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NOTE

The views expressed in this report are those of the participants of the Meeting on Implementation of the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Meeting on Implementation of the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) in Manila, Philippines from 19 to 21 August 2015.
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SUMMARY

The sixty-fifth session of the Regional Committee endorsed the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)*. The plan guides Member States in strengthening national policies, programmes and actions to accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC). To discuss implementation of this plan, the Meeting on Implementation of the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) was convened.

The objectives of the meeting were:

- to share experiences among participants on progress in tobacco control;
- to identify priorities for action towards achieving the three strategic objectives of the regional action plan; and
- to identify next steps to implementation of the regional action plan at regional, sub-regional and national level.

While there has been progress in implementing the WHO FCTC in the Western Pacific Region, efforts need to intensify to accelerate implementation. We must continue striving to normalize a tobacco-free lifestyle. To have more comprehensive measures, all partners need to be engaged. Experiences of Member States are valuable and sharing of such experiences must be encouraged. Tobacco industry interference remains a problem in all areas of tobacco control. Any interest with the tobacco industry should not impede government action to uphold tobacco control measures.

Recommendations for Member States for duration of the action plan 2015-2019

1) Member States are encouraged to ensure sustainable funding for tobacco control e.g. by working closely with the finance ministry to increase taxes earmarked for tobacco control, generating data to support funding needs and to demonstrate the effectiveness of tobacco control measures to obtain support from stakeholders.

2) Member States are encouraged to increase awareness of industry interference and WHO FCTC Article 5.3 among ministries beyond health and to consider having a national cross-sectoral committee in charge of the implementation and adoption of preventive measures like a code of conduct for government officials.

3) Member States are encouraged to ensure there is adequate evidence, public consultation and social marketing to gain public and political support for tobacco control legislation, which would help in normalizing smoke-free lifestyles and accelerating achievement of 100% smoke-free public places.

4) Member States' health officials are suggested to participate in trade or investment-related discussions and/or to monitor trade or investment rules that impact tobacco control to minimize the risk of the tobacco industry using trade and investment agreements to challenge tobacco control measures.

5) Member States are encouraged to continue actively engaging with stakeholders, especially medical organizations, academia and community leaders/organizations to ensure effective law enforcement.

Recommendations for WHO for duration of the action plan 2015-2019

1) WHO may consider developing a regional portal where Member States can share their experiences and learn from others. Specific examples of regional interest include experience of licensing retailers and the impact of raising tobacco taxes on revenue and volume.

2) WHO is requested to convene capacity-building workshops on law enforcement.

3) WHO is requested to disseminate the decision on Article 5.3 of the Sixth Conference of Parties to departments of foreign affairs to inform embassies and missions and assist Member States in disseminating the WHO FCTC.
4) WHO, together with the Southeast Asia Tobacco Control Alliance (SEATCA) and other partners, is expected to continue monitoring industry interference across the Region and facilitate Member State access to information to counter interference (e.g. by developing a model code of conduct for health professionals and researchers in collaboration with Member States).

5) WHO is requested to develop and lead a smoke-free airports campaign.

6) WHO may consider conducting a study on tobacco product placement and depiction of tobacco use in film and other media. The results of this study can be used for advocacy to ban scenes that show and suggest tobacco use.

7) WHO, along with SEATCA and other partners, is requested to share best practices of promoting smoke-free environments in the Region. Examples include the Red Orchid Awards of the Philippines, the Blue Ribbon Campaign and Smoke-Free World Heritage Sites.
1. INTRODUCTION

1.1 Meeting organization

The sixty-fifth session of the Regional Committee for the Western Pacific endorsed the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) to guide Member States in strengthening national policies, programmes and actions to accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC). To discuss implementation of this plan, the Meeting on Implementation of the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) was convened at the WHO Regional Office for the Western Pacific in Manila, Philippines, from 19 to 21 August 2015.

1.2 Meeting objectives

The objectives of the meeting were:

1) to share experiences among participants on progress in tobacco control;
2) to identify priorities for action towards achieving the three strategic objectives of the regional action plan; and
3) to identify next steps to implementation of the regional action plan at regional, sub-regional and national level.

2. PROCEEDINGS

2.1 Opening session

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, opened the meeting. The Western Pacific is the only WHO region where 100% of eligible Member States are parties to the WHO FCTC. The Region is committed to fight tobacco and has had a number of successes in recent years. Society is changing to support tobacco control. Civil society and media have contributed significantly to achievements. Building on this momentum, countries and WHO continue to collaborate and intensify efforts to achieve the regional target of 10% reduction in tobacco use and accelerate the full implementation of the WHO FCTC.

Dr Shin nominated: Ms Jackie Davis as Chair, Professor Sophia Chan as Vice-Chair and Ms Yubing Jiang and Dr Nizam Baharom as rapporteurs. This was followed by participant introductions and review of the meeting objectives. The list of participants is available at Annex 1. The programme of activities is available at Annex 2.

2.2 Global updates on noncommunicable disease prevention and control

Dr Douglas Bettcher highlighted achievements in tobacco control. Neither tobacco control and noncommunicable diseases (NCDs) were considered in the Millennium Development Goals. However, in the past 15 years, tobacco control including the WHO FCTC became a pathfinder for NCD prevention and control, and both tobacco control and NCDs are a critical part of the Sustainable Development Goals 2016–2030.

The United Nations political declaration on NCDs in 2011 created a road map of concrete national commitments and required by 2013 that all countries have national multisectoral policies and plans on NCDs. However, despite the political commitment, many low- and lower-middle-income countries lack funding and national strategic plans on NCDs.
WHO is committed to support countries set targets and develop implementation strategies to achieve the global voluntary targets on NCDs. WHO is also monitoring progress by ensuring the availability of comparable estimates for the targets. Countries have made significant progress. A further push at all levels in all countries by the next high-level meeting of the United Nations General Assembly in 2018 was requested.

2.3 Global updates on tobacco control

Dr Armando Peruga presented global updates on tobacco control. Globally, there has been significant progress in policy implementation in the last eight years, since WHO started documenting MPOWER (Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; Raise taxes on tobacco) implementation progress. During this period, the proportion of the world population covered by at least one MPOWER measure at highest level has more than doubled, and the population protected by smoke-free environments has increased by 500%. While smoking prevalence is on a downward trend, projections indicate that the 2025 voluntary target on smoking rate will not be achieved in many countries, especially in low- and middle-income countries.

Key challenges in the coming years are: consolidating policy progress, closing policy gaps, and countering the tobacco industry. Achievements must be documented and disseminated so countries can follow best practices. Innovative approaches should be encouraged to close gaps in policies. The tobacco industry is a major hindrance across countries and its aggressive interference has been remarkable in the trade and investment sphere. Implementation of the WHO FCTC Article 5.3 needs to be encouraged and facilitated.

2.4 Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019): where we are now and where we should be in 2019

Mr Khow presented the regional action plan (2015–2019) and its aims to reduce smoking prevalence in the Region by 10% among youth and adults.

Progress on the implementation of MPOWER measures was also shared. National surveillance systems have been established and nine countries in the Region had achieved the highest level of monitoring by the end of 2014. In terms of laws and policies, there is a lot being done in the local government level but challenges remain. Despite having the highest number of smoke-free laws, some countries still experience very low compliance. As for tobacco taxation, only two out of 27 countries (Kiribati and New Zealand) are reported to have a retail price tax value of over 75%. Most countries have 51% to 74% retail tax. Efforts are being carried out to further raise taxes.

Smoking cessation support is often a neglected measure but some countries have comprehensive cessation programmes and national toll-free quit lines. Countries are starting to leverage mobile technologies to develop more efficient cessation services.

The Region has been doing well in developing, adopting and enforcing laws on public health warnings and banning tobacco advertising. Nine countries are reported to have very strong national anti-tobacco mass media campaigns.

Significant progress has been made and there is a downward trend in smoking prevalence in the Region. However, there is a need to continue pushing tobacco control measures and efforts strongly in order to achieve the commitments in the Global Action Plan for the Prevention and Control of NCDs 2013-2020 and realize the strategic outcomes of the regional action plan.

2.5 Panel session I: sustainable funding for tobacco control

This session focused on funding as an integral part of strategic outcome 1 of the regional action plan: "sustainable institutional capacity for tobacco control". This session was chaired by Professor Chan,
of Hong Kong SAR (China). Mongolia, the Philippines and Viet Nam shared their experience as panellists.

2.5.1 Mongolia

Ms Oyuntsetseg Purev opened the session discussing the legal environment in Mongolia and tobacco control. Revisions in the Tobacco Control Law in 2012 have been successfully implemented and enforced since 1 March 2013. These include: smoking prohibition in public indoor places; reduced accessibility and affordability of tobacco products to youth aged 21 years and below; imposition of monetary fines for violations; stricter requirements on retail licensing; and an increase in the graphic health warnings on both sides of tobacco product packages from 30% to 50%.

Recent country achievements include the inclusion of tobacco cessation treatment medicine in the list of essential drugs and the increase of tobacco import and locally produced tobacco tax in 2012. Challenges include parliament members wanting to create smoking areas in public places and increasing electronic tobacco consumption and importing.

Despite the establishment of the Health Promotion Foundation and its efforts in excising taxes used to implement tobacco control programmes and activities, there is much work to be done. This includes establishing a dedicated tobacco control office, increasing support from local government agencies and using a multisectoral approach in tobacco control.

2.5.2 The Philippines

Dr Ivanhoe Escartin highlighted one of the Philippines’ significant achievements in tobacco control which was the signing into law of Republic Act No. 10351 An Act Restructuring the Excise Tax on Alcohol and Tobacco Products also known as the Sin Tax Law. Since enforcement the law has increased tax revenues and reaped positive impacts for the health-care system. The National Health Insurance Programme (PhilHealth) coverage for Filipinos has increased by 20% and claims from out-of-pocket costs in government facilities also increased by 33.5% from 2013 to 2014. Revenues from increased taxes also augmented the accessibility to vaccines for women, children and older people as well as treatment for people with tuberculosis, rabies and HIV/AIDS. Other achievements include additional cities and provinces becoming malaria and filaria-free, enhancement of 79 health facilities and provision of medical assistance to at least 201 970 low socio-economic status patients.

Smoking prevalence decreased 26% in 2014 among people aged 18–24 years according to the 2014 Social Weather Station survey. The National Nutrition and Health Survey also showed a decrease in smoking prevalence as the average price per stick increased.

Policies on the enforcement of Sin Tax and allocation of its revenues were issued by the Department of Health in 2014 along with guidelines for the formulation of a unified monitoring and evaluation framework; the use of templates of graphic health warnings; the implementation of health human resources deployment programme; the identification and qualification of health facilities for funding support; and the establishment of a service delivery network for effective universal health care implementation.

2.5.3 Viet Nam

Dr Lam Nguyen Tuan presented the establishment and initial phase of operations of the Viet Nam Tobacco Control Fund (VNTCF). The fund of US$ 10 000 000 is for communications, attainment of smoke-free environments, capacity-building, promotion of smoking cessation and conducting research. The fund is sourced from tobacco producers and importers that pay compensatory contributions to the government equal to 1% of the factory price of tobacco products. According to the law, this percentage will increase to 1.5% after three years and 2% after six years.
Some challenges for the VN TCF are that board members and staff are on a part-time basis, the lack of capacities of ministries and provinces and tobacco industry interference, specifically the industry’s appeal for funding for smuggling control.

2.5.4 Discussion points

- Pacific island countries are looking to assess the impact of tobacco tax—advocacy is being garnered and governments are now willing to increase taxes. Countries are still asking for concrete examples, especially from other Pacific island countries. In the Pacific when governments announce that they are raising taxes, importers frontload their tobacco products to avoid tax increases.

- The Philippine Department of Health will use the Social Weather Station survey and the results of the Global Adult Tobacco Survey (GATS) in 2016 to convince Congress and other partners that the Sin Tax is working. The Department of Health will aim to do a survey yearly as the tobacco industry is also planning its own surveys.

- The industry in the Philippines continued to stockpile before a tax increase annually but this only lasts for the first few months of the year. The production is normalized thereafter. There are claims that leaf production and farmers in the Philippines will be affected negatively by the tax increase but production of leaf volumes has been consistent in the past three years.

- In Malaysia, the Ministry of Health is having difficulties convincing the Ministry of Finance to buy the idea of earmarking taxes. Timing was a key strategy for the Philippines to achieve earmark taxes for tobacco control. His Excellency Benigno Simeon Aquino, Jr., President of the Republic of the Philippines, was pushing for universal health care for all Filipinos. When the President was elected, stakeholders saw an opportunity to push for earmarking taxes from tobacco products for health. The initiative was packaged more as a health allocation instead of a finance one, with the supporting statement: "Sin tax is anti-cancer tax."

- The Ministry of Finance was crucial in establishing the tobacco control fund in Viet Nam. In Viet Nam there is no spending on smuggling control. Allocating funds for anti-smuggling would take away a significant amount of funding from the tobacco control fund, which could otherwise be used for health promotion and tobacco control activities.

- Countries trying to develop sustainable national mechanisms should generate their own data to avoid data manipulation. For every assessment model, results will show a decrease in revenues whenever taxes are raised. More than data, governments should look at where the revenues from the increased taxes are going. If used to prevent young people and people with low socioeconomic status from starting smoking then perhaps that can be a convincing argument to push for taxation.

- While tobacco and cigarette smoking rates are decreasing in the Region, rates of smokeless tobacco use are increasing.

- In Australia, taxation is not earmarked for any purpose. Funding for the enforcement and compliance of tobacco control is allocated annually through the Australian Government’s Budget process. In relation to enforcement and compliance, Australia has applied the legislative tobacco control measures to all tobacco products so that enforcement and compliance initiatives can adapt and be flexible to emerging new issues. Since Australia has that base in their law that covers all tobacco products, Australia can adjust enforcement and compliance as needed. Australia has banned the retail sale of smokeless tobacco.

- Hong Kong SAR (China) established a surveillance system to monitor preference to use smokeless tobacco or electronic nicotine delivery systems (ENDS). The sale and import of smokeless tobacco was banned several years ago. But preference for using ENDS has been increasing especially among young people. The Government is proposing new tobacco control measures to regulate e-cigarettes.

- Securing funding for tobacco control is important. To do so, continuing to monitor and evaluate the impact of tobacco control measures can help to convince the government or the treasury branch to fund health and tobacco control.
2.6 Results of the online survey on the TFI regional action plan

Ms Mina Kashiwabara shared the results of the preparatory survey and discussed the major findings and common priority actions of the countries in the Region. Priority actions identified were to: 1) ensure policy coherence in national action plans for tobacco control through all-of-government approaches and multisectoral stakeholder engagement; 2) reach out to vulnerable and marginalized groups; and 3) regulate electronic nicotine delivery systems (ENDS).

2.7 Group exercise I: poster sharing and progress mapping

The participants were divided into groups and asked to identify recent progress and challenges in achieving the three strategic outcomes of the regional action plan in their countries. They wrote these on small pieces of paper and stuck them on posters under specific objectives. Each group then reported to the plenary including their recommendations for collaboration.

2.8 Panel session II: progress in implementation of WHO FCTC Article 5.3 – tackling industry interference

Dr Mary Assunta chaired the session and presented on tobacco industry interference in policy-making and implementation of tobacco control measures as well as the status of implementation of Article 5.3 in member countries of the Association of Southeast Asian Nations (ASEAN).

Some of the ways the industry interfered with tobacco control measures were through launching cheap cigarettes to offset tax increases; mobilizing farmers to protest laws; challenging governments by filing lawsuits; and hiring of think tanks to develop studies to lobby governments not to take action.

Seven countries in the ASEAN have implemented Article 5.3 – Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, the Philippines and Thailand. An assessment done by SEATCA revealed that Thailand showed the biggest improvement while Indonesia is falling behind. Brunei Darussalam also continues to deliver the best performance.

SEATCA also found that most governments continue to receive tobacco industry contributions and endorse industry corporate social responsibility (CSR) activities and offers of assistance in implementing tobacco control policies. As governments ban tobacco product advertisement and pack display, the industry's advertising remains strong as they rechannel their promotions to other avenues like CSR. Continuous interaction of governments with the tobacco industry, with the exception of Brunei Darussalam and Thailand, has led to longer implementation or review time for tobacco control laws.

2.8.1 Japan

Dr Tomohiro Terahara discussed compliance with WHO FCTC Article 5.3 in Japan. Japanese males account for the highest smoking prevalence in the world. Despite recent progress, Japan still lags behind. Tobacco products continue to be relatively cheap and people can still smoke in many public places. The National Health Promotion Movement in the 21st Century's (Health Japan 21) emphasizes lifestyle improvement. Health Japan 21 has national targets including a decrease in adult smoking; eradication of smoking among minors and pregnant women; and a decrease in the percentage of facilities that allow smoking which risks exposure of people to second-hand smoke. Tobacco use is still regarded more of an issue of good manners than a health threat in Japanese society. Tokyo will host of the Olympics in 2020 but any measures to ban smoking public places like bars and restaurants still face resistance from politicians and interference from the tobacco industry.

Japan Tobacco (JT) is one of the world's biggest tobacco companies. With the Tobacco Industrial Law and JT Act Law ensuring sound development for the industry and providing the Government with substantial revenues from tobacco product sales, and with the Government owning a third of JT's
stocks, development and implementation of tobacco control measures and policies continue to be very challenging.

2.8.2 The Lao People’s Democratic Republic

Dr Soulivanh Pholsena presented an overview of the Lao People’s Democratic Republic’s Tobacco Control Law and its provisions regarding tobacco industry’s interference and interaction with the Government. The 25-year Industry License Agreement (ILA) is an obstacle to fulfilling obligations under Article 5.3. The Government signed the ILA with the Imperial Tobacco Group through its subsidiary, Coralma International and with S3T Pte Ltd, in November 2001 to privatize the country's state-run tobacco monopoly into a joint venture and protect their interests.

The ILA supports the production, manufacturing and distribution of locally manufactured tobacco products; protects competition against other tobacco companies; gives priority processing for approvals for all operations and activities of the joint venture; puts a ceiling on tobacco excise rate and exemptions from other selected taxes and duties; exempts the joint venture from any changes in the law; and gives the authority to renew the 25-year contract indefinitely.

2.8.3 Discussion points

- The Department of Health in Australia reports on every meeting it convenes with the tobacco industry. Meetings also have guidelines on what needs to happen and how the meetings should take place. Whenever a meeting is held, there has to be two people from the Department of Health and one should be recording the minutes. The date and a short explanation of the purpose of the meeting appears on the website and is published periodically.
- Currently, the Australian Department of Health is looking at creating and promulgating guidelines such as a code of conduct for other departments to abide by whenever they are meeting with the industry. Departments like trade and customs, foreign affairs and finance deal with the industry quite often. Part of the guidelines will be ensuring transparency of meetings.
- In the Philippines, efforts to fully comply with the WHO FCTC include that the Government has formed a sub-committee for Article 5.3 headed by the Civil Service Commission (CSC), instead of the Department of Health. There are quarterly meetings and the CSC encourages the Department of Health and other members to deal with the industry. It is important to put another department in-charge, such as the public service department as it cuts across all sectors.
- In Brunei Darussalam the Government is looking into drafting an official code of conduct in collaboration with the Office of the Prime Minister mainly to address tobacco industry interference.
- The Ministry of Health of the Lao People's Democratic Republic is being proactive and courageous in ongoing efforts to address the ILA issue. This contract issue is a unique challenge to tobacco control. The WHO Regional Office is committed to fully support in all these legal issues.
- Japan’s Ministry of Health, Labour and Welfare is prioritizing the development of regulations for second-hand smoke by 2020 for the Tokyo Olympics. There was a memorandum of understanding with the for a tobacco-free world cup and while WHO has agreements with Fédération Internationale de Football Association (FIFA) and International Olympic Council (IOC) it depends on the local organizing committee if they would comply.
- Japan was among one of the earliest countries to ban cigarette purchasing among people under 20 years. The Ministry of Education is a natural ally to the Ministry of Health, Labour and Welfare in implementing Article 12.
- Recommendations included: 1) to strengthen tobacco control measures over the next five years, to create awareness within other departments, outside the ministries of health and key ministries and departments should be identified; 2) when establishing a formal mechanism for
monitoring and responding to the tobacco industry's activities consistent with Article 5.3, some indicators should be determined such as a report from the industry on the expenditure on marketing, promotion, philanthropy, political contributions, etc; 3) the Foreign Ministry might be one of those departments that could assist for an event like the Olympics in Japan; and 4) in COP6, a decision was made on Article 5.3 regarding foreign Mission not to promote tobacco – a simple letter that this decision has been made to the participants' respective Missions might be a starting point.

2.9 Panel session III: innovations in legislation and regulations

This session was chaired by Mr Paul Badco.

2.9.1 Cambodia

Dr Chhordaphea Chhea discussed the legislation on tobacco control and the process of passing a law in Cambodia. It took 10 years for the Tobacco Control Law to be approved and adopted. Legislation pending approval include the sub-decree on public health warnings aiming for 90% of the cigarette pack; the sub-decree on measures to prevent smoking in the workplace and public places; and a Prakas, a regulation issued by a Minister, on cigarettes displays at points of sale.

Challenges in passing laws include tobacco industry interference as well as resistance from farmer's associations, retailers, government ministries etc.; the lack of capacity and funding; and the lack of effective coordination between partners. Efforts should focus on strengthening capacity and commitment for advocacy and raising awareness to get the support of policy-makers thereby facilitating law development, approval and enforcement.

2.9.2 China

Ms Yubing Jiang discussed China's comprehensive smoke-free legislation and the process of approval, including soliciting advice and comments from the public and gaining their support. An amendment to the advertisement law came into effect on 1 September 2015 which totally bans tobacco advertisement in all public media channels, places, transportation and outdoor spaces. Indirect and online advertising have also been forbidden any form of advertisement to minors.

The Ministry of Finance increased the wholesale excise tax on tobacco from 5% to 11% plus RMB 0.005 per stick. Revenues from increased taxes have made positive impacts on China's tobacco control and public health.

The use of volunteers to remind people not to smoke in no-smoking areas could alleviate the burden of enforcement by health authorities. The experience of China with their health volunteers to help with enforcement was noted.

2.9.3 Discussion points

- It was suggested that the Ministry of Health of Cambodia look at the conditions of licensing in Brunei Darussalam, Singapore and Thailand to draw some strengths that could suit the conditions in Cambodia. A question was raised as to who will head the inter-ministerial committee after the Prakas is approved.
- In China the first ProLead programme trained provincial Health Promotion Division directors in how to adopt and apply a leadership mindset, do communications and get funding for health promotion.
- In China excise tax is applied on both the manufacturer and at the wholesale level. At the manufacturer level, tax allocation differs depending on the product classification. All the taxes are included in the final retail price and that is where VAT is computed. This tax increase was at the wholesale level only.
• 3000 health inspectors were recruited in Beijing. They have the authority to collect fines and ask people to stop smoking. But since Beijing is such a big city, volunteers were recruited for inspection, promotion, communication, etc. There are more than 10000 volunteers to date. Many registered online and wanted to tell people, "I'm a volunteer of the Beijing smoke-free law and I have the right to tell you to stop smoking." There are no incentives for volunteers.
• Fines for violation of the smoke-free law collected have amounted to over RMB 250 000. A first offense is fined RMB 50 and then RMB 200 for a second offense. While venue owners are reprimanded at first and then are fined at least RMB 2000 to RMB 5000 at most at the second offense. Fines collected from individual to date have amounted to about RMB 100 000 and more than 3000 sites/venues have been fined.
• Even though the law bans tobacco advertising in all public places, a challenge remains in defining "public places". In China, WHO is working closely with legislators to include all definitions of public places in the law including points of sale.
• All the fines are sent to the Ministry of Finance. The Ministry decides how to use the funds. There is no clear instruction yet that the money should be used on health or tobacco control.
• In Brunei Darussalam there are no plans as of yet for plain packaging. A key problem at present is trade agreements.
• Essentially, plain packaging is a ban on advertising. In addition, one of the ways plain packaging is designed to work is by enhancing the effectiveness of graphic health warnings. In Australia’s experience, the legal issues with plain packaging are broadly similar to the issues with graphic health warnings (e.g. they tend to relate to alleged breaches of intellectual property rights).
• It was suggested that tobacco companies pay a fine based on market share on the sales to children. It is then the responsibility of the companies to bring the sales or the smoking prevalence of children to zero or else they will keep paying.
• China's strategic plan and next steps in tobacco control will include continued assistance to the state council and gathering of comments from the public to amend and improve the national regulation from 2014. Many organizations and most of the public support the regulation but the industry is also organizing actions to oppose it. Communications with the Legislation Affairs Office and collaboration with tobacco control experts will also continue to get the support of high-level leaders. Legislation and tobacco control will then be easier. Another strategy is to cooperate with other partners and use mass and social media to get public support.
• Social media played a vital role in the policy-making process of the Beijing smoke-free law: a video was made by nongovernmental organizations and partners and submitted to Congress. Congress viewed the video and asked for a summary of comments on the Beijing smoke-free law from social media channels to determine public reactions to it.
• China will host the 9th World Health Promotion Conference in Shanghai. This will be an opportunity to push for regulation in other cities and eventually, the whole country. In 2016, two other big cities—Shanghai and Shenzhen—are expected to be 100% smoke-free.
• The WHO Regional Office and headquarters, with support from Australia, are developing a guide for countries on plain packaging.

2.10 Panel session IV: tobacco and trade issues

This session was chaired by Dr Ehsan Latif.

2.10.1 WHO headquarters (Global Update)

Dr Peruga presented the relationship of trade and investment with tobacco; gave a background on the different decisions and resolutions that are available to governing bodies which are also available to all Member States; and shared a brief account on the work of WHO in this area. Trade agreements are based on the premise that low prices and increased advertising lead to more affordable consumption thereby increasing the need for production which results in an increase in income, employment,
wealth and health. However for public health, sometimes the goal is to decrease the consumption of products like tobacco while taking into consideration the potential economic impacts. This calls for a continuous dialogue on the relationship of trade and tobacco and ultimately, resolutions.

2.10.2 Malaysia

Dr Nizam Baharom shared Malaysia’s experience with the Transpacific Partnership Agreement (TPP) and developments after the last Conference of Parties (COP).

The Malaysian Council for Tobacco Control alerted the Ministry of Health regarding the TPP and how it could interfere with FCTC implementation and tobacco control in Malaysia. The issue was then escalated to the Ministry of International Trade and Industry. A proposal was made to Parliament that, except for tariff elimination commitments for tobacco and tobacco products under the National Treatment and Market Access for Goods Chapter, the TPP should not apply to any proposed or actual measures relating to tobacco and tobacco products.

Malaysia’s Parliament consented to the proposal on the complete carving-out of tobacco from the TPP. Intra-government collaboration is crucial. All these actions initiated awareness and support from several health associations that wrote letters to His Excellency Barack Obama, President of the United States of America, including a canvass of signatures from 56 members of Congress.

2.10.3 SEATCA

Dr Assunta presented on investor rights; the use of trade agreements by tobacco companies to undermine tobacco regulations; the areas in the TPP in potential conflict with the WHO FCTC; and the roles of overseas missions regarding support to the tobacco industry.

Country action plans do not deal with trade other than as part of the thrust towards the whole-of-government approach and policy cohesion. This does not reflect the scenario where the Region is integrating its economies and pursuing 21st century tools through trade and investment agreements to achieve this. Future trade and investment treaties such as the TPP, Regional Comprehensive Economic Partnership (RCEP) and Bilateral Investment Treaties (BITs) or bilateral Free Trade Agreements (FTAs), and enhancements to the ASEAN++ trade and investment framework in line with the ASEAN Economic Community (AEC), tend to expand intellectual property rights, services coverage, investor benefits and to provide private sectors a seat at the table. Although trade agreements already have a clause protecting the interest of public health (e.g. Article XX(b)), governments are still challenged to defend their health policies. The goal should be to ensure that future trade and investment agreements cannot be used by the industry to challenge tobacco control measures.

2.10.4 Discussion points

- Tobacco should be treated differently from other goods. Consultation is important – take stock of what is happening, bring on board all the partners and consult with the World Trade Organization (WTO) regarding their rules.
- A country's health department should consult with their department of trade to go through the WHO FCTC and see whether the investment or trade agreement being negotiated takes into consideration the obligations under the treaty. The health department should also be proactive and update on their activities to strengthen tobacco control measures.
- Negotiators should consider health outcomes in trade agreements and should act consistently with obligations under the WHO FCTC. Trade-related issues need to be read in conjunction with the Convention treaty to make sure that there is a comprehensive and complementary regime that gives proper recognition of a country's obligations under the treaty.
- Trade-related issues are complex. Member States should not be afraid to ask for information and assistance from WHO or other international organizations.
2.11 Brown bag seminar on "emerging tobacco products"

Dr Peruga shared WHO's report by to COP6 on electronic nicotine delivery systems (ENDS). ENDS are an alternative to tobacco products which are yet to be regulated in most countries. Policies should aim to prevent ENDS use by non-smokers, pregnant women and youth; minimize potential health risks to ENDS users and non-users; prohibit the making of unproven health claims; and protect tobacco-control efforts from commercial and other vested interests of the tobacco industry.

2.12 Group exercise II: action prioritization

Participants joined their respective working groups to identify priority actions to sooner achieve the strategic outcomes of the regional action plan and discuss ways to collaborate with other countries and partners more effectively.

Participants were also asked to provide recommendations to other countries or to WHO on overcoming challenges, to express any support their respective countries can offer in attaining the specific objectives and to identify whether their countries can benefit from the recommendations.

Plenary discussion focused on the three most urgent action for countries in the coming year and how stakeholders can work together to implement them.

2.13 Panel session V: The endgame

This session was chaired by Ms Jackie Davis.

2.13.1 Brunei Darussalam

Dr Ernina Nisdzarinah Haji Abdul Rani gave an overview of the NCD burden and tobacco use prevalence in Brunei Darussalam. The tobacco control measures, grounded in MPOWER, and the Government's strategies towards the endgame were discussed.

Despite notable achievements like the prohibition of importers or retailers of tobacco products, challenges remain such as the increasing use of e-cigarettes; the difficulty in regulating advertisements and sale of tobacco products including e-cigarettes via social media; and the prevalence of illicit cigarettes and cross-border smuggling of tobacco products.

The strong support from His Majesty Haji Hassanal Bolkiah, the Sultan of Brunei Darussalam has been central to Brunei Darussalam's achievements.

Planned actions towards the endgame include: amendments to tobacco legislation; enhancement of mass media campaigns; and improvement of delivery of cessation support services.

2.13.2 Hong Kong SAR (China)

Professor Sophia Chan emphasized that the Government always had a firm, progressive and multi-pronged policy on tobacco control. Numerous actions since the 1980s have led to a smoking prevalence rate of 10.7%. This is the lowest in Hong Kong SAR (China)'s history and among the lowest in the world. Key strategies include development and enforcement of legislation, provision of smoking cessation programmes and taxation.

As for the endgame, Hong Kong SAR (China)'s major target is to prevent youth from starting smoking. Proposed measures include: regulating e-cigarettes; updating and increasing the size of public health warnings to cover 85% of packaging surface area; and extending the smoking ban to bus interchanges at major tunnels where a lot of complaints are received on exposure to second-hand smoke.
The end game is important. There may not yet be a target date but continuous efforts should be made to determine how to increase resources; push tobacco control measures forward; and gather data by conducting studies on smokers in Hong Kong SAR (China) – who they are, their characteristics, etc – and use these data to prioritize policies and initiatives.

2.13.3 New Zealand

Mr Paul Badco discussed the significant reduction in tobacco use in New Zealand through the country's comprehensive tobacco control programme which includes health promotion, regulation, taxation and quitting support. Territorial authorities and nongovernmental organizations have also made meaningful contributions.

Key considerations in reaching the endgame are: the importance of taxation; the roles that health professionals play; continuous support to smokers wanting to quit; innovations such as different incentive schemes; changes and improvements in legislation; reduction of tobacco supply; a comprehensive marketing approach; and tobacco industry accountability.

2.13.4 Discussion

- The presentations demonstrated how smoking prevalence can be reduced when countries adhere to the evidence-based guidelines of the WHO FCTC. Long-term incremental measures add up. As momentum builds, and existing tobacco control measures start to denormalize tobacco smoking, public perception shifts and may make it easier over time to introduce further tobacco control measures.
- Caution should be used in the language of end game. Once countries, especially those with low prevalence, start suggesting that tobacco is coming to an end, resources may be allocated elsewhere and prevalence could rise again. In South Australia a mass media campaign on tobacco control was paused for a year and prevalence grew by 2%. The Minister of Health saw the connection and reintroduced the campaign.
- In New Zealand a key success factor was the annual tax increases backed up by comprehensive media campaigns and implementing the guidelines of the WHO FCTC. Especially for low socioeconomic youth, people stop when tobacco products become unaffordable. The culture around smoking in New Zealand is firmly on the side of tobacco control. More than 80% of smokers want to stop and try to quit every year. Many of the New Zealand Government's strategies were about bringing the population, including smokers, with them in their fight against tobacco. Illicit trade is not a big problem in New Zealand. Homegrown tobacco has not been banned in the country but the Government is keeping watch.
- New Zealand's innovations in cessation programmes such as those targeted for prisoners and special populations were discussed. Giving incentives has been their main strategy. New Zealand has 24 projects. One project, WERO, gathers smokers, groups them into teams and holds a competition. The group with the most smokers to stop gets the prize. These smokers are validated and monitored and are supported by a counsellor.
- Tax revenues of the Government of Brunei Darussalam decreased, though not alarming, since 2013 when there were no more importers and retailers. The prevalence rate increased since the data included both locals and foreigners. Cessation programmes led by nurses, including nicotine replacement therapy (NRT) (patches or gums) and medications, are free and covered by the Ministry of Health.
- Starting a campaign for smoke-free airports was suggested.
- Discussion also included abrupt changes and implementation of the WHO FCTC such as immediate large tax increases and having other government agencies outside of health collaborate and join the efforts in tobacco control.
2.14 Panel session VI: legal challenges in tobacco control

Dr Ki-Hyun Hahm chaired the session, sharing that 596 unique tobacco cases have been filed to date across the world. These cases include the litigation against the tobacco industry and cases filed by the industry against countries. The tobacco industry fighting back shows that the strong legislative measures taken are making an impact. WHO will continue to provide legal and technical assistance in litigation cases as requested by Member States.

2.14.1 McCabe Centre for Law and Cancer

Ms Evita Mariz Ricafort presented the role of the McCabe Centre for Law and Cancer and its work in addressing legal challenges to tobacco control. She also discussed some key findings on the use of the WHO FCTC in addressing these challenges as well as the resources and the Intensive Legal Training Program that they offer primarily to government lawyers from low- and middle-income countries. She discussed the following main findings on the use of the WHO FCTC in litigation: to impose an obligation on Parties to implement tobacco control measures; the FCTC’s relevance in interpreting domestically-applicable constitutions and laws to support the protection of the right to health and restrict rights or interest claimed by the tobacco industry; to establish international norms of which Parties’ courts can take note; and as a source of evidence.

The McCabe Centre for Law and Cancer is recognized by the Convention Secretariat as a Knowledge Hub for the WHO FCTC.

2.14.2 The Republic of Korea

Professor Sung-il Cho gave an overview on the tobacco control efforts in the Republic of Korea including the lawsuit filed by the National Health Insurance System (NHIS) against the tobacco industry.

A joint ad-hoc committee was formed by the Korean Society for Epidemiology (KSE) and the Korean Society of Preventive Medicine (KSPM) to collect opinions on major issues, publish a scientific statement and provide continuous action to support tobacco lawsuits.

The committee was able to address issues such as; the attributable fraction to smoking (81.5% to 95.4%) of the relevant cancer types; and the importance of epidemiological research results in assessing individual causal connections between smoking and lung cancer.

Priorities include: strengthening international collaboration; using research and expert opinions for support; promoting a code of ethics among experts and scientists; and strategizing how to expand public support to effectively battle legal challenges to tobacco control.

2.14.3 Australia – plain packaging litigation

Ms Elisabeth Bowes Assistant Secretary, Tobacco Plain Packaging Taskforce, Australian Government Department of Foreign Affairs and Trade and Mr John Atwood, Assistant Secretary, Tobacco Litigation Taskforce, Australian Government Attorney-General’s Department, gave an update on the Tobacco Plain Packaging Litigation (Philip Morris Asia Ltd v Australia (Investor-State arbitration) Dispute). The Tribunal’s decision on preliminary objections is not expected before later in 2015. Subject to any appeal rights in Singapore, if Australia is successful in its arguments on the preliminary objections then the arbitration will not proceed.

The WTO Dispute Settlement Body established dispute settlement panels at the requests of Cuba, the Dominican Republic, Honduras, Indonesia and Ukraine. On 5 May, the WTO Director-General appointed Alexander Erwin (South Africa), Dame Billie Miller (Barbados) and Professor Francois Dessemontet (Switzerland) as panellists to hear all five disputes as one proceeding. Thirty-six other WTO members are third parties to the dispute and have the right to file a written submission and
make an oral statement at a dedicated third party session before the Panel appointed to hear the dispute.

2.14.4 Discussion points

- Bloomberg Philanthropies announced that they will set up a legal fund to provide technical support to countries, including legal experts to draw up legislation and defend legal actions. It is an initial seed fund with US$ 4 000 000. The Bill and Melinda Gates Foundation is also contributing to this fund.
- The McCabe Centre for Law and Cancer's three-week Intensive Legal Training Program aims to build the capacity of countries in law and cancer and NCD prevention, with a particular focus on defending and implementing their tobacco control measures. The third week of the Program is left open for participants to begin working on specific projects that are pressing to them, with the Centre offering technical support to continue after the Program. Priority projects include policy drafts, reports, research, or action plans for governments. The WHO Regional Office works with the Centre on a case-to-case basis. The Centre has a strong network of lawyers that can be asked for advice on specific issues. The WHO Regional Office coordinates with WHO country offices to identify appropriate candidates for the Program.
- The Republic of Korea may champion the creation of a code of ethics especially among the medical experts and professionals, get it supported by medical associations and others and possibly expand it to other countries.
- The Pacific island countries found it helpful to have supporting arguments on a government websites when they publish regulations such as point-of-sales display bans in New Zealand.
- Litigation should be viewed as a tool in the comprehensive package of tobacco control measures that countries can employ.

2.15 Panel session VII: engaging partners

2.15.1 World Heart Federation Tobacco Control Roadmap

This session was chaired by Dr Ulysses Dorotheo. He opened with a presentation on the World Heart Federation Roadmap for Reducing Cardiovascular Mortality through Tobacco Control (WHF CVD). The roadmap aims to mobilize multisectoral support to accelerate full implementation of the WHO FCTC and situate tobacco control as a core part of the cardiovascular disease (CVD) agenda and increase support among the CVD community.

Barriers to sustaining a system of delivery of full treaty implementation were identified on the roadmap. However, these can be overcome through stakeholder engagement in enforcing the WHO FCTC.

2.15.2 Singapore

Ms Sarita Devi d/o Ram Singasan gave an overview of tobacco use prevalence in Singapore along with their strategic framework in mapping out the country’s tobacco control initiatives. Programmes to advocate tobacco-free living and Singapore’s engagement plan with partners to advance tobacco control initiatives were also discussed.

Engagement of the three Ps: people, public and private sectors play a crucial role in the success of Singapore’s tobacco control programmes and initiatives (i.e. “I Quit” Campaign). A whole-of-government approach is used to push forward tobacco control policies and programmes. This is then supported by partnering with communities and creating tobacco control advocates called “health ambassadors” who raise awareness on different initiatives and encourage people to quit smoking. The private sector is engaged to mobilize resources on the ground so that smokers can have an easier access to cessation services. Corporate partnerships with pharmacies have been effective in providing access to Smokerlyzer tests and counselling services to smokers trying to quit. Currently, there are over 100 pharmacies participating in this initiative.
2.15.3 Smoke-free Cities and United Nations Educational, Scientific and Cultural Organization (UNESCO) World Heritage Sites and Red Orchid Awards

Dr Domilyn Villareiz presented on the Red Orchid Awards, initiated by the Philippine Department of Health. The awards are a search for 100% smoke-free environments. MPOWER is used as a basis and guide. From 2010 to 2014, 82 local government units (16 cities, 64 municipalities and 2 provinces) were recognized and declared smoke-free.

SEATCA’s Smoke-Free Cities ASEAN Network (SCAN), in collaboration with WHO Regional Office for the Western Pacific, brings together key stakeholders of cities, municipalities, provinces and other settings working towards a smoke-free environment. SCAN serves as a venue to share experiences on their respective tobacco control initiatives.

“STOP SMOKING” is a new tool that functions as a guide and gauge in making a city smoke-free. The Network of Smoke-Free World Heritage Sites and Cities gathers managers of UNESCO World Heritage Sites and conducts workshops on how to make and keep sites smoke-free. To date, the Angkor Wat (Cambodia) and Borobodur Temple and Prambanan Temples (Indonesia) are officially smoke-free.

2.15.4 Discussion Points

- The Government of Hong Kong SAR (China) has been collaborating with nongovernmental organizations to provide free smoking cessation services. NRTs have been regulated and most NRTs are over-the-counter drugs.
- The difference between the Blue Ribbon Campaign and the Red Orchid Awards: the Blue Ribbon Campaign recognizes 100% smoke-free settings including workplaces, hotels, restaurants, government offices, etc. while the Red Orchid Awards covers all the MPOWER measures. The Blue Ribbon Campaign focuses on the "P" measure—protect people from tobacco smoke. The criteria for the Red Orchid Awards are broader and vary depending on the setting. There are separate criteria for local government units, hospitals, etc.
- For the Red Orchid Awards, the validation process includes looking at reports, monitoring and assessment of the enforcement of tobacco control policies and compliance. The Steering Committee plans to go back after three years to the places awarded, specifically those included in the hall of fame, to ensure that policies are still being implemented. The Philippine Department of Science and Technology will conduct an independent assessment to validate. The Philippine Department of Health funds the awards. The Lao People's Democratic Republic expressed interest in getting materials from the Philippines on the award criteria and assessment tools to help them establish a similar system.
- The success of the policy and programme of the Authority for the Protection and Management of Angkor and the Region of Siem Reap (APSARA) and Cambodia's Ministry of Tourism to eradicate smoking in Angkor Wat and make it smoke-free was discussed.
- FCTC Alliance, Philippines (FCAP) is engaging some medical organizations to include health in the primary agenda of whoever will be elected. They are planning to hold debates on health issues on television and radio networks. WHO and members of the tobacco control community were encouraged provide questions on pressing issues which will be asked to those running for presidency in the Philippines.
- In Malaysia the Government works closely with professors from local universities on issues of taxes, protection and cessation. Almost all local universities have representatives in meetings with the Ministry of Health on the WHO FCTC. Komuniti Sihat Perkasa Negara (KOSPEN) was mentioned as a programme set-up to empower people to share information on tobacco control regulations to the communities.
- A regional collaboration on research was recommended geared towards making academic institutions smoke-free and tobacco-free. Australia was commended for leadership in making universities tobacco-free which addresses the issue of receiving grants from the tobacco industry.
• A recommendation was made that WHO investigate establishing a central portal where countries could contribute and retrieve information.
• The issue of sustainability and moving forward was expressed by the Hall of Fame awardees of the Red Orchid Awards. A race towards a smoking prevalence rate of less than 5% was recommended, which can be considered as an endgame scenario, or a higher award than the Hall of Fame.

2.16 Brown bag seminar on "social media and tobacco control"

This session was moderated by Mr Roby Alampay.

2.16.1 Quit Smoking App

Dr Christine Wong discussed a smoking cessation mobile application called, “Quit Smoking App” and the pros and cons of using mobile technology. Core features of the application include: progress tracking; providing information on health and tips on how to fight cravings; access to videos of encouragement from celebrities; and a speed dial to Quitline.

2.16.2 Social media campaigns on tobacco control in China

Ms Jiani Sun emphasized the impact of social media on policy-making. With China's recent success in adopting the Beijing Smoke-Free Law, social media was seen to influence and affect the development, shaping and enforcement of legislation. Strategies to promote tobacco control in China through social media include creating social media accounts (i.e. Facebook, Weibo, Twitter, etc.), posting regularly and launching a campaign. The key is to have posts with good content so people will share them. That is the basis for growing one’s follower base and building a campaign. Posts should contain photos, videos or infographics that capture interest and be timely – be the first to break the news.

As for campaigns, mobilizing key opinion leaders is very effective. The activities you ask people to do should also be easy (i.e. taking a “selfie”) and should make people feel proud to participate and eager to share with their friends.

The old communication model was a monologue. The new communication model is a conversation. Respond to posts and allow people to do the talking as they engage in conversations about the topic or campaign. To amplify and expand reach, forge strong partnerships with other agencies and organizations.

2.16.3 Tobacco Action Patrol (TAP)

Dr Jason Ligot presented on Tobacco Action Patrol (TAP), an application that can be used to crowdssource price monitoring of tobacco products thereby addressing the need to strengthen the monitoring of the Sin Tax Law in the Philippines. Users of the app can monitor the price of cigarette brands; report the location and time of tobacco sales; upload photos of tobacco products to ensure proper labelling, tax stamps and marketing; mobilize people through social networks; assist in regulating the consistency of prices and ensuring Sin Tax is properly implemented; and deter illicit tobacco sales. Successful piloting through student volunteers resulted to 5000 entries and the unearthing of unknown brands. Data analysis is ongoing.
2.17 Panel session VIII: Resources in the Western Pacific Region

This session was chaired by Mr Kelvin Khow.

Ms Kashiwabara provided updates on resources WHO can offer to the Member States.

Dr Wong gave an overview of the Fellowship Programme on Tobacco Control that the Tobacco Control Office of the Department of Health of Hong Kong SAR (China), a WHO Collaborating Centre in Smoking Cessation, offers for middle managers in tobacco control. Structured from MPOWER, the programme provides a comprehensive overview of tobacco control measures including legislation, enforcement, advocacy and publicity, and development and evaluation of cessation programmes.

2.18 Group exercise III: Development of country action plans

Participants planned activities that will support the implementation of the three priority actions identified during the previous group exercise. These plans (available at Annex 3) were shared to the plenary.

2.19 Closing

Dr Susan Mercado gave the closing remarks. She commended everyone for demonstrating cutting-edge tobacco control in the Region and reassured the countries that WHO Regional Office for the Western Pacific will continue to support to ongoing and future endeavours. Ms Jackie Davis gave her acknowledgments and formally closed the meeting.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

There has been much progress made in implementing WHO FCTC in the Western Pacific Region. Yet our efforts need to be intensified in order to accelerate the full implementation, and we must continue striving for normalizing a tobacco-free lifestyle.

Tobacco control measures in place are not even within countries and across the Region - in some areas we have made a lot of progress and efforts while in others success is scarce. In order to have more comprehensive measures, we need to bring all partners on board as multisectoral engagement is a critical aspect of successful tobacco control implementation. Experiences of Member States are valuable and sharing of such experiences must be further encouraged.

Tobacco industry interference remains a problem in all areas of tobacco control. Any interest with the tobacco industry should not impede the government action to uphold tobacco control measures.

3.2 Recommendations

3.2.1 Recommendations for Member States for duration of the action plan 2015-2019

1) Member States are encouraged to ensure sustainable funding for tobacco control e.g. by working closely with the finance ministry to increase taxes earmarked for tobacco control, generating data to support funding needs and to demonstrate the effectiveness of tobacco control measures to obtain support from stakeholders.

2) Member States are encouraged to increase awareness of industry interference and WHO FCTC Article 5.3 among ministries beyond health and to consider having a national cross-sectoral committee in charge of the implementation and adoption of preventive measure like
a code of conduct for government officials.

3) Member States are encouraged to ensure there is adequate evidence, public consultation and social marketing to gain public and political support for tobacco control legislation, which would help in normalizing smoke-free lifestyles and accelerating achievement of 100% smoke-free public places.

4) Member States’ health officials are suggested to participate in trade or investment-related discussions and/or to monitor trade or investment rules that impact tobacco control to minimize the risk of the tobacco industry using trade and investment agreements to challenge tobacco control measures.

5) Member States are encouraged to continue actively engaging with stakeholders, especially medical organizations, academia and community leaders/organizations to ensure effective law enforcement.

3.2.2 Recommendations for WHO for duration of the action plan 2015-2019

1) WHO may consider developing a regional portal where Member States can share their experiences and learn from others. Specific examples of regional interest include experience of licensing retailers and the impact of raising tobacco taxes on revenue and volume.

2) WHO is requested to convene capacity-building workshops on law enforcement.

3) WHO is requested to disseminate the decision on Article 5.3 of the Sixth Conference of Parties to departments of foreign affairs to inform embassies and missions and assist Member States in disseminating the WHO FCTC.

4) WHO, together with the Southeast Asia Tobacco Control Alliance (SEATCA) and other partners, is expected to continue monitoring industry interference across the Region and facilitate Member State access to information to counter interference (e.g. by developing a model code of conduct for health professionals and researchers in collaboration with Member States).

5) WHO is requested to develop and lead a smoke-free airports campaign.

6) WHO may consider conducting a study on tobacco product placement and depiction of tobacco use in film and other media. The results of this study can be used for advocacy to ban scenes that show and suggest tobacco use.

7) WHO, along with SEATCA and other partners, is requested to share best practices of promoting smoke-free environments in the Region. Examples include the Red Orchid Awards of the Philippines, the Blue Ribbon Campaign and Smoke-Free World Heritage Sites.
ANNEXES

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CH-1211 Geneva 27, Switzerland. Tel: +41 22 791 1496, perugaa@who.int
Annex 2. Programme of activities

Day 1, Wednesday 19 August

08:30-09:00  Registration

09:00-09:15  Welcome remarks  
Dr Shin Young-soo  
Regional Director  
WHO Western Pacific Region

09:15-09:30  Self-introductions of participants  
Mr Kelvin Khow  
Acting Coordinator, TFI

09:30-09:40  Overview of the meeting  
Mr Kelvin Khow

09:40-10:00  Group photo and Healthy break

10:00-10:25  Global updates on NCD prevention and control  
Dr Douglas Bettcher  
Director, PND, WHO-HQ

10:25-10:45  Global updates on tobacco control  
Dr Armando Peruga  
Programme Manager, TFI/PND  
WHO-HQ

10:45-11:00  Regional Action Plan for the Tobacco Free  
Initiative in the Western Pacific (2015-2019): where we are now and where we should be in  
2019  
Mr Kelvin Khow

11:00-11:15  Open discussion

I. Sustainable institutional capacity for WHO Framework Convention on Tobacco Control (FCTC) implementation

11:15-12:30  Panel session I: Sustainable funding for tobacco control  
Professor Sophia Chan  
Undersecretary  
Food and Health Bureau  
Government of Hong Kong SAR (China)

• Mongolia  
• Philippines  
• Viet Nam

12:30-13:30  Lunch

13:30-13:45  Results of the online survey on the TFI regional action plan  
Ms Mina Kashiwabara  
Technical Officer, TFI

13:45-15:15  Group exercise I: Poster sharing and progress mapping  
Mr Kelvin Khow and  
Ms Mina Kashiwabara

15:15-15:30  Healthy break

15:30-17:00  Panel session II: Progress in implementation of WHO FCTC Article 5.3 – tackling industry interference  
Dr Mary Assunta  
Senior Policy Advisor, Southeast Asia Tobacco Control Alliance (SEATCA)
17:00-18:30  Reception (Al Fresco Lounge)

Day 2, Thursday 20 August

II. Effective legislation and regulations for WHO FCTC implementation

08:30-10:00  Panel session III: Innovations in legislation and regulations
- Cambodia
- China

08:30-10:00  Mr Paul Badco
National Programme Manager
Tobacco Control, Ministry of Health
New Zealand

10:00-10:15  Healthy break

10:15-11:45  Panel session IV: Tobacco and trade issues
- Dr Armando Peruga/ WHO HQ (global update)
- Malaysia
- Dr Mary Assunta (SEATCA)

10:15-11:45  Dr Ehsan Latif
Director
Tobacco Control Department
International Union Against Tuberculosis and Lung Disease (IUATLD)

11:45-12:00  Mobility break

12:00-13:00  Brown bag seminar on "emerging tobacco products" (lunch will be provided)

12:00-13:00  Dr Armando Peruga

13:00-13:15  Mobility break

13:15-14:30  Group exercise II: Indicator prioritization

13:15-14:30  Mr Kelvin Khow and Ms Mina Kashiwabara

14:30-15:00  Healthy break and Information product marketplace

15:00-16:30  Panel session V: The endgame
- Brunei Darussalam
- Hong Kong SAR, China
- New Zealand

15:00-16:30  Ms Jackie Davis
Assistant Secretary
Tobacco Control Branch, Australian Government
Department of Health
Australia

17:00  Visit to museum and Filipino dinner

Day 3, Friday 21 August

III. Engaging constituencies for enforcement

08:30-10:00  Panel session VI: Legal challenges in tobacco control
- Australia
- Republic of Korea
- McCabe Centre for Law & Cancer

08:30-10:00  Dr Ki-Hyun Hahn
Technical Officer, NCD

10:00-10:15  Healthy break
10:15-11:45  **Panel session VII: Engaging with partners**
- World Heart Federation Tobacco Control Roadmap (Dr Ulysses Dorotheo)
- Singapore
- Smoke-free cities and UNESCO World Heritage sites and Red Orchid Awards (Dr Domilyn Villarreiz)

**Dr Ulysses Dorotheo**
*Project Director*
*Southeast Asia Initiative for Tobacco Tax (SITT Project)*
*SEATCA*

11:45-12:00  **Mobility break**

12:00-13:00  **Brown bag seminar on "social media and tobacco control" (light lunch will be provided)**
- Hong Kong SAR (China) cessation mobile application (Dr Christine Wong)
- China social media campaigns (WHO China, Ms Sun Jiani)
- Tobacco tax monitoring app (Dr Jason Ligot)

**Mr Roby Alampay**
*Editor-in-Chief*
*BusinessWorld and Interaksyon.com*

13:00-13:15  **Mobility break**

13:15-14:00  **Panel session VIII: Resources in the Western Pacific Region**
- Updates from the Western Pacific Regional Office (M. Kashiwabara)
- Hong Kong Fellowship Programme on Tobacco Control (Dr Christine Wong)

**Ms Mina Kashiwabara**

14:00-15:00  **Group exercise III: Development of country action plans**

**Mr Kelvin Khow and Ms Mina Kashiwabara**

15:00-15:15  **Healthy break**

15:15-16:30  Country presentations

16:30-16:45  Recommendations and next steps

**Mr Kelvin Khow**

16:45-17:00  **Closing remarks**

**Dr Susan Mercado**
*Director, Division of NCD and Health through Life-Course (DNH)*
Annex 3. Country action plans

Country: Australia

Strategic outcome: 2 – Effective legislation and regulations
Objective: 2.1 Raise Tobacco taxes and use a percentage of revenue for tobacco control and NCD prevention
Country action: Actions 1, 2 and 3
Country indicator: A.

<table>
<thead>
<tr>
<th>Activities</th>
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<th>Resources</th>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>Australia is half way through a four staged increase in excise and excise-equivalent customs duty on tobacco and tobacco-related products. (Note - this was current as of 21 August 2015)</td>
<td>The first 12.5% increase commenced on 1 December 2013, the second 12.5% increase commenced on 1 September 2014 and the remaining 12.5% increases will occur on 1 September 2015 and 1 September 2016. These are in addition to the 2010 increase of 25%, and changes to indexation on tobacco products.</td>
<td>The incremental tax increases were originally announced in 2013 as a joint measure by the then Prime Minister, the Treasurer and the Health Minister. The measure is monitored by the Treasury, the Australian Taxation Office, the Department of Immigration and Border Protection, and the Department of Health.</td>
<td>At the time the measure was announced, the four staged 12.5% tobacco excise increases were expected to result in revenue of around AU$ 5.8 billion over the forward estimates.</td>
<td>A staged introduction of excise increases gives smokers several chances to quit at each transition to higher prices. Consistent with WHO guidelines, by 1 September 2016, Australia's excise rate to retail price ratio is expected to be 71%. Revenue from tobacco tax goes to consolidated revenue, rather than being specifically earmarked. A percentage of consolidated revenue is allocated to the Department of Health, which then provides a budget for tobacco control and NCD prevention.</td>
</tr>
</tbody>
</table>

Strategic outcome: 2 – Effective legislation and regulations
Objective: 2.9 Protect tobacco control policies and legislation from tobacco industry interference: WHO FCTC Article 5.3 implementation
Country action: Action 1 and 2
Country indicator: A

<table>
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<tr>
<td>Development and promulgation of a Guidance Note, providing formal instructions as to the obligations under WHO FCTC Article 5.3 for employees of Australian Commonwealth agencies.</td>
<td>We hope to complete this project by 30 June 2016.</td>
<td>All relevant Australian Commonwealth agencies.</td>
<td>The Australian Government Department of Health has allocated funding for legal advice and the drafting of the Guidance Note.</td>
<td>Employees of Australian Commonwealth agencies will have a clearer understanding of their obligations under WHO FCTC Article 5.3. The Guidance Note will provide a platform for further work on WHO FCTC Article 5.3.</td>
</tr>
</tbody>
</table>
Strategic outcome: 1 – Sustainable institutional capacity
Objective: 1.5 raise public awareness on the harms of tobacco use, especially among vulnerable and at-risk groups, and systematically disseminate the provisions of Article 5.3
Country action: Action 4 and 6
Country indicator: A and B

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<tr>
<td>Consistent with Objective 1.5, the National Tobacco Campaign was launched on Sunday 31 May 2015 (World No Tobacco Day). The campaign used a mix of creative advertising materials, including television, radio and print materials for the following: the Stop Before the Suffering Starts campaign, targeting mainstream smokers and culturally and linguistically diverse (CALD); the Cough campaign, targeting mainstream smokers; the Break the Chain campaign, targeting Indigenous smokers; the Health Benefits campaign, targeting smokers from socially disadvantaged and CALD; the Quit for You, Quit for Two campaign, targeting pregnant smokers and their partners.</td>
<td>The 2014-15 campaign ran from 31 May 2015 to 30 June 2015. The 2015-2016 campaign is under development and will be finalised by 30 June 2016.</td>
<td>All campaign materials for the 2014-2015 campaign went through extensive concept testing to assess reactions, understanding and the potential impact of the advertising with all target audiences, against the campaign objectives.</td>
<td>The development of campaign materials that will resonate with a broad audience. Mass media television air time.</td>
<td>Increased awareness of the benefits of quitting, health effects of smoking and support tools available to assist quitting.</td>
</tr>
</tbody>
</table>

The 2015-16 campaign will focus on Aboriginal and Torres Strait Islander smokers and recent quitters aged 18 to 40 years, as this target audience is a priority as they have a high smoking prevalence.
Country: China
Strategic outcome: 2 – Effective legislation and regulations
Objective: Protect from exposure and secondhand tobacco smoke
Country action: 1) Develop the legislation (draft, still under review by SC); 2) Conduct activities to raise the awareness among public and key stakeholders to ensure that the public understands and supports legislation action; 3) Ensure adequate and sustainable enforcement
Country indicator: Legislation is adopted and is fully in line with FCTC

<table>
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<th>Expected outcome</th>
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<tbody>
<tr>
<td>Assist the SC LAO to adopt the law as soon as possible</td>
<td>Now to December 2016</td>
<td>SC LAO</td>
<td>International experiences; case study from Beijing experts of health and legislation</td>
<td>The law is adopted</td>
</tr>
<tr>
<td>Develop mass media campaign strategy</td>
<td>Now to December 2015</td>
<td>WHO, NHFPC, TC partners, local government, medias</td>
<td>Social media platform and other medias, existing content</td>
<td>Public awareness and support raise up to at least 90% in 10 major cities</td>
</tr>
<tr>
<td>Continuing support the strong provision on tobacco advertising law and after 1 Sep. start monitoring the implementation</td>
<td>Now to March 2016</td>
<td>SAIC, NHFPC, CDC, WHO China, Think Tank (local NGO)</td>
<td>Monitoring system medias</td>
<td>Ban all forms tobacco ad including sales point</td>
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</tbody>
</table>
**Country: The Lao People's Democratic Republic**

Strategic outcome:  
Objective:  
Country action:  
Country indicator:

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<tbody>
<tr>
<td>Analyze investment license agreement (ILA)</td>
<td>On going</td>
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<tr>
<td>Amend Decree on tobacco control (PHW, penalty and TAPS)</td>
<td>2015-16</td>
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<tr>
<td>Smoke free cities and world heritage smoke free (VTE, LPB and CPS), Schools and temples Red orchid reward system</td>
<td>On going</td>
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<td>Tax increase</td>
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<td>GYTS survey</td>
<td>2015-16</td>
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<tr>
<td>Retailing licensing</td>
<td>2016</td>
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<tr>
<td>Cessation center and quit line</td>
<td>2016</td>
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<td>Social media and mass media (Peer education)</td>
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<td>Code of conduct for government officials</td>
<td>2016</td>
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<td>5.3 advocacy workshop</td>
<td>2016</td>
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</table>
Country: Mongolia

Strategic outcome:
- Strategic outcome 1 – Sustainable institutional capacity
- Strategic outcome 2 – Effective legislation and regulations
- Strategic outcome 3 – Engagement of constituencies for enforcement

Objective:
- 1.6 Create sustainable tobacco cessation services and systems
- 2.1 Raise tobacco taxes and use percentage of revenues for tobacco control and NCD prevention
- 3.3 To increase 100% smoke free public areas
- 3.4 To increase 100% smoke free workplace areas

Country action:

Country indicator:
- Tobacco cessation counseling guidelines for PHC and incorporated into Package of Essential Noncommunicable diseases
- Training reports for cessation counseling training
- Advocacy and development of draft amendment to tobacco law to increase tax for tobacco products up to 70% of retail price
- Number of trained volunteer inspectors
- National smoke-free workplace campaign implemented with partners from private and public sectors

<table>
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<tbody>
<tr>
<td>1.6 Sustainable tobacco cessation services and system</td>
<td>2016-2017</td>
<td>MOHS, Government and NGOs</td>
<td>WHO, Government</td>
<td>Tobacco cessation counselling services expanded through PHCs and schools</td>
</tr>
<tr>
<td>2.1 Raise tobacco taxes and use percentage of revenues for tobacco control and NCD prevention</td>
<td>2016-2017</td>
<td>Parliament Government-MOHS</td>
<td>Government budget</td>
<td>Submit draft law for endorsement</td>
</tr>
<tr>
<td>3.3 To increase 100% smoke free public areas</td>
<td>2016-</td>
<td>MOHS, Local government, NGO</td>
<td>Government budget</td>
<td>Trained volunteers</td>
</tr>
<tr>
<td>3.4 To increase 100% smoke free workplace areas</td>
<td>2016</td>
<td>MOHS, Employers Association of Mongolia</td>
<td>Government budget, projects, funds</td>
<td>Sustainability for campaign established (annual campaign)</td>
</tr>
<tr>
<td>To improve internal monitoring and reporting mechanism inside of workplace</td>
<td>2016</td>
<td>MOHS, Employers Association of Mongolia, Inspection Agency</td>
<td>Government budget, projects, funds</td>
<td>Regular workplace inspection - operational</td>
</tr>
</tbody>
</table>
**Country: The Philippines**

**Strategic outcome:** 1 – Sustainable institutional capacity

**Objective:** Ensure policy coherence in national action plans for tobacco control through all-of-government approaches and multi-sectoral stakeholder engagement

**Country action:** (below)

**Country indicator:** 1. evidence that national coordinating mechanism has been established and free from tobacco industry interference

### 2. 2017-2022 National Tobacco Control Strategy

<table>
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<tbody>
<tr>
<td>1. Convene proactive policy dialogues through the national coordinating</td>
<td>4th Quarter</td>
<td>National Tobacco Control</td>
<td>Meals and Accommodation Supplies and Materials</td>
<td>Evidence that a national all-of-government approach to tobacco control has been established and documented and is working towards the implementation of a national action plan for tobacco control, such as a formal mechanisms with terms of reference for multi-sectoral engagement in tobacco control.</td>
</tr>
<tr>
<td>mechanisms or equivalent to implement national tobacco control action</td>
<td>2015</td>
<td>Committees</td>
<td>Transportation Expenses</td>
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<tr>
<td>plans and to address the need for tobacco-control policy coherence in</td>
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<td>relation to health, trade, foreign affairs, finance, customs, education,</td>
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<td>agriculture, women’s affairs and other sectors.</td>
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<tr>
<td>2. Organize a group to craft a Strategic plan for</td>
<td>4th Quarter</td>
<td>Government Agencies, Civil</td>
<td>Meals, Accommodation Supplies, Materials, Printing</td>
<td>2017-2022 National Tobacco Control Strategy</td>
</tr>
<tr>
<td>tobacco control leadership development, capacity-building and training</td>
<td>2015- first Quarter 2016</td>
<td>Society, Tobacco Control</td>
<td>Requirement, Transportation Expenses</td>
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<tr>
<td>Country action: Identify training needs and facilitate and execute a</td>
<td></td>
<td>Advocates</td>
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<td>national human resource development strategy for tobacco-control</td>
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<td>leadership that builds capacity within strategic sectors of government</td>
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<td>such as health, trade, foreign affairs, finance, customs, education,</td>
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<td>agriculture and women’s affairs, and among civil society and community/</td>
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<td>traditional groups and media.</td>
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<td>Country indicator: Number of training opportunities in tobacco-control</td>
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<tr>
<td>leadership that have been provided for health workers, traditional</td>
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<td>leaders, community leaders, media and other control champions.</td>
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</table>

**Strategic outcome:** 1

**Objective:** Expand tobacco control leadership development, capacity-building and training

**Country action:** Identify training needs and facilitate and execute a national human resource development strategy for tobacco-control leadership that builds capacity within strategic sectors of government such as health, trade, foreign affairs, finance, customs, education, agriculture and women’s affairs, and among civil society and community/traditional groups and media.

**Country indicator:** Number of training opportunities in tobacco-control leadership that have been provided for health workers, traditional leaders, community leaders, media and other control champions.
Strategic outcome: 1 – Sustainable institutional capacity
Objective: Create sustainable cessation services and systems
Country action: (see activities)
Country indicator: a national policy on smoking cessation; national treatment guidelines for tobacco dependence; national training manuals for smoking cessation, health promotion and communication plans

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<tbody>
<tr>
<td>Development of a national policy on smoking cessation (link with PEN and TB)</td>
<td>2015-2016</td>
<td>DOH-DPCB, DOH-HPDPB, PhilHealth, Professional Medical Associations, WHO Country Office, HPCS</td>
<td>Meals and Accommodation Supplies and Materials Transportation Expenses</td>
<td>Administrative order containing a national policy on smoking cessation</td>
</tr>
<tr>
<td>Development of national treatment guideline for tobacco dependence</td>
<td>2015-2016</td>
<td>DOH-DPCB, DOH-HPDPB, Medical Associations, WHO Country Office, HPCS</td>
<td>Meals and Accommodation Supplies and Materials Transportation Expenses</td>
<td>A national treatment guideline with a workplan for implementation</td>
</tr>
<tr>
<td>Conduct of cost benefit analysis and cost effectiveness study on smoking cessation (SC) interventions</td>
<td>2017</td>
<td>DOH-DPCB, DOH-HPDPB, Academic institutions, WHO Country Office, CSOs</td>
<td>Meals and Accommodation Supplies and Materials Transportation Expenses</td>
<td>A research study with policy recommendations, with resources for dissemination</td>
</tr>
<tr>
<td>Development of national training manuals for: a) BTI, b) intensive counseling, c) program managers/planners</td>
<td>2016</td>
<td>DOH-DPCB, DOH-HPDPB, DOH-HHRDB Professional Associations, WHO Country Office, HPCS</td>
<td>Meals and Accommodation Supplies and Materials Transportation Expenses</td>
<td>National training manuals for smoking cessation with a workplan for implementation</td>
</tr>
<tr>
<td>Development of health promotion plan and health education tools</td>
<td>2016</td>
<td>DOH –HPCS; DOH-DPCB; Health Promotion and Communication experts</td>
<td>Supplies and Materials Media Plan</td>
<td>Health Promotion and Communication Plan, IEC Materials,</td>
</tr>
</tbody>
</table>
**Country: Singapore**
Strategic outcome: 2 – Effective legislation and regulations
Objective: Develop legal instruments and policies to implement effective packaging and labelling measures
Country action: NA
Country indicator: NA

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Stakeholder</th>
<th>Resources</th>
<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public consultation on standardised packaging</td>
<td>End of 2015</td>
<td>Members of the public Healthcare professionals Retailers</td>
<td>Consultation documents from Australia, New Zealand, United Kingdom, France as reference materials</td>
<td>Gauge support for the introducing standardised packaging in Singapore</td>
</tr>
<tr>
<td>Increase graphic health warnings to &gt;50%</td>
<td>2015-2018</td>
<td>Members of the public Healthcare professionals</td>
<td>Images from other countries (Malaysia, Thailand, Australia etc) Information on legal challenges faced by the industry from Thailand and Australia (e.g. nature of challenge, proposed action/action taken etc)</td>
<td>Effective GHWLs that would discourage non-smokers from initiation and smokers to contemplate quitting.</td>
</tr>
</tbody>
</table>