacco products.
- Agreement on the nomination of the next Bureau Member of COP from the SEA Region.

(See annexes 1 and 2 for agenda and list of participants.)

4. Regional situation on implementation of WHO FCTC

Ten Member States have ratified the WHO FCTC, a few of whom were amongst the earliest ones to do so. Member States of the SEA Region have made tremendous progress in implementing the provisions of WHO FCTC just in the last one decade. In spite of numerous constraints and challenges the Region has encountered today, all Member States have in place

tobacco control laws and regulations in one form or the other, supporting and operationalizing the provisions of WHO FCTC. Timor-Leste is currently in the process of developing comprehensive laws for tobacco control. Even though not yet a party to the WHO FCTC, Indonesia is already implementing some tobacco control measure. The Region has performed comparatively better in implementation of Articles 6, 8, 11, 13, 16 and 20 than other provisions. Some of the highlights of the WHO FCTC implementation in the Region were presented, as below:

WHO FCTC provisions	Progress status
<p>Article 6: Price and tax measures to reduce the demand for tobacco</p>	<ul style="list-style-type: none"> ➤ Total tax share exceeds 70% of the retail price of cigarettes in Bangladesh, Sri Lanka and Thailand ➤ Significant increase in taxes in India in 2014 ➤ Engagement with MOF and WHO in Bangladesh, India, Indonesia, Nepal, Sri Lanka. ➤ Advocacy campaigns to raise tobacco taxes ➤ Capacity-building for tax officers ➤ Maldives moving towards excise tax
<p>Article 8: Protection from exposure to tobacco smoke</p>	<ul style="list-style-type: none"> ➤ All countries have smoke-free policies in various degrees ➤ 100% tobacco smoke-free public places in Bhutan, Nepal, and Thailand ➤ Sri Lanka has >90% of its population covered by smoke-free laws ➤ Bangladesh amended law in 2013 to expand the definition of public places ➤ Myanmar's recent regulations have provisions for 100% smoke free indoors ➤ In India, smoke-free policy covers health and educational facilities, public transport and government facilities and workplaces, but has designated smoking rooms (DSR) for red restaurants and pubs/bars.

WHO FCTC provisions	Progress status
Article 11: Packaging and labelling of tobacco products	<ul style="list-style-type: none"> ➤ Thailand and Nepal won court cases against big graphic health warnings (GHW) ➤ Thailand has graphic and textual warnings covering 85% front and back of cigarette packs (2014) ➤ Nepal has rotating graphic and textual warnings covering 75% front and back sides in local language for tobacco products (2014) ➤ Sri Lanka has rotating graphic and textual warnings in 60% front and back sides in three languages on cigarettes packs (2014) ➤ Indonesia has graphic and textual warnings in 40% both sides of cigarette packages (2014). ➤ India has rotating graphic and textual warnings in 40% front side on all tobacco products in English and local language (2011) and new GHW introduced in 2012. ➤ Bangladesh in process for 50% GHW both sides all tobacco products. ➤ The Democratic People's Republic of Korea has text warnings on the front side. ➤ Myanmar has text warnings on sides; in process to implement large GHW. ➤ Maldives has provisions but not implemented.
Article 13: Tobacco advertising, promotion and sponsorship	<ul style="list-style-type: none"> ➤ All countries have policies banning tobacco advertising, promotions and sponsorships ➤ Myanmar, Nepal and Thailand have extensive ban provisions, including advertisements at the point of sale. ➤ Amended law of Bangladesh bans advertisements at the point of sale. ➤ Tobacco advertising, promotion and sponsorship (TAPS) on tobacco does not exist in the Democratic People's Republic of Korea (law does not have comprehensive coverage)

WHO FCTC provisions	Progress status
Article 16: Sales to and by minors	<ul style="list-style-type: none"> ➤ Seven countries have provisions banning the sale of tobacco to minors ➤ Selling of tobacco products near educational institutions are banned in India and Myanmar
Article 20: Research, surveillance and exchange of information	<ul style="list-style-type: none"> ➤ Global tobacco surveillance system established ➤ Data from results widely disseminated through electronic and print media, advocacy and dissemination workshops ➤ Regional strategy to use tobacco questions in surveys (TQS) adopted in 2012 ➤ TQS has been integrated in national ongoing surveys and NCD STEPs surveys in many Member States ➤ Global Youth Tobacco Survey (GYTS) and Global School Personnel Survey (GSPS) conducted in 10 countries, Global Health Personnel Survey (GHPSS) in seven and Global Adult Tobacco Survey (GATS) in four countries

Way forward for WHO FCTC in SEA Region

In its continuing efforts to strengthen capacities, coordination mechanism, health systems and leadership in Member States that will facilitate in implementing the WHO FCTC in the Region, the Regional Office conducted several meetings and workshops focusing on WHO FCTC both at national and regional levels, including the regional meeting on the Protocol to eliminate illicit trade in tobacco products and the national meeting on the WHO FCTC implementation. Joint needs assessment on implementation of the WHO FCTC has been carried out in Bangladesh (2009), Bhutan (2010), Nepal (2013) and Sri Lanka (2013). In order to increase the implementation rate and coverage of the WHO FCTC in the SEA Region, the following priorities have been laid down:

- promote adoption of comprehensive tobacco control legislations (rules and regulations in line with the WHO FCTC provisions);

- enhance country capacity to implement specific guidelines of the WHO FCTC; and
- provide advocacy and technical support to Member States to facilitate them in their accession to the Protocol to Eliminate Illicit Trade in Tobacco Products.

5. Introduction to provisional agenda of COP6

The Convention Secretariat informed the meeting that the Sixth Session of the Conference of the Parties (COP6) to the WHO Framework Convention on Tobacco Control (WHO FCTC) would be held in Moscow, Russia, 13–18 October 2014, and representatives from 195 countries would attend it. It was pointed out that COP6 is taking up many important issues as is reflected in its provisional agenda, ranging from the global progress in implementation of the WHO FCTC to the control and prevention of globally emerging products such as ENDS and SLT.

Briefly taking the meeting through the administrative and technical agenda items of COP6, the Convention Secretariat highlighted some of the core issues of concern, a few of which were proposed and submitted by the Parties themselves. The following were the major areas included in the provisional agenda that have been tabled for discussion and adoption in the upcoming sessions of COP6.

- Status of the Protocol to Eliminate Illicit Trade in Tobacco Products
- Guidelines for implementation of Article 6 of the WHO FCTC: Price and tax measures to reduce the demand for tobacco.
- Implementation of Article 19 of the WHO FCTC: “Liability”: report by the expert group
- Control and prevention of globally emerging products:
 - SLT products
 - ENDS
 - waterpipe tobacco smoking
- Sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC): report by the working group

- Further development of the partial guidelines for implementation of Articles 9 and 10 of WHO FCTC: “Regulation of the contents of tobacco products” and “Regulation of tobacco product disclosures”: report by the working group
- Impact assessment of WHO FCTC
- Implementation of Article 5.3 of WHO FCTC: evolving issues related to the interference of the tobacco industry

Comments by the Parties

The Parties did not have any change to propose on the agenda items of COP6. Regarding Indonesia’s inquiry of its role in COP6 as an observer, the Convention Secretariat clarified that the observer could interact with and learn from other participants at COP, and take strong messages back home and use this experience as a launching pad to initiate a dialogue with various stakeholders, and encourage the country to join the WHO FCTC and reinforce the tobacco control efforts. It was also informed that the observers and civil society would be given opportunities to make interventions after the Parties before the close of each agenda item.

6. Update by the Parties on the status of accession to the Protocol to Eliminate Illicit Trade in Tobacco Products

Adopted at COP5 in 2012, and opened for signature in January 2013, the Protocol to Eliminate Illicit Trade in Tobacco Products has been signed by 54 Parties and, so far, only Nicaragua and Uruguay ratified it. From the SEA Region, only Myanmar signed the Protocol. The Protocol will enter into force on the 90th day following the date of deposit of the 40th instrument of ratification, acceptance, approval, formal confirmation or accession with the Depositary.

About 9–11% of the global cigarette market is illicit, reaching up to 50% in some countries. The direct outcome of this illicit trade is the loss of revenue for governments in huge amounts. It is estimated that governments

worldwide could gain at least US\$ 30 billion/year in tax revenue in absence of illicit trade. By equal measures, its effect on public health is enormous, as a result of increasing accessibility to and affordability of tobacco products, which in turn is leading to the increased consumption of tobacco among people.

The Convention Secretariat, in its persistent effort to promote this Protocol and garner support from all Parties at global, regional and national levels, organized extensive reaching-out activities, including conducting meetings, symposia, webinars, and other online communication means. The ratification instruments and technical publications have been widely disseminated, and a substantial number of Parties were provided legal and technical advice. Also, the Secretariat participated in various forums to raise awareness of the role of relevant agencies (customs, trade, civil society, etc.) in supporting the causes and reaping the benefits of the Protocol. Comprehending the inevitable roles of the other partner organizations in promoting the Protocol, the Convention Secretariat strengthened its continuing cooperation, in particular, with the United Nations Office on Drugs and Crime and the World Customs Organization, and agreed upon a framework to coordinate and work together in matters related to the Protocol.

In accordance with the directives of COP, the Convention Secretariat developed a self-assessment checklist for the Parties to assess their legal, regulatory and policy frameworks in view of the requirements of the Protocol, and in order to scope the Parties' technical assistance and capacity-building needs.

The Convention Secretariat completed the study of the tracking and tracing regime and its basic requirements. The study aims at facilitating the future design and implementation of the global tracking and tracing regime, which is required within five years of entry into force of the Protocol.

However, the lack of awareness on the Protocol and expertise on matters concerning illicit trade both within and outside the governments is deterring the process to make the Parties accede to the Protocol. In addition, there has been insufficient communication with the relevant authorities and high legislative bodies. Implementation of the measures

under the Protocol is also considered by some as expensive, underlining the burden on the Parties for mobilization of resources.

Report by the Parties on the status of accession to the Protocol

Bangladesh	Although there has not been any significant progress on this front, the Government is giving serious thought to the matter, and willing to work on it.
Bhutan	Government is giving it a high priority, and a second round of meetings is to be held to discuss this matter further.
India	Government considers the Protocol important, and is committed to work on it through the existing Interministerial Committee. All relevant ministries are in the committee, including the Ministry of Trade.
Maldives	After a thorough consultation and having received a green light from different stakeholders, the Ministry of Health prepared a cabinet paper on the Protocol that will have to pass through the Parliament for its approval.
Myanmar	Recognizing the relevance of this Protocol and its implications on tobacco control measures, Myanmar signed the Protocol; the first country from SEA Region to sign it. Government is now working towards ratifying it.
Nepal	An intergovernmental consultation involving relevant government agencies has been initiated. So far, the feedback received from different agencies has been positive. However, due to some reservations expressed by a few agencies and organizations, the decision for accession has been delayed, and may take some more time.
Sri Lanka	Even though the process to ratify the protocol has been delayed due to the recent litigation by the tobacco industry over the pictorial health warning, the Government is continuously striving to accede to the Protocol.

Thailand	Ministry of Finance (MOF) officials are the members of the Tobacco Monopoly Board. There is a conflict of interest here, and hence it is difficult to clarify the issues with and convince MOF. In November 2014, there will be an assessment of FCTC progress in Thailand, and during this period, the Convention Secretariat and the Ministry of Public Health can discuss the matter with MOF.
Timor-Leste	The recently formulated law on tobacco control is comprehensive, and has one chapter dedicated to the regulation of illicit trade in tobacco products. The issue on the Protocol will be further discussed in the upcoming national workshop. The Government is committed to accede to the Protocol, since it is the part of WHO FCTC.

Comments by the Parties

Despite all Parties completely supporting the Protocol, many shared their experiences of facing some obstacles whenever they deal with the issue of illicit trade and the Protocol. Initiating a process to work on the Protocol is not an easy task for them. First, it gets the attention of the tobacco company and its subsequent possible attempts at influencing the process; secondly, the nature of the work itself demands the involvement of many sectors and agencies, inevitably placing a heavy burden on the resources of the state. The problem is also complex. Many Parties do not understand the technicalities of the Protocol. Convincing other sectors, such as ministries of finance and trade, and roping in their support gets even more difficult without a clear understanding of the Protocol among the tobacco control advocates. The ministries of finance, in particular, would not easily give in to a new idea until the Parties are able to come up with stronger arguments and evidence showing the benefits of accepting and implementing the Protocol. Therefore, all Parties requested the Convention Secretariat to provide them with technical support to expedite the process of acceding to the Protocol. The Secretariat agreed to the request, and informed them of an upcoming ASEAN Plus meeting where the WHO South-East Asia and Western Pacific regions could participate to learn more on the subject and build their technical capacities.

7. Application for the status of observer to COP

There are procedures to follow before COP accepts applications for observer status. Any new applications put up by intergovernmental organizations and nongovernmental organizations (NGO) to the Secretariat for observer status are respectively governed by Rules 30.1 and 31.2 of the Rules of Procedure of COP. Only upon being reviewed and provided a recommendation by the Convention Secretariat, can COP grant observer status to the applicants. In addition, the applicants should conform to the principles of the WHO FCTC, including the Article 5.3.

The following organizations submitted their applications to the Convention Secretariat for the status of observer to COP.

(a) International Criminal Police Organization (INTERPOL)

Following the directives issued by COP5 to revisit the application of the International Criminal Police Organization (INTERPOL), the Bureau of COP sought clarification from INTERPOL, particularly on the matter relating to Article 5.3 of the WHO FCTC. Upon receipt of a letter of justification from INTERPOL, the Bureau organized a meeting with some selected Parties to discuss and get feedback on this case. While acknowledging the importance of INTERPOL's role in enforcing international laws and combating illicit trade, it was noted that it receives the tobacco industry's funding support, conceivably violating Article 5.3 of the WHO FCTC. Concerns were expressed that this might result in the tobacco industry possibly influencing the policies of INTERPOL. INTERPOL, at the Bureau's third meeting, provided more information pertaining to donations it received from Philip Morris International and reassured the Bureau of its ardent interest to participate in and contribute to the implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products. The Bureau has submitted the application of INTERPOL to COP6 for further deliberation.

(b) Campaign for Tobacco-Free Kids (CTFK)

Campaign for Tobacco-Free Kids (CTFK) is a non-profit charitable organization that works closely with civil society organizations in over 35 countries and provides support to achieve the adoption and

implementation of tobacco laws and policies that comply with the provisions of WHO FCTC. It accepts funds neither from governments nor from tobacco industries. Its funding sources are private individuals, foundations, corporations and other nongovernmental organizations. All employees, grantees and entities of CTFK have to sign a declaration affirming that they do not work for or on behalf of the tobacco industry; any breach of this pact leading to the termination of employment or grant contracts.

The Bureau, after reviewing the application, recommended to COP that observer status be granted to CTFK, since its purpose and activities are in line with the principles and values of WHO FCTC, and it fulfils the rules of Procedure of the COP.

(c) East African Community (EAC)

East African Community (EAC) is an intergovernmental organization of five partner states (Burundi, Kenya, Rwanda, Uganda and the United Republic of Tanzania), and engages in developing and implementing policies and programmes that enhance cooperation among the States in the areas of mutual benefit. EAC's treaty covers a broad range of health domains, including the control of trafficking and consumption of illicit or banned drugs. It is funded by equal contributions from its five partner states with support from its development partners.

The Bureau submitted the application of EAC for the status of observer to COP for its consideration.

(d) Zimbabwe Framework for Tobacco Control Trust (ZFTCT)

Zimbabwe Framework for Tobacco Control Trust appears to be a civil society organization that is involved in tobacco control activities in Zimbabwe. The activities of ZFTCT are mainly funded by contributions from its own members, and supported by volunteers.

The Bureau recommended deferment consideration of the application of ZFTCT, since the information provided by it was insufficient.

(e) World Farmer's Organization

World Farmers' Organization (WFO), based in Rome, is an NGO supporting various national level organizations of agricultural producers in creating policies to improve the economic and social conditions of producers, their families and communities. WFO has 64 members from 45 countries of Africa, North America, Latin America, Asia, Europe and Oceania. It is funded through membership fees and also donations from non-members. WFO seems to have formal linkages with the International Co-Operative Alliance, the Food and Agriculture Organization of the United Nations, and the World Meteorological Organization. The justification given in the application of WFO requesting for observer status was that it can contribute to the accomplishment of the provisions of the WHO FCTC pertaining to alternative crops to tobacco cultivation by providing training and technical assistance to farmers switching to other crops and improving farmers' position in the food chain.

It declared in its application that it does not receive any support from the tobacco industry. The Bureau recommended to COP that observer status be granted to WFO.

(f) Southeast Asia Tobacco Control Alliance (SEATCA)

Southeast Asia Tobacco Control Alliance is a regional alliance registered as a foundation in Thailand, and works through representatives of civil society, governments and academia in South-East Asia. SEATCA works closely with government agencies and NGOs to enhance and promote tobacco control policy in the South-East Region. Its activities are directly related to WHO FCTC provisions, and primarily funded through various foundations, including Bloomberg Philanthropies, Rockefeller Foundation, and Bill and Melinda Gates Foundation.

SEATCA declares in its application that tobacco industry affiliations are not tolerated among its members or members of its Board of Directors. It also indicates that the majority of its contracts include a clause which ensures that persons or entities it contracts with do not have a relationship with or interests in the tobacco industry and have not received tobacco industry funding.

In view of the enormous potential that lies in SEATCA in promoting regional and interregional collaboration and implementation of the WHO FCTC in the South-East Asia Region, the Bureau recommended to COP that observer status be granted to SEATCA.

Comments by the Parties

A thorough discussion was held reviewing each of the applications for observer status from NGOs. The Parties agreed with the recommendations provided by the Bureau for all others except for INTERPOL and WFO.

The core reason for not approving the application of INTERPOL was that it received funding from and maintained association with the tobacco industry, consequentially breaching Article 5.3 of the WHO FCTC. Even though INTERPOL is an important agency that could help in implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products, its application details do not assure the Parties of its intention to dissociate itself from Phillip Morris International in the future. So, the Parties took a regional stand not to grant observer status to INTERPOL.

Despite the Bureau's positive response to WFO's application, the Parties had some reservations. WFO may be possibly linked to the tobacco industry. Some countries have seen the multinational tobacco industry funding activities in the farms, indicating some form of nexus between them. WFO's interests may reflect those of the tobacco industry. The Parties decided to keep this agenda open and discuss further in COP6, which may generate more debates. However, in the event that observer status is granted in view of WFO's support in implementing Articles 17 and 18, there must be sufficient safeguards and mechanisms in place to make sure that WFO has no association whatsoever with the tobacco industry.

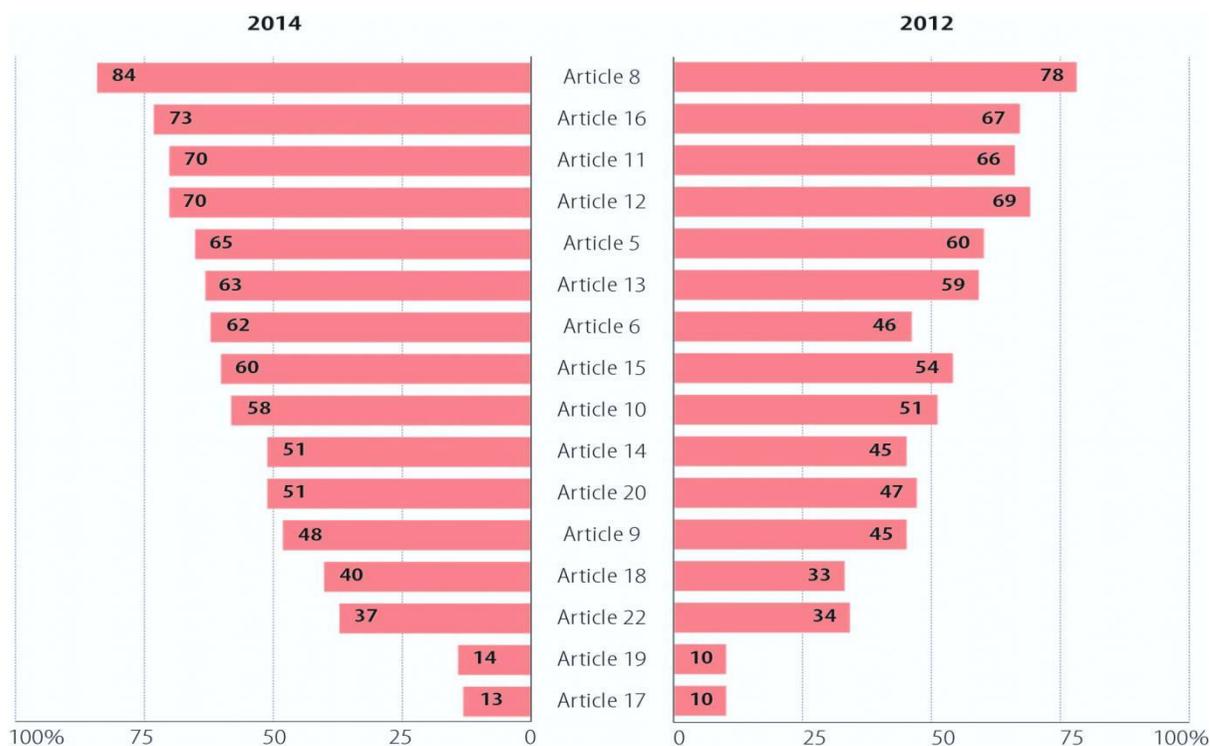
Comments by the civil society

Participants from the civil society could not agree more with the views presented by the Parties. Alternatively, they suggested that COP could lay down a set of criteria to renew the membership of NGOs as observers. So, any observer who does not fulfil these criteria could be stripped of its status and denied the renewal of its membership.

8. Global progress in implementation of WHO-FCTC

The Convention Secretariat prepared the global progress report based on the biennial implementation reports of 130 Parties. The overall implementation rate of WHO FCTC provisions was 54% in 2014. The articles with the highest implementation rates were Article 8 (Protection from exposure to tobacco smoke), Article 16 (Sales to and by minors), Article 11 (Packaging and labelling of tobacco products) and Article 12 (Education, communication, training and public awareness). However, the lowest implementation rates were found in Article 17 (Provision of support for economically viable alternative activities), Article 18 (Protection of the environment and the health of persons), Article 19 (Liability), and Article 22 (Cooperation in the scientific, technical and legal fields and provision of related expertise).

Despite facing daunting challenges, particularly, of countering the interference by the tobacco industry, garnering political support and bolstering intersectoral coordination, the current progress report showed that a number of the Parties have implemented WHO FCTC successfully. More measures have also been reported by the Parties between 2012 and 2014 reporting periods (figure below). Several Parties have increased tobacco taxes significantly (increase of 50% or more in many cases), and extended smoke-free policies to cover more outdoor settings. Some Parties introduced reduced ignition property standards while others banned or restricted the use of additives in tobacco products. Display of large pictorial warnings on tobacco packages is practised in many Parties now. A few Parties banned the display of tobacco products at points of sale, and even extended advertising bans to cover e-cigarettes. Few Parties initiated text messaging on mobile phones, or a smartphone application as a means of promoting tobacco cessation.



Implementation of the Convention has improved since its enforcement in 2005. The average implementation rate of its substantive articles has reached 60% in 2014 compared with just over 50% in 2010. However, the implementation rates varied substantially between different Articles, Parties and Regions.

Many Parties accorded high priority to the demand reduction measures concerning tobacco dependence and cessation (Article 14), protection from exposure to tobacco smoke (Article 8), packaging and labelling of tobacco products (Article 11), price and tax measures to reduce the demand for tobacco (Article 6), and illicit trade in tobacco products (Article 15). Parties also paid increasing attention to the implementation of Article 5.3 of the Convention, which otherwise was a huge challenge to implement.

A number of Parties have developed some novel approaches to implement the provisions of the WHO FCTC. For instance, adoption of codes of conduct for government employees to interact with the tobacco

industry (United Kingdom), and establishment of mobile courts to enforce national tobacco control legislation (Bangladesh). Other initiatives implemented during this reporting period were plain packaging, large health warnings, point-of-sale advertising ban, tobacco sales ban, ban on additives, internet technologies for promoting smoking cessation, etc. Several Parties have also declared their visions for a tobacco-free society (Finland, Ireland, and New Zealand).

Tagged along with the progress and success stories are the glaring gaps, constraints and challenges that Parties are made to grapple with while striving to implement the Convention, a few of which are listed below:

- shortage of financial and human resources;
- poor multisectoral coordination due to insufficient support from sectors outside health;
- weak national coordination mechanisms;
- unavailability of drugs for treatment of tobacco dependence;
- lack of capacity to carry out mass media campaigns;
- lack of testing facilities;
- tobacco products such as ENDS, SLT and shisha expanding their market base; rapid growth in the use of these products; and
- interference by the tobacco industry.

9. Control and prevention of SLT products

SLT use is spreading fast across the countries affecting many populations worldwide, and posing a major public health threat. Despite this issue of SLT has always received less attention than cigarette use. People often have misperception that SLT products are less hazardous to their health than smoked tobacco products. There is availability of a large range of SLT products in the markets, including chewing tobacco, snuff, *gutka*, betel quid with tobacco, *snus*, *toombak*, *iqmik*, and tobacco lozenges. In spite of the public health importance of SLT, data or information on SLT products and their uses, and the adverse health outcomes and economic costs of SLT use are extremely scarce. Extensive research is needed in some important areas,

including health effects of SLT use, cost of health care to treat SLT-related diseases, product characterization, taxation, pricing, marketing, cessation, etc.

COP5 invited WHO to prepare a report on the situation of SLT, including the existing best practices on prevention and control of SLT products. In response to this, WHO conducted and completed a survey on tobacco products in April 2014 among all its Member States, to which only 90 countries responded, representing 77% of the world's population. The result of the survey is summarized below.

- (1) SLT products are regulated under tobacco laws in 46 countries (26%), both tobacco and food safety laws in eight countries (19%), and under other laws in nine countries (23%); in the rest, it is not known under which the laws SLT products are regulated.
- (2) Production, distribution, and sale of SLT products are under some regulation in 54 countries (66%). The number of countries that regulate the production, distribution, and sale of commercially manufactured SLT products is 41 (60%), 43 (59%) and 51 (63%), respectively. The number of countries that regulate the production, distribution, and sale of cottage industry manufactured SLT products is 24 (31%), 30 (33%) and 36 (41%), respectively.
- (3) Contents and ingredients of SLT products on the market are regulated in nine countries (22%).
- (4) Governmental sale licences are required in 26 countries (30%).
- (5) Policies regulating sale of SLT products to minors exist in 64 countries (72%). Where specified, minimum required age for buying SLT products ranges from 16 to 21 years.
- (6) Comprehensive bans on SLT product advertising, promotion and sponsorship are in place in 50 countries (38%).
- (7) SLT product taxes are implemented as follows: no excise tax in 24 countries (13%); uniform ad valorem excise tax in eight countries (21%); uniform specific excise tax in 11 countries (8%); mix of uniform ad valorem and uniform specific excise taxes in four countries (2%); uniform ad valorem with minimum specific floors in three countries (1%); tiered system in one country (1%);

value added tax in 34 countries (53%); import duty in 31 countries (53%).

The South-East Asia Region faces one of the highest burdens of SLT use, and is home to nearly 250 million SLT users. Global Youth Tobacco Survey (2009–2013) revealed that SLT use among youth is significantly high in Bhutan (21.6%), Nepal (16.2%), Myanmar (9.8%) and India (9%). SLT use is higher among adult males than females in Bangladesh, India, Myanmar, and Nepal. It has also been found that the prevalence of dual use of SLT and smoking is proportionately high in Bangladesh, India, and Myanmar. Therefore, given the magnitude of SLT use and its health implications for now and the future, there is an urgent need for formulating effective policies and strategies in the Region.

Regulation on SLT products in the WHO regions

WHO African Region: A number of Parties in the Region are now adopting comprehensive tobacco control policies and legislation that cover all tobacco products, including SLT products.

WHO Region of the Americas: Many Member States have legally mandated pictorial health warnings on SLT product packages. Other measures, such as prohibition of SLT sale to minors, restrictions on promotion, labelling, product registration, limits on the amount of nicotine, toxicants, and additives are being implemented.

WHO Eastern Mediterranean Region: Many Parties in the Region have legally mandated pictorial health warnings covering 50% or more of the principal display areas on SLT product packaging. In some sale and importation of SLT products are banned and heavy fine-based measures have been used to enforce the laws.

WHO European Region: Sale of SLT products is prohibited for oral use; advertising and health warning regulations are enforced similar to those applicable to smoked tobacco products, and pictorial health warnings on SLT product packaging are being implemented.

WHO South-East Asia Region: A few Parties have initiated steps to regulate SLT: (i) legally mandated pictorial health warnings on the SLT product packages; (ii) introduced SLT control legislation; (iii) used mass media

campaigns to inform people of the harms of SLT use, (iv) introduced SLT cessation into tobacco dependence treatment guidelines and into the national tobacco control programme; and (v) banned the manufacture and sale of SLT products. However, the countries of the Region severely lack adequate laboratory testing capacity to test for constituents of SLT products, and comprehensive regulations to control them.

WHO Western Pacific Region: A regional action plan to reduce areca nut and tobacco use was developed. Some Parties have banned SLT products, and implemented pictorial health warnings covering 50% or more of the principal display areas on SLT product packages. However, there is a need to increase the sharing of evidence of the harms caused by SLT with policy-makers, and also develop community-based strategies to bring about changes in behaviour towards SLT use.

Regulatory options for prevention and control of SLT products

Develop Party-specific and product-specific interventions	comprehensive implementation of the WHO FCTC for regulating all tobacco products, including SLT products
	product-specific policy interventions and strategies
Apply WHO FCTC requirements to SLT products	health warnings on product packaging that cover the major proportion of packages, include text and pictorial warnings
	restrictions or bans on advertising, promotion, and sponsorships
	bans on sales to minors
	taxation and pricing policies
	provision of evidence-based SLT cessation interventions
	education of the public about the harms of SLT use through information, education, and communication efforts and mass media
Change manufacturing practices to lessen	air curing which produces lower levels of tobacco-specific nitrosamines as compared to

toxicant levels in SLT	other methods
	pasteurization as compared to fermentation
	avoiding storage for prolonged periods in warm weather
Disclose constituents of SLT products	manufacturers requiring to disclose to governments all ingredients and potentially harmful constituents of their SLT products
Reduce the appeal of SLT products	ban or regulation of sweeteners and flavouring substances (including herbs, spices, and flowers)
No health claims or claims of reduced exposure or harm	until scientific evidence in support of such claims has been reviewed and approved by an independent, scientific government regulatory agency
Address information gaps	expanding the existing evidence base (burden on health, economy, environment, and social costs)
	utilizing WHO GTSS and WHO STEP surveys
	conducting smaller, targeted surveys among specific subgroups
	sharing reports in progress and challenges
Laboratory capacity for the testing of contents and toxicant levels in SLT products	improving methods, specific product standards, and testing regimens
	standardizing testing methods through the WHO Tobacco Laboratory Network
Impact assessments and evaluations of SLT-related policy and regulatory practices	gathering relevant data and sharing Parties' experiences of SLT importation and using to help Parties adopt WHO FCTC compliant policies and programmes that encompass the regulation of SLT products

The Parties discussed that prevalence of SLT use in the Member countries is on a rising trend. More males are using SLT than females. The proportion of youth consuming SLT in a few Member countries of the Region is worryingly high. The widespread use of many forms of SLT also

complicates the situation. Certain products of SLT, such as *gutka* and *kubyer*, have reached as far as Africa and Europe, inevitably making it a global issue. SLT products are much cheaper than smoking forms of tobacco, making them very affordable. In some places, SLT products are cheaper than candies, indicating just how much affordable they are. Another important factor that is making the SLT use more prevalent is the cultural acceptance of its use in many societies of the Region. That is why in many Member countries, a significant proportions of youth and women chew areca nut with tobacco.

The Parties jointly expressed the need to have a strong commitment on the part of governments to combat SLT use in the Region. Governments and civil society should work hand in hand to generate awareness of the harmful effects of SLT. Recognizing the public health implications of SLT use, the Parties came to a common consensus on the SLT issue and the regional resolution has been prepared that would be submitted to the COP6 (see Annex 1).

Comments by civil society

Civil society participants expressed their concern for increasing SLT use in the Region. They said that the harmful nature and health effects of SLT use are well established. SLT is an important risk factor for a number of diseases, particularly cancers of the oral cavity and lung and heart diseases. Recently, a report from Sweden showed the association between SLT use and dental/oral diseases. It has also been shown to have adverse effects on reproductive health outcomes. Indeed, SLT use is undermining even global goals like MDG, absolutely highlighting its public health importance.

Burning issues on regulatory aspects, such as comprehensive SLT taxation, constituent disclosure, health warnings on product packages, etc., require further deliberations. However, in order to have strong enforcement of measures, there is a need to intensify advocacy and awareness activities on SLT use and its implications among the policy-makers and other relevant stakeholders.

Electronic nicotine delivery systems (ENDS)

ENDS is a device that can deliver an aerosol by heating a solution that users inhale. The solution consists of nicotine, propylene glycol, glycerol and flavouring agents. Its full description is as given below:

ENDS product design and markets	ENDS and health hazards	ENDS as a cessation aid
<ul style="list-style-type: none"> • ENDS look like cigarettes, cigars, pipes, cigarillos, pens, USB memory sticks, and in other shapes. • ENDS availability is widespread. There are 466 brands currently offered in the market and about US\$ 3 billion is spent on ENDS. • Sales of ENDS are expected to increase by many folds by 2030. • Number of users of ENDS is increasing globally. Slightly over half of the world's population live in 62 countries that reported the availability of ENDS in their jurisdictions. 	<ul style="list-style-type: none"> • The limited testing of ENDS products revealed wide variations in the nature of the toxicity of contents and emissions. • Health risks from nicotine inhalation are affected by the capacity of ENDS to deliver nicotine to the user, depend on product characteristics, user puffing behaviour and nicotine solution concentration. • Nicotine can have adverse effects during pregnancy and may contribute to cardiovascular disease. • Although nicotine itself is not a carcinogen, it may function as a "tumour promoter". 	<ul style="list-style-type: none"> • The evidence for the effectiveness of ENDS as a method for quitting tobacco smoking is limited and does not allow conclusions to be reached. • There is a general perception that the use of ENDS is likely to help some smokers to switch completely from cigarettes to ENDS, rather than quitting smoking. • No ENDS product has yet been evaluated and approved for smoking cessation by any governmental agency.

World Health Organization (WHO) prepared a report in respond to the directive of COP5 to study any emerging evidence on the health impacts of ENDS use and to identify options for their prevention and control. The report is based on the WHO tobacco products survey where 90 WHO Member States had responded. The survey showed that the sale of ENDS with nicotine is banned in 13 of the 59 countries that regulate them. However, the majority of these 13 countries reported that ENDS are available to the public, probably through illicit trade and cross-border

Internet sales. Comprehensive advertising, promotion and sponsorship bans on ENDS are in place in 39 countries; use of ENDS in enclosed public places is banned in 30 countries; premarket review is required by 19 countries; vendor licences are required by nine countries; and policies on ENDS sales to minors are established in 29 countries.

Implications of ENDS use

The genuine concern about ENDS use is on account of nicotine initiation among non-smokers, particularly adolescents, because ENDS look attractive and come in different shapes and sizes. The limited survey data showed that experimentation with ENDS is increasing rapidly among adolescents. There is also a possibility of these children switching from using ENDS to cigarette smoking, once they are addicted to nicotine. However, in the absence of longitudinal data, it is difficult to conclude or reject the role of ENDS in increasing nicotine addiction among adolescents. The pattern of dual use also seems predominant among adults, and with a few newer smokers starting to use ENDS.

Since ENDS use is completely absent or inadequately regulated, enforcing tobacco control policies becomes more difficult. Whatever regulation applies to tobacco use does not apply to ENDS use. Policies on smoke-free places, tobacco advertisement, health warnings, sales to minors, etc. do not affect ENDS. They are being marketed to consumers in many media and forms, including television commercials, sports and cultural sponsorship, celebrity endorsement, social networking, online advertising, point-of-sale displays, pricing strategies, and product innovation. Some ENDS are marketed not only as socially acceptable, but as socially superior. Unsubstantiated claims of safety and cessation are marketing themes in an attempt to lure smokers. ENDS marketing activities have the potential to glamorize smoking and attracting children and non-smokers.

In view of the looming threat posed by ENDS use to public health, general considerations for governments to make are:

- smokers will obtain the maximum health benefit if they completely quit both tobacco and nicotine use
- ENDS can affect non-smokers, pregnant women and youth

- minimize potential health risks to ENDS users and non-users
- prohibit unproven health claims from being made about ENDS
- protect existing tobacco-control efforts from commercial and other vested interests of the tobacco industry.

Those Parties that have not banned the sale of ENDS could consider the following regulatory options:

- unsubstantiated health claims of using ENDS as a cessation aid
- regulation of ENDS use in public places
- regulation of ENDS advertising, promotion, and sponsorship
- product design and information
- health warnings
- surveillance and monitoring
- sales to minors.

The Parties urged that there is a pressing need either to completely ban ENDS sale or regulate it stringently. It is simply shifting addiction due to smoking to addiction due to ENDS use. Whatever the means are, the end is still an addiction. The tobacco industry is trying to retain the addictive substance in this device, so that people get addicted to it and continue to use tobacco. ENDS are also going to be used as gateway products. Thus, legal regulation becomes a high priority for the Parties.

However, it is not an easy task to regulate ENDS. For instance, even though Thailand banned the import of ENDS, lots of Thais are already using ENDS because of a widespread illicit trade. ENDS use is thought to be spreading fast.

Regulation is a real challenge when it comes to determining the toxicity of ENDS. Other than nicotine, toxic substances contained in ENDS are not clearly known. Since they are fairly new products in the markets, laboratory tests on them are not carried out extensively.

The tobacco industry claims that ENDS are not tobacco, and hence they do not come under the purview of the WHO FCTC. However, there is

a provision under the Convention on nicotine addiction where ENDS could be regulated. The Parties suggested revising tobacco law to regulate any product that contains nicotine.

ENDS also cannot be used for cessation aid without having their efficacy fully tested. ENDS have to undergo a rigorous clinical trial to be used as drugs, which so far has not happened. As is the general practice, ENDS should be prescribed by a doctor; instead it is available over the counter.

Foreseeing an impending threat to public health, the Parties underscored the need to stop ENDS use in the SEA Region and come up with strong recommendations. Simultaneously, the Parties must conduct a host of ENDS-related activities, including raising public awareness on the harms of ENDS use, inclusion of ENDS in school curricula, enforcement of existing ENDS control measures effectively, strengthening local level monitoring, allocation of sufficient budget, and seeking the commitment of the government to eliminate ENDS.

The participants of the civil society organizations strongly supported the viewpoints of the Parties. They stated that ENDS have a long list of chemicals. Nicotine in them is a cardio-toxic if not carcinogenic. The combined vapours from ENDS are not completely harmless as often claimed by the tobacco industry. Again, ENDS being projected as less hazardous than cigarettes is sending a complete different message to the masses. ENDS are advertised far and wide through different outlets. Therefore, the civil society fully support WHO's position on ENDS.

10. Economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)

Tobacco is cultivated in about 120 countries that produce about seven and a half million tonnes of raw tobacco annually (2011). Despite this large-scale farming, tobacco growers earn a paltry income from their crop compared with the final price the manufacturers/retailers obtain at the end of the value-added chain. Realizing this, many tobacco-cultivating countries

are indeed trying to find alternatives to tobacco growing, because apart from the meagre earnings from tobacco growing, farmers face several occupational risks such as green tobacco sickness, pesticide intoxication, respiratory and dermatological disorders and cancers. More often than not, tobacco farming enslaves poor farmers and children to bonded labour and child labour, underlining a violation of human rights. In addition, clearing hectares of land for tobacco cultivation, and later, collection of a large quantity of firewood for the curing process, often result in deforestation. Tobacco, being a mono-crop, depletes soil nutrients at a much faster rate than other crops. Consequently, later, this pushes the farmers into using a large quantity of pesticides and fertilizers, inadvertently also affecting the environment. Therefore, the negative consequences of tobacco farming are far too many to count, and the meagre earning that farmers are making is not worth the efforts they put in.

The Convention Secretariat prepared the draft policy options and recommendations on Articles 17 and 18, which were then presented to and discussed in COP5. Ensuing this, the mandate of the working group was extended to work further on the subject. Through several rounds of meetings and consultations, the working group toiled hard to finalize the draft paper clearly describing every single policy option and recommendation in great detail. The primary purpose of these recommendations is to provide the Parties with a general working framework within which they may adopt comprehensive policies and effective measures.

The Parties can use these recommendations to implement policies that promote the establishment of innovative mechanisms for the development of sustainable alternative livelihoods for tobacco growers and workers. The Parties are recommended to build up development programmes connected with the promotion of food security and feasible markets that cover all aspects of the alternatives to tobacco growing, including economic viability and environmental protection. The guiding principles and a framework of specific recommendations are summarized as below.

Guiding principles

- Livelihoods diversification should be the concept guiding implementation of economically sustainable alternatives to tobacco growing.
- Tobacco growers and workers should be involved in policy development in line with Article 5.3 of the WHO FCTC and its guidelines.
- Policies and programmes to promote economically sustainable alternative livelihoods should be based on best practices and linked to sustainable development programmes.
- The promotion of economically sustainable alternative livelihoods should be carried out within a holistic framework that encompasses all aspects of the livelihoods of tobacco growers and workers (including the health, economic, social, environmental and food security aspects).
- Policies promoting economically sustainable alternative livelihoods should be protected from commercial and other vested interests of the tobacco industry, including leaf companies, in accordance with Article 5.3 of the WHO FCTC and its guidelines.
- Partnership and collaboration should be pursued in the implementation of these policy options and recommendations, including in the provision of technical and/or financial assistance.

Effective strategies for alternative crops and livelihoods	
Promoting research	<ul style="list-style-type: none"> – identification of the profile and main features of the tobacco sector and economics of raw tobacco production – demand forecast studies on food crops – environmental and health impact studies – economics of raw tobacco production – standard information set for alternatives – a priority list for each tobacco-growing Region – field trials – development of a business plan

➤ developing educational and training programmes for workers and growers	
➤ removing obstacles to diversification or the shift to alternatives to tobacco farming	
➤ keeping coherence among the policies of different ministries/departments	
➤ identifying and regulating tobacco industry strategies that promote tobacco farming and the manufacture of tobacco products	
➤ mainstreaming alternative crops/livelihood options into government rural development programmes	
Establishing mechanisms within the existing system to support alternative livelihoods	<ul style="list-style-type: none"> – rural credit – food acquisition for food security programmes – family farming price assurance – technical assistance and rural extension – agrarian reform and credit – social and economic organization – infrastructure and services – crop and income insurance – cooperatives – promotion activities
Setting up information and support centres for alternative livelihoods	
Ensuring the participation of civil society	
Ensuring social, health and environmental protection in tobacco-growing Regions	<ul style="list-style-type: none"> – tackling child labour and promoting decent work in tobacco-growing Regions – protecting tobacco growers' health – protecting the environment from the harms of tobacco growing

Monitoring and Evaluation	
Implementation of Article 17 – development of an alternative livelihood model	<ul style="list-style-type: none"> – conducting a baseline analysis of the problems to be addressed by the policy – analysis of the main barriers and existing opportunities to be considered in the design of a strategic plan for implementation of Article 17 – impact indicators for Article 17
Implementation of Article 18	<ul style="list-style-type: none"> – making a baseline analysis of the problem to be changed by the policy – analysis of the main barriers and existing opportunities to be considered in the design of a strategic plan for implementation of Article 18 – impact indicators for Article 18
International Cooperation	
➤ Promotion of opportunities for economically sustainable livelihoods and development of markets in the context of sustainable development and poverty eradication	
➤ Cooperation with relevant national, Regional and international organizations	
➤ Assistance and cooperation in capacity building	
➤ International information exchange	
➤ International cooperation and the role of the Convention Secretariat	

The Parties discussed that the bone of contention regarding this Article is the exaggerated accusations made by the tobacco industry that the tobacco control policies and measures are depriving tobacco farmers and works of their livelihoods. The tobacco industry in the past vociferously accused governments and tobacco control advocates of putting the lives of farmers at stake by controlling their means to earn livelihood. They always claimed that they are protecting the interests of the farmers and giving them the opportunity to earn an income and improve their lives. The Parties reiterated that the story of “snatching farmer’s livelihood away” because of the implementation of the tobacco control policy is completely blown out of proportion. This is a serious exaggeration of the situation. Indeed, all

Parties said that the tobacco industry is playing a game with innocent farmers, and exploiting their vulnerability. The tobacco industry has more to gain, in all possible terms, from this whole business of tobacco manufacturing than anyone else, least of all the farmers. However, farmers are not aware of the vicious game being played upon them by the tobacco industry. Farmers are often cajoled into believing that the tobacco industry is there to help them and bring in economic development in their villages. So, the Parties emphasized the need to make farmers aware of the hidden motives of the tobacco industry and how they are being exploited, and most importantly, enhance their knowledge on the devastating health, social, economic and environmental consequences of tobacco growing and tobacco use.

The discussion also covered the role of 'market dynamics' in tobacco production and marketing, where the supply of tobacco leaves is essentially driven by the demand for finished tobacco products in the markets. For instance, a lower demand for a certain brand of cigarettes in the market would mean the tobacco company buying less and less of tobacco leaves from the farmers. On other occasions, the tobacco company may simply use imported leaves rather than the local ones to manufacture a tobacco product. In both cases, it is the market dynamics that is at play. But, due to the lack of knowledge on the workings of market dynamics among the farmers, more often than not, tobacco control measures are blamed for their loss of income-earning opportunity. Thus, all Parties resolutely expressed the need to mention the role of market dynamics as an important factor in the report.

The civil society strongly echoed the views of the Parties. They reiterated the need to expose the fact that on the pretext of protecting the interest of farmers, the tobacco industry is using them as their fronts. This should be made known to the farmers who are working tirelessly for the industry. So, Articles 17 and 18 should be expressed strongly in the report as a legitimate means to protect the interests of the farmers. In addition, farmers should be made aware of the alternatives to tobacco growing that are economically far more rewarding and sustainable than tobacco growing.

11. Impact assessment of WHO FCTC

WHO FCTC came as a real boost to promoting tobacco control policies on a global scale. Apart from tobacco control, WHO FCTC is expected to have far-reaching influence on certain spheres of public policies, particularly those pertaining to public health, governance, international cooperation, environment, social and economic development. In order to capture the wider impact of WHO FCTC since its coming into force on areas other than tobacco control, an urgent need was felt to carry out an assessment.

COP asked the Convention Secretariat to study and prepare a report on options for conducting an impact assessment of WHO FCTC on broader areas in general and tobacco control in particular, as well as various methods of assessment. Accordingly, the Convention Secretariat organized an expert consultation in Helsinki, Finland to prepare and come up with options for the impact assessment.

Options and methods for the impact assessment

Areas of assessment	Methodology	Costs
– Area 1: Impact of the Convention on implementation of tobacco control measures	– desk review and analysis of existing data for global thematic reviews	– average of [US\$ 30 000] per review.
– Area 2: Impact of the Convention on tobacco use and related health consequences	– visits to selected countries for national context studies	– US\$ 40 000 per case study
– Area 3: Social, economic and environmental impact of the Convention	– case studies	– US\$ 120 000 staff cost for six months
– Area 4: Impact of the Convention on public health	– administer questionnaires for stakeholder's interviews	– US\$ 30 000 for documentation and logistics
		– US\$ 130 000 for 10-member advisory committee to provide technical and policy guidance.

It is proposed that COP may consider the following options:

- Option A: Area 1 + Area 2;
- Option B: Area 1 + Area 2 + Area 4;
- Option C: the most comprehensive option covering all four areas

The major analysis for the first, second and fourth areas could be completed in the intersessional period between COP6 and COP7. However, the information is relatively scarce for the third area, and it may go beyond the intersessional period.

The total cost for the entire assessment would be approximately US\$ 620 000. The costs would be slightly lower for options A and B, by between US\$ 30 000 and US\$ 90 000, owing to the lower number of global thematic reviews required for these options in comparison with option C.

The Parties accentuated the importance of study designs when the impact assessment is being planned, because the accuracy of the outcomes will entirely depend on the way the study is designed. Typically, impact studies are resource intensive and done on a large scale. However, at the same time, there is a need to promote small-scale local studies to get the sense of local situations and challenges.

One concern raised was on the difficulty that countries face in funding such an assessment, particularly in the context of South-East Asia where the resource allocation for research is limited. In view of this constraint and to save cost in the future, an alternative was suggested that tobacco-related data could be collected from the larger national surveys, such as Demographic Health Survey, Population Census Survey, NCD STEP survey and other pertinent studies. Also, it would be wise for the Parties to improve the national health information system on morbidity and mortality data, from where the information relevant to tobacco could be extracted. Besides the funding issue, the other critical factor that must be pointed out is the political commitment of the policy-makers, ensuring their full support is essential.

The ultimate goal of implementing WHO FCTC is to improve public health, and any assessment on it must see the extent to which it has made

an impact on public health indicators. But one could see that its impact is far-reaching. Indeed, there are a few unexpected benefits that we have seen, such as countries with stronger tobacco control policy enforcement have seen higher reduction in the rates of heart problems. Another indirect benefit of WHO FCTC implementation is the media effect – a score of news items on tobacco and public health come up in different media channels every day, which is an effective way to raise awareness among the masses about the harmful effects of tobacco use.

Keeping in mind the immense beneficial effects of WHO FCTC, both quantitative and qualitative (e.g. political commitment) aspects must be considered in the impact assessment. However, the Parties should be encouraged to carry out primary research at the country level to collect the data on short-term indicators.

12. Guidelines for implementation of Article 6 of the WHO FCTC: Price and tax measures to reduce the demand for tobacco

COP5 adopted a set of guiding principles and recommendations for implementation of Article 6 of WHO FCTC and decided to establish an open-ended intersessional drafting group to elaborate the guidelines, and present a complete draft for consideration at its Sixth Session. Following COP5, the intersessional drafting group was formed to work on it as mandated. The drafting group worked on the draft guidelines through a series of consultative processes, and finally drew out a set of recommendations on the guidelines of Article 6. The draft guideline is now submitted to COP6 for adoption.

The overriding principles that were applied in support of implementation of Article 6 of WHO FCTC were as follows:

- sovereign right of the Parties to determine tobacco taxation policies;
- effective tobacco taxes reduce tobacco consumption and prevalence;

- effective tobacco taxes are an important source of revenue;
- tobacco taxes are economically efficient and reduce health inequalities;
- tobacco tax systems and administration should be efficient and effective; and
- tobacco tax policies should be protected from vested interests.

Taxes are very effective tools for policy-makers to influence the price of tobacco products. The inverse relationship between price and tobacco use has been demonstrated by numerous studies. In most cases, higher taxes on tobacco products lead to higher prices which then lead to lower consumption. As a result, low prevalence will reduce mortality and morbidity, and thus improving health of the population.

The summary of the recommendations is given below.

Guidelines	Recommendations for the Parties
<ul style="list-style-type: none"> ➤ Taxes and prices on tobacco consumption and prevalence (price elasticity) ➤ Taxation and affordability (income elasticity) 	<ul style="list-style-type: none"> – take into account both price and income elasticity of demand, inflation and changes in household income; and – establish regular adjustment procedures for periodic revaluation of tobacco tax levels.
<ul style="list-style-type: none"> ➤ Tobacco taxation system 	<ul style="list-style-type: none"> – implement the simplest and most efficient system that meets public health and fiscal needs; and – consider implementing specific or mixed excise systems with a minimum specific tax floor.
<ul style="list-style-type: none"> ➤ Level of tax rates 	<ul style="list-style-type: none"> – establish coherent long-term policies on their tobacco taxation structure; and – monitor, increase or adjust tax rates on a regular basis taking into account inflation and income growth developments.

Guidelines	Recommendations for the Parties
<ul style="list-style-type: none"> ➤ Tax burden for different tobacco products 	<ul style="list-style-type: none"> – tax all tobacco products in a comparable way; and – design tax systems in a way that minimize the incentive for users to shift to cheaper products in the same product category or to cheaper tobacco product categories as a response to tax or retail price increases or other related market effects.
<ul style="list-style-type: none"> ➤ Tax administration 	<ul style="list-style-type: none"> – ensure transparent licence control systems; – consider imposing effective anti-forestalling measures; – consider requiring the application of fiscal markings to increase compliance with tax laws; – designate and grant appropriate powers to tax enforcement authorities; – share information among enforcement agencies in accordance with national law; – provide for an appropriate range of penalties for non-compliance; – consider dedicating revenue to tobacco control programmes in accordance to the national laws; and – prohibit or restrict the sale of tax-free or duty-free tobacco products.

The Parties expressed their concerns regarding the formulation of tobacco taxation policy. Taxes imposed on tobacco products are not comprehensive, going by the current practices, as a result of which certain tobacco products remain unbelievably cheap in the markets. This, in turn, made the users switch to cheaper tobacco products. At the end, there would not be much reduction in the overall tobacco use. The gain accrued through levying of a higher tax on certain tobacco products is offset by the availability of other cheaper ones due to a lower tax on them; for instance,

a cigarette smoker becoming a *bidi* smoker, since *bidi* is much cheaper than a cigarette.

Another issue that came up was tobacco taxation being perceived as a source of revenue for governments. It is erroneous to consider tobacco tax as a source of revenue when we know the extent of damages it causes to public health, society, economy and environment. The reason for raising taxes for tobacco products should not be based purely on this argument alone. Tobacco taxation should “not” be seen as a source of revenue for the country because it is not.

However, in the interest of time and in view of the extensive discussions preceding the drafting guidelines for implementation of Article 6, all Parties agreed to keep them in the current form, and support its adoption in COP6.

Civil society felt that any price increase may, in turn, increase inflation, but if tobacco is taken out of the list of the consumer price index, then the increasing tobacco tax will not be considered as a contributing factor for inflation. It was suggested to the Parties to mention this, if not in this document, as least in other relevant guidelines.

13. Implementation of Article 5.3 of WHO FCTC: evolving issues related to the interference of the tobacco company

Thailand, in accordance with Rule 7 of the Rules of Procedure of COP, proposed to include an item on the provisional agenda of COP6 in relation to Article 5.3 of the Convention. The aim was to address evolving issues regarding tobacco industry interference. Article 5.3 states that all Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry.

A participant from Thailand explained that the tobacco control protocols and guidelines should be concurrently updated in response to the constantly evolving strategy of the tobacco industry. Interference by the tobacco industry remains one of the most frequently identified barriers to

effective implementation of WHO FCTC. For instance, Thailand experienced litigation by the tobacco industry on the pictorial health messages accusing the government of not consulting them while formulating a new policy that affects their business. But the government, in the best interest of protecting public health, did not give in to the pressure exerted by the tobacco industry, and did not involve the tobacco industry in any tobacco policy-making process. The tobacco industry has used the threat of legal challenges to legislation and regulations to thwart, delay or weaken implementation of tobacco-control measures. Given the similar trends happening in other countries, Thailand felt the need to take a strong global stand on the measures that deal with the interference by the tobacco industry in the decision-making process of governments.

Based on the request made by Thailand, the Convention Secretariat prepared this report to provide a snapshot of the progress made in implementation of Article 5.3 of WHO FCTC, and identify potential areas in which implementation of measures under Article 5.3 of the Convention could be strengthened.

In spite of the progress made in implementation of Article 5.3, many Parties have reported that they still consider tobacco industry interference with public policies on tobacco control to be the most significant barrier they face to treaty implementation. Weak legislation or loopholes in existing legislation allow for blatant examples of interference, such as voluntary agreements with the tobacco industry on advertising restrictions; acceptance of tobacco industry-sponsored youth-smoking prevention programmes; activities of the industry that are described as “socially responsible”; and conclusion of memoranda of understanding and other forms of partnerships between the tobacco industry and relevant government agencies in relation to the fight against illicit trade in tobacco products.

Areas for strengthening implementation of Article 5.3

- promoting exchanges of best practices and information across the Regions;
- strengthening of systems for monitoring the tobacco industry;

- encouraging the Parties to integrate measures to prevent tobacco industry interference into their national tobacco-control laws;
- monitoring of Parties' implementation of Article 5.3;
- developing new methods of countering tobacco industry interference;
- ensuring protection from tobacco industry interference at meetings of the governing bodies of the WHO FCTC;

Major issues raised by the Parties during this session on the implementation of Article 5.3 were on the competing priorities of the governments, and the funding constraint the governments face in supporting an expert or a working group to work exclusively on the guidelines of the WHO FCTC Articles. Besides, governments are already burdened with the responsibility of implementing other guidelines of the WHO FCTC.

All Parties agreed to support the proposed guideline as it is without any change. Since the deliberation of this Article 5.3 is of utmost importance, the Parties attending COP6 in Moscow will put up a request to Committee A to move this agenda item right to the top before the others.

14. Report of the working group

A report on further development of the partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC: Regulation of the contents of the tobacco products and regulation of tobacco products disclosures was prepared in response to the request made by COP5. The main purpose of the study was to find out some novel tobacco products in the market, and about the existing monitoring mechanism for such products through the application of Articles 9 and 10 of the WHO FCTC. The study used the following criteria to define the novel products, and they should meet at least one of the criteria.

- The product employs new or unconventional technology, such as vaporization of tobacco into the lungs or use of menthol pellets in cigarette filter.

- The product type has been on the market for less than 12 years.
- The product type has been on the market for a longer time, but market share has increased in countries/regions that traditionally did not use this type, as in the example of SLT products being introduced into countries where they were not previously available.
- The product is marketed or work has been published to allow it to be marketed with the claim that these products have the potential to reduce exposure to harmful chemicals found in tobacco smoke. These potential reduced-exposure tobacco products (PREP) include those employing modifications in tobacco processing (e.g. substituting burning for heating) and altered filter structure.
- Novel products suggesting reduced risk of disease have been or are being marketed with implicit or explicit health claims. However, while the general concept of exposure reduction is constructive, assessment of the validity of claims of risk reduction for PREP is challenging for many of these products. For this reason, criteria such as the product's ability to (1) lower smoke components or toxicants in mainstream smoke; (2) modify toxicity tests and demonstrate a reduction in toxicity; (3) modify biomarkers of exposure in humans; (4) modify biomarkers of effect in humans (i.e. disease outcome); and (5) pass sensory evaluation such as test panels in controlled clinical studies, always need be evaluated by governments.

Monitoring novel products

There is currently no system to monitor any specific novel products. Examples of novel products emerging in some countries as identified in the WHO tobacco products survey are the following:

- (a) *Dissolvable tobacco products*: First introduced in 2001, one brand of dissolvable products was initially in "mellow" and "fresh" flavours but now comes in a single "mint" flavour. Different versions of dissolvable products have been shown to contain varying levels of the tobacco-specific *N*-nitrosamines.

- (b) *Menthol capsules embedded in the cigarette filter*: The smoker can crush the capsule when desired and release it into the smoke for a direct “kick of freshness”.
- (c) *Tobacco vaporizers*: These products heat tobacco by means of a handheld device that is used for warming tobacco pods in many different flavours. The user then inhales the warm tobacco aerosol.

The Parties raised a common concern on this issue of toxic substances present in novel tobacco products. Firstly, countries do not have testing facilities and capacities to find out the constituents of these new tobacco products; secondly, there has to be validation of those tests. In the absence of set standards for constituent disclosure for these products, the Parties said that they would not know which ones to disclose and which ones to leave out from the constituent disclosure list.

The Parties felt the need to further review the document given the complexity of the issue on novel tobacco products. Therefore, they agreed for the extension of the working group on this theme.

It was informed that constituents of tobacco undergo a number of changes in the process of manufacturing from one point of production till it reaches the finishing point as a product. So, what all constituents to ask for disclosure remains a big question for now. Another issue is the term “tobacco” and “tobacco products” being used interchangeably in the report. But they are very different in reality. Thus, each term should have a specific definition to reduce confusion and maintain consistency.

15. Trade and investment issues relevant to implementation of WHO FCTC

The report has been prepared in accordance with the decision of COP5 on cooperation between the Convention Secretariat, WHO, the World Trade Organization (WTO) and the United Nations Conference on Trade and Development (UNCTAD). This report contains observations regarding evolving tobacco control-related trade and investment issues of relevance to the implementation of the WHO FCTC, and presents the outcomes of

activities undertaken by the Convention Secretariat in cooperation with partners in this area.

Increasing attention has been paid to the relationship between WHO FCTC and international trade and investment agreements and its implications for the effective implementation of WHO FCTC. This occurs against a background of continuing legal challenges to implementation of tobacco control measures in WTO dispute settlement proceedings and under international investment agreements. Also, many governments are facing legal challenges by the tobacco industry in domestic courts in relation to tobacco control measures; some of these challenges incorporate claims relating to international trade law. In recent years, legal challenges to tobacco control measures have been initiated in all WHO Regions.

The use of international forums to pursue legal challenges to tobacco control measures has prompted ongoing discussion about how tobacco control should be addressed in the negotiation of new free trade and investment agreements. In response to these challenges, and the tobacco industry's observed practices of lobbying to influence negotiation of new agreements, some Parties to WHO FCTC have proposed specific measures to prevent such agreements being used to challenge tobacco control measures, particularly on explicit exclusion of tobacco and tobacco products from future coverage of trade and investment treaties.

The Convention Secretariat continues to cooperate with the WHO, WTO and UNCTAD Secretariat in information-sharing and provision of technical support to Parties. It provides frequent updates on information coming out from the regular meetings held by WTO bodies, primarily the Council for Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Committee on Technical Barriers to Trade (TBT). The WHO Secretariat also provided information in relation to its technical cooperation activities in the area of public health, intellectual property and trade.

The Convention Secretariat and UNCTAD have agreed in principle on a framework of cooperation, including matters related to the mandate of UNCTAD on trade and development issues, which outlines areas and mechanisms of assistance to promote this work.

As legal challenges to implementation of the Convention remain a serious concern, there are a number of opportunities for COP to continue and strengthen support for Parties in this area. To this end, COP could investigate options for an intersessional mechanism to strengthen support for Parties facing legal threats and challenges, and to enhance multisectoral exchanges relating to health and trade, including in the context of negotiations for new trade and investment obligations. Continued cooperation between the Convention Secretariat and other relevant international organizations, and further sharing and dissemination of experiences and best practices will remain important.

Engaging the sectors, such as the Ministry of Trade, was considered vital for instituting intersectional mechanism at the country level. Intervention by the Ministry of Trade could be relevant whenever a country has to deal with a new investment agreement, or opening up of old agreement.

During the reporting to Committee B of COP6, the Parties could suggest setting up the intergovernmental committee to look at this report, and to fill in the necessary data gaps. There is currently no mechanism to monitor the compliance of international trade and its relation with tobacco control and public health. One recommendation to be proposed to COP6 would be to develop an implementation strategy on ways to liaise and work with international trade-related organizations so as to be able to implement WHO FCTC effectively in the long term.

16. Closed-door meeting

Nomination of regional representative to the Bureau

The regional representation to the Bureau of COP is usually rotated among the Member States of the Region with a tenure of two years. Currently, India is representing the South-East Asia Region to the Bureau.

Discussion and decisions

Maldives is to take the role of the regional representative to the Bureau. The government of Maldives nominated Mr Hassam Mohammed, Deputy Director and the WHO FCTC focal point of the Ministry of Public Health to be the representative.

Nomination of regional coordinators

The post of a regional coordinator that would be functional from 2014 onwards is newly created. The Convention Secretariat said this new position, which was first proposed in COP5, will be placed in Geneva to facilitate coordination between the Bureau and Member States. There is no defined procedure for appointing a Regional coordinator, but, the placement of such a coordinator is dependent on the particular needs of the Region. The Convention Secretariat has seen it necessary for each Region to appoint two coordinators to be a channel of communication and coordination between the Bureau and Member States. A regional coordinator would be allowed to attend the meetings of the Bureau during the COP session, but not those taking place during the intersessional period. A regional coordinator would also relay actions taken by Member States to the Convention Secretariat and the Bureau.

Discussion and decision

With regard to the role of a regional coordinator, the Parties submitted two options for consideration by the Convention Secretariat: (i) Maldives can take up the roles of both a regional representative and a coordinator, or, (ii) a coordinator could be appointed separately from another Member State.

Bangladesh suggested nominating two people from different countries, other than the country holding the post of a regional representative, in order to improve capacity and encourage broader participation of people across the Member States. Bangladesh proposed Thailand and Timor-Leste to take up the post of regional coordinators.

Timor-Leste took the proposal positively and said that the final decision would be made after a discussion with a high-ranking official in the

Ministry of Health. Even though Thailand regretted the post offered, all Parties urged Thailand to take up the coordinator role. In the meantime, Thailand was asked to attend a pre-COP on 12 October 2014 in Moscow to discuss the matter further.

To have a common understanding, Thailand requested the Convention Secretariat to send a document related to the roles of a coordinator. Bangladesh suggested that the Regional Office should send a letter to the Ministry of Public Health, Thailand informing Thailand's nomination as regional coordinator along with a minute of this meeting.

Election of Chair and Co-chair for Committees A and B

The Convention Secretariat informed that any person taking the responsibility of chairmanship needs to have competency and skills in dealing with plenary meetings, negotiation process, be knowledgeable on the subject matter and experiences in handling various issues raised.

Discussion and decision

Bangladesh suggested the head of delegation from each country be nominated as chair. In a similar vein, the Convention Secretariat recommended to name chair and co-chair country-wise so that the particular country nominates individual persons to take up the seats of chair and co-chair in each Committee.

The Parties agreed to award the chairmanship to Thailand for Committee A and to Maldives for Committee B. The Regional Office was asked to send a request letter to the Thai government to nominate persons to be chair and co-chair of Committee A. Maldives commented that such a letter might not be required for the government as the representative to the Board would in any case take up the role.

17. Conclusions and recommendations

Conclusions and regional positions on the issues raised in the regional consultation for the Sixth Session of the Conference of the Parties (COP6), 29–30 September 2014, are summarized below.

Agenda Item	Conclusions /Regional Stand
Adoption of the agenda	<ul style="list-style-type: none"> ➤ No change suggested to COP6 agenda. ➤ It was suggested that rather than making a statement at the end of discussions, NGOs be given the opportunity to make brief interventions after the Parties before the close of that particular item.
Expected outcome of the regional consultation and a brief presentation on the “Regional Situation of Implementation of FCTC”	Information document
Introduction of the “Provisional Agenda of the Sixth Session of the Conference of the Parties”	Information document
Country updates on the status of ratification /accession to the Protocol to Eliminate Illicit Trade in Tobacco Products	<ul style="list-style-type: none"> ➤ Parties expressed interest in becoming Parties to the Protocol. ➤ Highlighted various challenges, including lack of multisectoral commitment, poor understanding on the legal and financial ramifications and health sector's inability to convince other sectors such as customs and finance. ➤ Parties requested the Convention Secretariat to provide assistance in terms of capacity-building and other resources required to tackle these challenges. ➤ Parties are to request the Convention Secretariat on the type of assistance they need, and to use the assessment tool.

Agenda Item	Conclusions /Regional Stand
	<ul style="list-style-type: none"> ➤ The Convention Secretariat will hold sub-regional meetings to which Trade/customs/finance sectors will also be invited.
Applications for the status of observer to the Conference of the Parties: INTERPOL	<ul style="list-style-type: none"> ➤ The association of INTERPOL with the tobacco industry is clear and is in contradiction to the applicable criteria. ➤ The decision is not to grant observer status until INTERPOL ends its association with the tobacco industry.
Applications for the status of observer to the Conference of the Parties: World Farmers Organization	<ul style="list-style-type: none"> ➤ Grant observer status, provided there are safeguards and mechanisms to ensure that there is no association with tobacco industry, including through review of periodic reports by the Convention Secretariat.
Applications for the status of observer to the Conference of the Parties: East African Community	<ul style="list-style-type: none"> ➤ Grant observer status
Applications for the Status of observer to the Conference of the Parties: Zimbabwe Framework for Tobacco Control Trust	<ul style="list-style-type: none"> ➤ Not grant observer status, because it did not fulfil the criteria.
Applications for the Status of observer to the Conference of the Parties: SEATCA	<ul style="list-style-type: none"> ➤ Grant observer status
Applications for the Status of observer to the Conference of the Parties: Campaign for Tobacco-Free Kids	<ul style="list-style-type: none"> ➤ Grant observer status
Global Progress in implementation of the WHO FCTC	<ul style="list-style-type: none"> ➤ Information document

Agenda Item	Conclusions /Regional Stand
Smokeless tobacco products (SLT)	<ul style="list-style-type: none"> ➤ Acknowledged the use of SLT posing a serious threat to public health in the Region. ➤ SLT agenda was in COP4 and COP5 due to advocacy by the SEA Region but the issue of SLT is still not adequately addressed. ➤ Promote comprehensive tobacco control policies covering provisions for SLT products and their use along with other smoking forms of tobacco. ➤ The Region to propose a draft decision on SLT
Electronic nicotine delivery system, including electronic cigarettes (ENDS)	<ul style="list-style-type: none"> ➤ Strongly recommended regulating or altogether banning ENDS in the Region.
Economically sustainable alternatives to tobacco growing (In relation to Articles 17 and 18 of the WHO FCTC): Report of the Working Group	<ul style="list-style-type: none"> ➤ Draft policy recommendation requires further clarity on some areas to include additional elements during COP6, including market dynamics in tobacco farming, relationships between farmers and tobacco industry, farmers' lack of deeper understanding of the negative impact of tobacco, etc. ➤ Region to take up these issues when debating on this agenda item. ➤ Issues of engaging and helping farmers and preventing interference from the tobacco industry need further discussion and re-thinking. ➤ Need to limit involvement of tobacco growers and workers in decision-making only in respect of Articles 17 and 18.
Impact assessment of WHO FCTC	<ul style="list-style-type: none"> ➤ Support the recommendations on impact assessment. ➤ Further discussion needed on the options and categories of assessments, choice of methods and costing at COP6. ➤ Tools and methodology should be applicable for

Agenda Item	Conclusions /Regional Stand
	<p>national assessments as well.</p> <ul style="list-style-type: none"> ➤ While impact level studies are important, it is equally beneficial to promote small-scale target specific studies to understand the local context and scenario.
<p>Guidelines for Implementation of Article 6 of WHO FCTC: “Price and Tax Measures to reduce the demand for tobacco”: report by the open-ended inter-sessional drafting group</p>	<ul style="list-style-type: none"> ➤ Parties facing shortage of funding and inadequate support from the Ministry of Finance to work on this Article. ➤ However, support the current version of the guidelines and its immediate adoption, also not to open any item as it may delay the adoption of the guidelines.
<p>Implementation of Article 5.3 of WHO FCTC: evolving issues related to the interference of the tobacco industry</p>	<ul style="list-style-type: none"> ➤ Current form of the draft decision (as prepared by Thailand) to be presented to COP6 and supported. ➤ As a plan B a different version to be prepared, which would not request an expert group or working group but propose a detailed impact study to be commissioned through the Convention Secretariat on this agenda, to be presented during the Seventh Session of COP. ➤ Giving priority to the Article 5.3, participating Parties in COP6 will request the Committee A to move this agenda item before others.
<p>Further development of partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC: Regulation of the contents of tobacco product and regulation of tobacco product disclosures: report by the working group</p>	<ul style="list-style-type: none"> ➤ Appreciate the working group. ➤ Need to review the COP report and partial guidelines in COP4 and COP5 in order to better understand how this process evolved over time. ➤ Consideration is needed to have consistency in the definitions of the term “constituents” in Annex 3 with the development of recommendations on constituents as suggested in Annex 1. ➤ Agreed to the extension of the working group

Agenda Item	Conclusions /Regional Stand
	<p>on this guideline (since the work is in progress).</p> <ul style="list-style-type: none"> ➤ Emphasize the need for testing and validation methods for SLT products. ➤ Expressed concern on WHO's report on mandatory reduction of toxicants / carcinogenicity, as it could be misused by the industry.
Trade and investment issues relevant to implementation of WHO FCTC	<ul style="list-style-type: none"> ➤ This needs further deliberation. ➤ Support an intersessional mechanism to strengthen multisectoral exchanges relating to health and trade.

18. Closing session

The Chair thanked all Member States for actively participating in the regional consultation. He said the consultation had been very enriching and productive and was well organized, where the participants were actively engaged all through the sessions and deliberated at length on the issues of regional importance. The recommendations, as the main outcomes of this consultation, contain the regional positions on various agenda items of COP6, and the objectives of the consultation have been achieved. On this note, the Chair declared the meeting closed.

Annex 1

Draft resolution proposed by Parties in WHO SEAR Region on agenda item FCTC/COP/6/9

The Conference of the Parties

Recalling decisions FCTC/COP/4/12, FCTC/COP/5/12 and taking note of the Secretariat report contained in document FCTC/COP/6/9

Recognizing that the consumption of smokeless tobacco products (SLT) has become a global public health concern with more than 80 Parties reporting use of some form of SLT,

Further recognizing that the WHO South-East Asia Region is home for nearly 90% of global smokeless tobacco users, with over 300 million smokeless tobacco users in the world.

Taking note that the prevalence of SLT has seen an increase in most Parties.

Further taking note that SLT is a key causal risk factor for a number of noncommunicable diseases, especially oral cancer, heart diseases, adverse reproductive outcomes and it increases all-cause mortality.

Commending the Parties that have adopted policies and program measures to prohibit, restrict or reduce the consumption of SLT.

Taking note of the lack of adequate regulatory, enforcement or product-testing capacity to regulate SLT or test for its constituents.

Agreeing that SLT control is no longer a regional issue and merits global level actions. Strengthen policies, programmes and its implementation.

Acknowledging the need to build a suitable communications strategy to de-normalize SLT use, sensitize and educate the policy-makers and public on harms of SLT use, likewise train health professionals on smokeless tobacco cessation.

Taking note of Parties commitment and support to the global effort to establish a knowledge HUB on SLT that builds upon existing knowledge base, research capacity on SLT.

Agreeing on the need for:

- improvement in surveillance of SLT products, and related indicators as part of regular health surveys ;
- estimation of price elasticity for SLT products to quantify the effect of price change on consumption and to take all measures to increase taxes on all SLT products (in line with other smoking tobacco products such as cigarettes), to bring about a rise in price;
- operational and implementation research on opportunities and challenges in effective implementation of WHO-FCTC provisions; health and economic cost studies of specific SLT products
- comprehensive ban on the manufacture, import, sale, and promotion of any new or “ novel” SLT products and strictly regulate those that are already on the market;
- strong efforts to reduce sale and access of SLT to minors requiring a licence for all SLT vendors, with strict application of relevant legislation and trading standards
- review of the tobacco treatment dependence protocol to capture specific cessation support needed for people who use SLT as also to assess the effectiveness of SLT cessation interventions.
- encourage all WHO Regions to develop regional and/or subregional specific strategies on SLT
- establishment of a global knowledge HUB on SLT that serves as a repository of information, product-specific SLT burden, research

needs, including best practices and implementation challenges concerning SLT.

DECIDES to request the Convention Secretariat to

- include a specific reference and discussion on SLT issues in the ongoing working group discussions especially in Art 9 & 10 Working Group;
- include a separate examination of the SLT issues as and when any of the existing guidelines are taken up for review in future;
- in consultation with WHO Secretariat, explore the feasibility of establishment up a global knowledge HUB on SLT.

Annex 2

Agenda

- (1) Opening session
- (2) Objectives and expected outcome
- (3) Introduction to the provisional agenda
- (4) Update by the Parties on the status of ratification/accession to the Protocol to Eliminate Illicit Trade in Tobacco Products.
- (5) Briefing on the provisional agenda items (2-8) and documentation. (Facilitated by the Convention Secretariat and PND)
- (6) Discussions on regional positions on agenda items pertaining to electronic nicotine delivery systems, smokeless tobacco, water pipe smoking, impact assessment, guidelines for implementation of Article 6 of the Convention and implementation of Article 5.3 of the WHO FCTC and any other agenda item as suggested by Member States.
- (7) Statement by civil society
- (8) Recommendations
- (9) Closing

Annex 3

List of participants

Bangladesh

Mr Md. Azam-E-Sadat
Deputy Secretary (WHO)
& Programme Manager
Tobacco Control
Ministry of Health & Family Welfare
Dhaka

Mr Amin-ul-Ahsan
Coordinator
National Tobacco Control Cell
Ministry of Health & Family Welfare
Dhaka

Mr Md. Mahbubur Rahman
Research Officer (Tobacco Control
Cell in Lien and Deputy
Commissioner
National Board of Revenue
Ministry of Health & Family Welfare
Dhaka

Bhutan

Mr Chhimi Dorji
Senior Programme Officer
Tobacco Control Programme
Bhutan Narcotic Control Agency
Thimphu

Mr Tshering Gyeltshen
Communication Officer
Health Promotion Division
Department of Public Health
Ministry of Health
Thimphu

India

Mr Amal Pusp
Director (IH)
Ministry of Health and Family Welfare
New Delhi

Dr L. Swasticharan
Chief Medical Officer
Directorate-General of Health Services
Ministry of Health & Family Welfare
New Delhi

Mr Parveen Sinha
Consultant, NTCP
Ministry of Health & Family Welfare
New Delhi

Dr A.V. Rinkoo
Consultant, NTCP
Ministry of Health & Family Welfare
New Delhi

Mr Ranjit Singh
Consultant, NTCP
Ministry of Health & Family Welfare
New Delhi

Indonesia

Dr Nana Mulyana
Head
Advocacy and Partnership Unit
Center for Health Promotion
Ministry of Health
Jakarta

Dr Tiffany Tiara Pakasi
Head
Monitoring and Evaluation Section
Sub-Directorate Chronic and Degenerative
Diseases Control
Directorate of Non-Communicable Disease
Control
Jakarta

Maldives

Mr Hassan Mohamed
Deputy Director
Health Protection Agency
Malé

Ms Khadeeja Shakir
Assistant Director
Ministry of Health
Malé

Myanmar

Dr Nay Lin
Medical Superintendent
General Hospital, Kawthaung
Ministry of Health
Nay Pyi Tawr

Dr Nay Win Lin
Deputy District Health Officer
District Health Department, Hppan
Ministry of Health
Nay Pyi Taw

Nepal

Mr Kedar Bahadur Bogatee
Joint Secretary
Ministry of Health and Population
Kathmandu

Mr Babu Kaji Baniya
Under Secretary (Law)
Ministry of Health and Population
Kathmandu

Sri Lanka

Dr (Mrs) T.L.C. Somatunge
Deputy Director General (MS)
Ministry of Health
Colombo

Mr Olcott Gunasekera
Board Member
National Authority on Tobacco Control
Colombo

Thailand

Dr Nopporn Cheanklin
Deputy Director General
Department of Disease Control
Ministry of Public Health
Nonthaburi

Professor Prakrit Vathesatogkit
Consultant
Bureau of Tobacco Control
Department of Disease Control
Ministry of Public Health
Nonthaburi

Timor-Leste

Dr Herculano Seixas dos Santos
Head of Department of Non
Communicable Diseases
Ministry of Health
Dili

Mr Claudino Do Rosário
Head of Legal Office
Ministry of Health
Dili

Mr Adelino Fernandes Joaquim dos Santos
Director of Service for Coordination of
Political Economy
Ministry of Commerce
Industry & Environment
Dili

NGOs and other partner agencies

Dr P.C. Gupta
Director
Healis-Sekhsaria Institute for Public Health
Mumbai 400 614, India

Mr Amit Yadav
Legal Consultant
Public Health Foundation of India
New Delhi

Dr Tara Singh Bam
Regional Adviser, Tobacco Control
The Union Asia Pacific Office
International Union Against Tuberculosis and
Lung Disease
(The Union)
Singapore

Dr Rana J. Singh
Senior Technical Adviser
The Union South-East Asia
International Union Against Tuberculosis and
Lung Disease
(The Union)
New Delhi
India

Dr Jaspreet Kaur Pal
Director, External Relations
Campaign for Tobacco-Free Kids
New Delhi, India

Dr Nandita Murukutla
Country Director, India
Director (Global), Research and Evaluation
Gurgaon
Haryana
India

Ms Shoba John
Programme Director
HEALTHBRIDGE
Mumbai, India

Dr Mira B. Aghi
Behavioural Scientist
Communication Expert
Framework Convention Alliance
India

Mr Pubudu Sumanasekara
Executive Director
Alcohol and Drug Information Centre (ADIC)
Colombo
Sri Lanka

Observer

Mr Sonam Rinchen
Consultant, Tobacco Control
Thimphu, Bhutan

WHO FCTC Convention Secretariat, Geneva

Dr Vera Luiza da Costa e Silva
Head of Convention Secretariat

Mr Vijay Trivedi
Coordinator

WHO Secretariat

WHO Headquarters, Geneva, Switzerland

Dr Vinayak Prasad
Project Manager
Prevention of NCD

WHO Regional Office for South-East Asia, New Delhi, India

Dr Roderico Ofrin
Acting Director
Department of Sustainable Development
and Healthy Environments

Dr Nyo Nyo Kyaing
Regional Adviser
Tobacco Free Initiative

Dr Dharendra N. Sinha
Regional Adviser
Surveillance (Tobacco control)

Dr Kim Son IL
Technical Officer (TFI)

WHO Country Office for India, New Delhi

Dr Nata Menabde
WHO Representative for India

Ms Vineet Gill Munish
National Professional Officer, TFI

The sixth session of the Conference of the Parties to the WHO FCTC (COP6) was held in Moscow, Russian Federation, 13–18 October 2014.

A regional consultation was organized prior to COP6 to have a consensus among the Member States on regional positions on issues of importance. Member States discussed each agenda of COP6 and agreed on the regional stand for the agenda important for the Region. They also adopted a draft resolution on agenda item FCTC/COP/6/9 on smokeless tobacco.



**World Health
Organization**

Regional Office for South-East Asia
World Health House
Indraprastha Estate
Mahatma Gandhi Marg
New Delhi-110002, India
www.searo.who.int

