
17–19 November 2015
Nadi, Fiji

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MEETING REPORT

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NOTE

The views expressed in this report are those of the participants of the Pacific Workshop 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 Pacific Workshop on Implementation of the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) in Nadi, Fiji from 17 to 19 November 2015.
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Keywords:

Tobacco use cessation / Tobacco use – prevention and control / Regional health planning
SUMMARY

The sixty-fifth session of the World Health Organization (WHO) Regional Committee for the Western Pacific 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 Pacific Workshop 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:

1) to share experiences among participants on progress in tobacco control and progress in the Tobacco Free Pacific 2025 regional alliance;
2) to identify legislative gaps and options to address them;
3) to identify implementation gaps, including in enforcement, and options to address them;
4) to identify appropriate ways to counter tobacco industry interference; and
5) to identify other priorities for action towards achieving the three strategic objectives of the regional action plan.

While there has been progress in implementing the WHO FCTC in the Western Pacific Region, efforts need to be intensified 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.

Several challenges remain including inadequate resources for enforcement, tobacco industry interference and lack of urgency to address tobacco control issues.

**Recommendations for Member States**

1) Member States are encouraged to develop and implement comprehensive legal frameworks for tobacco control, strengthen policy enforcement and establish consistent monitoring and evaluation of tobacco control measures.
2) Member States are encouraged to perform impact assessments of tobacco control measures that can contribute to a Pacific evidence base which can be used to advance developments in tobacco control policies and initiatives.
3) Member States are encouraged to secure sustainable mechanisms for funding to support tobacco control such as the earmarking of tobacco tax revenues towards tobacco control efforts.
4) Member States are suggested to consider the implications and gains of ratifying or acceding to the Protocol to Eliminate Illicit Trade of Tobacco Products.
5) Member States are encouraged to develop capacity around cessation services taking into consideration population-based cessation approaches.
6) Member States are encouraged to create awareness on Article 5.3 among selected departments/ministries and nongovernment sectors including communities.
7) Member States are suggested to explore innovative approaches to tobacco control that are inspired, led by communities such as engaging media and leveraging social media and technology.
8) Member States are encouraged to strengthen multisectoral coordination including engagement of non-health sectors and civil society for effective enforcement of legislation.
9) Member States are encouraged to participate and support the establishment of the TFP2025 Alliance.

10) Member States are encouraged to pursue the country-specific ways forward summarized in Table 1 (below).

Recommendations for WHO

1) WHO is requested to provide and/or coordinate technical assistance to address capacity gaps, particularly on emerging issues in tobacco control such as illicit trade, limited surveillance and impact analyses and use of non-nicotine and electronic nicotine delivery systems (ENDS).

2) WHO is requested to support Pacific island countries in implementing the WHO FCTC by convening capacity-building workshops.

3) WHO is requested to provide and coordinate legal assistance to support development and implementation of legal frameworks for tobacco control.

4) WHO is requested to facilitate communication and coordination and serve as liaison to other regional and global bodies such as the WHO FCTC Secretariat, the Pacific Community (SPC), Framework Convention Alliance (FCA), SEATCA, Cancer Council Australia, Action on Smoking and Health (ASH) New Zealand, McCabe Centre for Law and Cancer and other development partners to strengthen and promote a multisectoral approach in tobacco control and accelerate implementation of WHO FCTC.

5) WHO is requested to provide administrative support to create and maintain a TFP2025 Alliance web-based platform for information, knowledge and publications.

6) WHO is requested to convene the national tobacco control focal points in 2017 for a mid-term review of the implementation of the regional action plan towards TFP2025.
Table 1. Country-specific issues and ways forward:

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<th>Country/Area</th>
<th>Issues and priority actions</th>
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<td>New Caledonia</td>
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<td>Vanuatu</td>
<td>Enforcement to control illicit trade, smoke-free compliance; graphic health warnings; community mobilization</td>
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<td>Wallis and Futuna</td>
<td>Sales to minors; awareness raising of second-hand smoke exposure; education campaigns</td>
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1. INTRODUCTION

1.1 Meeting organization

The sixty-fifth session of the World Health Organization (WHO) 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 Pacific Workshop on Implementation of the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) was convened in Nadi, Fiji from 17 to 19 November 2015.

1.2 Meeting objectives

The objectives of the meeting were:

1) to share experiences among participants on progress in tobacco control and progress in the Tobacco Free Pacific 2025 regional alliance;
2) to identify legislative gaps and options to address them;
3) to identify implementation gaps, including in enforcement, and options to address them;
4) to identify appropriate ways to counter tobacco industry interference; and
5) to identify other priorities for action towards achieving the three strategic objectives of the regional action plan.

2. PROCEEDINGS

2.1 Opening session

The workshop was opened by Dr Liu Yunguo and Dr Vera Luiza da Costa e Silva.

This was followed by the nomination of the officers of the meeting by Mr Kelvin Khow: Ms Shra Alik as Chairperson, Mr Petelo Alapati Tavite as Vice-Chairperson and Dr Le’Roy Tatui and Ms Velma Del Rosario as Rapporteurs. This was followed by participant introductions, review of the meeting objectives and an overview of the workshop by Dr Ada Moadsiri. The list of participants is available in Annex 1. The programme of activities is available in Annex 2.

2.2 Updates from the Convention Secretariat of the WHO FCTC

Dr Vera Luiza da Costa e Silva shared updates from the Convention Secretariat of the WHO FCTC.

The Convention Secretariat was created during the first session of the Conference of the Parties (COP)—the governing body of the WHO FCTC comprised of all Parties to the Convention—and is hosted in WHO headquarters in Geneva. It offers assistance to Parties through regional and/or intercountry workshops, fosters international cooperation and works with nongovernmental and intergovernmental organizations. It maintains a database on treaty implementation and develops and shares communication strategies/platforms, reporting/e-learning tools and needs and post-needs assessments. The Convention Secretariat relies on the experiences and recommendations of the Parties in the Pacific to plan sustainable measures relevant in the Pacific context.

The WHO FCTC was entered into force in 2005. Ten years later, 90% of the world's population are covered by the provisions of the treaty. Provisions include general obligations; measures to reduce the
demand and supply of tobacco; liability of the Parties; international cooperation; and reporting and exchange of information. The Convention is administered by the Secretariat, the COP and the COP Bureau as well as intersessional working and expert groups. The Protocol to Eliminate Illicit Trade in Tobacco Products, a treaty that aims to eliminate all forms of illicit trade in tobacco products through a package of measures to be taken by countries through international cooperation, was adopted by Parties to the WHO FCTC on 12 November 2012.

At its sixth session in November 2014 in Moscow, Russian Federation, the COP extended the mandate of the following intersessional groups: working group on Articles 9 and 10 of the WHO FCTC; expert group on Article 19 of the WHO FCTC; and working group on sustainable measures. The COP also decided to establish an expert group to conduct an impact assessment of the WHO FCTC and an expert group to review reporting arrangements under the WHO FCTC.

Assessments revealed that the WHO FCTC has decreased smoking rates in countries that have adopted it. However, tobacco industry interference, existing international trade treaties, the emergence of new tobacco products and markets, globalization, and the plight of vulnerable groups (i.e. tobacco farmers) still remain as challenges in the implementation of the treaty.

Dr Vera Luiza da Costa e Silva reminded delegates of the obligations of Parties to the WHO FCTC, including voluntary assessed contributions for the FCTC Secretariat to continue funding implementation of its commitments and activities. She also reasserted the need to accelerate implementation of the FCTC.

2.3 Global voluntary noncommunicable disease (NCD) monitoring framework and 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 also presented the new Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) and its aim to reduce smoking prevalence in the Western Pacific Region by 10% among young people and adults during this time period.

Mr Khow outlined the discussions being held at the United Nations Secretariat level around the issue of NCDs and the Sustainable Development Goals (SDGs), and explained how the work around tobacco control is playing an increasingly important role especially in ensuring sustainable funding for prevention and control of NCDs.

Progress on the implementation of the WHO MPOWER measures was also shared during the presentation. National surveillance systems have been established and nine countries in the Region have achieved the highest level of monitoring by the end of 2014. In terms of laws and policies, a lot is being done at the local government level, but hurdles remain. Despite the Western Pacific Region having the highest number of smoke-free laws, some countries still experience very low compliance. As for tobacco taxation, only 2 out of 27 countries have reported a tax value of retail price of over 75%; most countries have tobacco taxes between 51% and 74% of retail price. Efforts are being carried out to further raise taxes.
Support for smoking cessation is often a neglected measure, but there are countries that have comprehensive cessation programmes with national toll-free quit lines in place. Countries are also starting to leverage the use of mobile technologies in order to develop and provide more efficient cessation services. With regards to mass media and advertising, the Region has been doing really 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.

Overall, substantial progress has been made and there is a downward trend in smoking prevalence in the Region. However, a lot remains to be done. Main challenges to overcome include policy progress consolidation, policy gaps and effective enforcement, regulation of emerging products such as the electronic nicotine delivery system (ENDS) and interference from the tobacco industry (e.g. using trade agreements to undermine tobacco regulation). Mr Khow reminded the Pacific island countries, which are all Parties to WHO FCTC, about their obligation to the treaty. There is a need to continue pushing tobacco control measures and efforts strongly in order to achieve the commitments in the global NCD action plan and ultimately, realize the strategic outcomes of the regional action plan.

Discussion

In response to a question about who is responsible for amending trade agreements to prevent tobacco industry interference, it was explained that little is known about the implications of trade agreements on WHO FCTC implementation.

The lack of enforcement of tobacco control laws and policies in some Pacific islands was recognized. There is a need to identify high impact interventions for tobacco control.

It was noted that higher taxes and subsequent increases in tobacco prices have led to substitution with cheaper tobacco, including locally grown tobacco. Countries should consider implementing an excise tax to ensure that taxes are collected on all tobacco products equally including locally grown tobacco. The WHO FCTC reinforces the importance of licensing for trade in all tobacco products, including locally grown tobacco, in order to enhance governments’ ability to regulate. Pacific islands can also use licensing requirements to hold licensees accountable for adhering to tobacco control laws.

2.4 Results of the survey on the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)

Ms Mina Kashiwabara shared the results of the preparatory survey. She discussed the major findings as well as the common priority actions of countries in the Region.

The survey found that most Pacific island countries and areas have adopted a multisectoral approach to tobacco control (especially with health professionals), but they have different approaches for Objective 1.6 (sustainable cessation services) and Objective 3.3 (Tobacco Free Pacific 2025. Holding tobacco-free mega events and is also a common activity.

The top priority actions identified by countries were as follows: 1) regulate ENDS; 2) engage with key health professionals and health professional organizations to ensure their participation in tobacco control policy development and enforcement as well as advocacy against the tobacco industry; 3) regulate the contents and emissions of tobacco products; and 4) create mechanisms for partnership with public health lawyers and policy and regulatory experts' networks.
2.5 Panel Session I: National coordinating mechanisms for tobacco control (Article 5.2) and sustainable funding for the implementation of the WHO FCTC

National NCD coordinating mechanisms and Health Promotion Foundation

New Caledonia

Mr Patrice Hoarau presented on behalf of the Government of New Caledonia's and shared about the department in charge of the overall coordination of tobacco control policies, and on the government services involved in tobacco control such as the Government Tax Service and the Health Management Service.

The government has taken several measures in the last 10 years to mitigate the impact of smoking tobacco. Recent notable measures have been the prohibition of smoking in bars and restaurants (with the exception of open terraces) in August 2012, and the 30% increase in the price of tobacco in October 2015. Such an increase is a milestone since it has never been done before.

Projects currently under consideration include the improvement of government-funded nicotine replacement therapy, particularly for pregnant women, introduction of plain tobacco packaging, and better coordination of government measures.

Mr Hoarau also presented on the New Caledonian Health and Social Agency (ASSNC). The agency, which is partly funded by tax revenue from the sale of tobacco products and alcohol, aims to fund the hospital system and later establish prevention programmes for drug addiction, cancers affecting women, obesity and diabetes.

In order to coordinate policies on tobacco and other addictions, ASSNC was commissioned by the government in 2012 to develop a comprehensive plan that would bring together all relevant institutions and associations in the fields of health, education and justice. However, only a part of the plan was adopted.

ASSNC is also the implementing agency of the addiction program that aims to raise public awareness of the effects of tobacco, alcohol and cannabis, and to ensure that users have access to available treatment and services (including psychosocial services).

The importance of designating a national coordination mechanism for the WHO FCTC and engaging relevant stakeholders was highlighted. It was recommended to develop youth-targeted tobacco policies and awareness activities. In addition, implementers may consider providing incentives to achieve smoke-free homes and integrating tobacco cessation in drug addiction services.

Tonga

Dr ‘Ofakiokalani Tukia presented on the National Non-Communicable Disease Committee (NNCDC), which was established in 2004 under Section 6(2) of the Public Health Act as the body responsible for policy and programmes relating to NCD prevention and control. The NNCDC is made up of the chief executive officers of major ministries as well as representatives from the civil society, commercial and religious sectors.

The key functions of the NNCDC include advising the government on issues pertaining to the prevention of NCDs; informing and making policy recommendations on Tonga’s NCD health
promotion and prevention strategies, including legislation and regulations; overseeing implementation of activities; and monitoring and reviewing progress.

The NNCDC is advised by four risk-factor committees—healthy eating, physical activity, tobacco and alcohol. In order to improve management, the NNCDC delegated responsibility to the TongaHealth Promotion Foundation (TongaHealth), a quasi-government body, for coordination of policy development and implementation processes and progress reporting to NNCDC and Tonga’s cabinet. TongaHealth, in its role as the secretariat of the NNCDC, also liaises closely with the tobacco advisory committee on coordination of the design, implementation and evaluation of tobacco prevention and control strategies.

The tobacco advisory committee is composed of representatives from the government, nongovernmental organizations (NGOs) and civil society and is chaired by the GS Tonga Red Cross Society. The advisory committee functions to advise the NNCDC and TongaHealth Board regarding evidence, statistics and policy; lead communication and advocacy for tobacco control; support effective implementation of strategies and work plans; and support the assessment of grant applications.

Tonga's new national NCD strategy is close to completion. A key change for NCD prevention and control under the new strategy is the introduction of annual work plans to support strengthened operationalization and progress reporting.

Closing the session, Dr Tukia talked about the challenges in tobacco control in low-resource, low-population settings and identified the priority areas that need careful monitoring and evaluation. He also highlighted successes such as the increase in taxation, the establishment of a Tobacco Control Enforcement Unit, the amendment of the Tobacco Act, and the improved networking and partnerships to develop mass media anti-tobacco campaign and cessation services.

Discussion

- The French territories should consider establishing a link with the Convention Secretariat for support in tobacco control efforts since France is a Party to the WHO FCTC.
- In response to a question about why people still use tobacco, it was explained that there are numerous reasons, including: availability, affordability, accessibility, acceptability, attractiveness and addictiveness.

Tobacco taxation supporting tobacco cessation services

Cook Islands

Mr Valentino Wichman discussed how the Cook Islands uses tobacco taxation to support tobacco cessation.

The initiative to increase tobacco taxation was led and driven by the Ministry of Finance and Economic Management (MFEM), and was supported by the Ministry of Health (MoH) through evidence and research. The additional tax revenue has been used to fund tobacco cessation and other tobacco control programmes.

In February 2014, the Cook Islands MoH established a smoking cessation programme. To date, more than 50 people have registered and about 34 people have quit smoking. In September 2014, the government launched a smoke-free home programme in Rarotonga to prevent exposure to second-hand smoke in homes. The programme aims to have 1000 homes registered in 2015.
Mr Wichman shared plans to further tobacco control in the Cook Islands. These plans include surveys and research; amendments to the Tobacco Act; finalization of the Tobacco Action Plan; expansion of the smoking cessation programme to the outer islands; continued partnership with local stakeholders as well as regional and international agencies; and identification of realistic activities to help decrease the current percentage of smokers to meet the goal of a tobacco-free Pacific.

2.6 Breakout Session I: Progress and challenges

The participants were divided into working groups and asked to identify recent progress as well as challenges and obstacles in achieving the three strategic outcomes of the regional action plan in their respective countries. They were then asked to write their successes and challenges on small pieces of paper and tape them on wall posters according to specific objectives. Participants were given time to peruse and review all the entries posted, check on other countries' developments and reflect on whether there are common hurdles. Individual group discussions ensued followed by each group reporting a summary of their discussions to the plenary.

2.7 Building cessation systems in the Pacific (participatory exercises)

Dr Annette David presented on population approaches to building a cessation system.

The WHO FCTC mandates countries to establish effective interventions to treat tobacco dependence. There is strong evidence to show that three key interventions—tobacco cessation advice incorporated into primary health care services; easily accessible and free quit lines; and access to free or low-cost pharmacological therapy—provide the greatest chance of increasing quit attempts and improving success rates at the population level, when combined with policies such as smoke-free laws, tobacco advertising and sponsorship bans, tobacco tax increases and powerful health warnings.

Currently, over 85% of the world's population have no access to cessation services, and the majority live in developing countries, many of which are Parties to the WHO FCTC. As these Parties increasingly enact and implement tobacco control policies, more tobacco users will seek cessation services and support. Building capacity to meet the anticipated rise in cessation demand is considered a key strategy.

Tobacco control programme managers need a systematic process to build capacity to address cessation. A comprehensive approach is necessary, but resource and programme limitations require a realistic approach, especially in low- and middle-income countries.

The WHO Regional Office for the Western Pacific created simple planning tools for governments to assess and map cessation readiness and capacity in their countries. The tools are based on a theoretical model of cessation capacity as a pyramid with three successive levels of interventions. Participants used one of these tools to assess their current cessation readiness and capacity. Through this activity, participants learnt how to create a foundation through tobacco control policy and community capacity-building that raises the demand to quit from tobacco users, and to match this with interventions that increase the health system’s capacity to provide cessation support. Countries should focus on training all health-care workers and ancillary tobacco cessation stakeholders in delivering brief advice, and linking the advice with existing community resources. Training in intensive cessation counselling and pharmacologic treatment of tobacco dependence can occur later, as demand for cessation increases and resources are made available. Given the global evidence that majority of former tobacco users quit on their own, expanding the capacity to deliver brief advice to ensure maximum population reach can result in significant numbers across a population of tobacco users who have successfully quit.
Participants underwent abbreviated training in brief cessation advice and practised this skill among themselves. The consensus was that delivering brief advice is feasible and easy to learn, and is a skill that can readily be acquired by many members of the community. Participants expressed their desire to receive technical assistance in brief cessation advice training, and noted that this type of skill should be mandatory for all health-care workers.

Discussion

- It was recognized that there is a scope to institutionalize cessation policies in the health sector, communities and workplaces.
- Countries requested technical assistance from WHO in providing opportunities and resources for training to build foundations for rolling out cessation programmes in their respective countries, territories and areas.

2.8 Protocol to Eliminate Illicit Trade of Tobacco Products: Implication for the Pacific islands

Dr Maria Carmen Audera-Lopez presented on the Protocol to Eliminate Illicit Trade in Tobacco Products. This international treaty was adopted after four years of negotiations in Seoul, Republic of Korea in November 2012 with the objective of eliminating all forms of illicit trade in tobacco products, in accordance with the terms of Article 15 of the WHO FCTC. It is the first protocol to the Convention, and once in force, it will be a new legal tool for supply chain control, law enforcement and international cooperation.

There is a need to eliminate illicit trade because illegal tobacco products are more affordable and not subject to regulation. Also, it redirects revenues to the hands of criminals instead of the government, strengthens corruption and weakens good governance.

The sixth COP called on all WHO FCTC Parties to ratify the Protocol at the earliest opportunity and advocate its entry into force. At the time of the workshop, there were only 11 Parties to the Protocol and 54 signatories.

Dr Audera-Lopez outlined the process of becoming a Party and how the Protocol could be entered into force. She also called attention to the self-assessment checklist available on the Secretariat’s website to help Parties assess their legal, regulatory and policy frameworks in view of the requirements of the Protocol.

Dr Audera-Lopez expressed the need to establish a standard tracking and tracing system for the Pacific and recommended to identify a lead ministry (e.g. customs) for the Protocol to assist the health sector.

2.9 Panel Session II: Progress and advances in WHO FCTC compliant legislation and regulations

Development of graphic health warnings (Article 11)

Vanuatu

Mr Jerry Iaruel discussed the development of graphic health warnings (GHWs) in Vanuatu and the process the MoH will need to go through in order to amend the current legislation.

In 2013, Vanuatu passed the Tobacco Control Regulations and began printing GHWs on cigarette packs. However, the warnings were copyrighted. Therefore, in September 2014, the MoH decided to develop original GHWs to avoid copyright issues. The MoH held consultations and conducted focus
group discussions with current and former smokers and non-smokers. Since then, health warning
messages and corresponding images have been finalized.

Mr Iaruel concluded his presentation by enumerating the steps required to amend the legislation and
recommended holding an advocacy session with the community to gather their support.

**Plain packaging (standardized packaging)**

**Cancer Council Victoria**

Ms Kylie Lindorff shared the objectives of plain packaging and the key features for its standardization.
She also gave an overview of how Australia was able to legislate plain packaging and discussed the
many challenges that arose for the country after its enforcement.

It took Australia many years of advocacy, research and analysis by NGOs to justify the case for plain
packaging after its first call through a publication by the Centre for Behavioural Research in Cancer
(CBRC) in 1992. This initiative was significantly supported by the recommendations and findings by
the government’s Preventative Health Taskforce as well as collaboration with international colleagues
and the genuine political will to invest in prevention measures. In 2012, plain packaging was
successfully legislated and mandated by the government with full implementation from 1 July 2012.

Several challenges came up such as opposition from the tobacco industry and retailers, legal issues
and conflicts in trade. However, Australia remains confident in its position and there is an
overwhelming majority of expert opinion supporting it.

Next steps for the country include continuous monitoring and evaluation, publication of findings,
provision of assistance to other countries to progress legislation and rigorously defending legal
challenges. Ms Lindorff also recognized the need for quality research to determine strategies for plain
packaging.

**Tobacco control enforcement and fixed penalty notice**

**Fiji**

Mr Nafiz Ali presented on tobacco control enforcement in Fiji.

Tobacco control initiatives in Fiji began in 1997. Those led to the passing of the Tobacco Control Act
(TCA) in 1998 and Fiji becoming a party to the WHO FCTC in 2003. In 2008, the Tobacco Control
Enforcement Unit (TCEU) under the Ministry of Health and Medical Services (MOHMS) was
established and officially became a unit. This was followed by the enactment of the Tobacco Control
Decree in 2010 and Tobacco Control Regulations in 2012.

The core objective of the TCEU is the enforcement of tobacco control laws including the provisions
of the WHO FCTC. Important duties of the TCEU include annual licensing of manufacturers and
importers of tobacco products; registration of tobacco retailers and suki vendors and collection of
registration fees; ticketing and documentation of offenders smoking in public places; initiating and
facilitating tobacco-free settings; and reviewing the government’s commitment to the WHO FCTC
and its requirements.

Mr Ali also shared the most frequently violated components of the TCA and regulations such as the
sale of single cigarettes, sales to minors, smoking and advertising of tobacco at prohibited places and
trading tobacco products without a license.
Fiji established a system for licensing of tobacco product manufacturers, importers and retailers, as well as for implementing a fixed penalty for decree violators. A total of FJ$ 2 049 074.25 in revenues have been collected by TCEU over the past five years. Revenues were used by the MOHMS to support tobacco control measures. To date, eight villages and six urban municipalities are now declared tobacco free and 47 villages have tobacco-free community halls. These achievements were made possible through the dedicated support and enforcement training for local city/town health officers provided by the MOHMS. TCEU is currently having a month-long campaign with the Land Transport Authority to prohibit tobacco smoking in public service vehicles.

Mr Ali concluded by sharing some lessons learnt by Fiji. The fixed penalty notice system helped make the enforcement process more efficient and effective. The establishment of a unit for tobacco control enforcement and the dedication of the officers were considered necessary, as well as collaboration with local police and other agencies. Mr Ali recommended community empowerment and ownership to achieve sustainable tobacco-free settings. He recognized the need to develop an enabling mechanism and provide legal training for enforcement officers to prosecute, along with the need to recruit enforcement officers of diverse backgrounds.

2.10 Panel Session III: Taxation (Article 6)

Dr Tibor Zoltan Szilagyi discussed the development and recommendations of the guidelines for implementation of Article 6 of the WHO FCTC—price and tax measures to reduce the demand for tobacco.

Reports by Parties on their implementation of Article 6 showed that the proportion of reporting Parties levying excise taxes has increased, widely using a combination of specific and ad valorem type taxes. In addition, more than two thirds of Parties have increased tax rates since 2012, and the average proportion of all taxes in the retail price of tobacco products has further increased to 67%. However, there are still significant differences between Parties and regions in terms of levels of taxation and prices of tobacco products. It was recommended that the taxation system for each country should be tailor-made according to their unique situations and challenges.

Tobacco taxation in the Pacific: Benefits and overcoming challenges

Dr Ada Moadsiri presented on the benefits of tobacco taxation in the Pacific and overcoming related challenges.

Global research confirms that tobacco tax increases lead to reductions in tobacco consumption. This has led many governments to adopt and increase tobacco taxes with the stated intent of reducing tobacco use. The Pacific is targeting an increase in excise taxes of at least 70% of retail price in order to reduce the affordability of tobacco products.

Recommendations include increasing awareness of and building capacity in taxation systems; implementing specific excise taxes, and furthermore, implementing floor taxes and tax stamps to prevent tax evasion; prohibiting loose tobacco and duty-free sales; and strengthening enforcement to ensure tax collection and the regulation of locally grown tobacco.

Discussion

- The lack of information on the implications of trade agreements on tobacco taxation and import taxes was recognized.
• Countries requested information from WHO on best practices for implementing licensing for the trade (sale, import and manufacture) and taxation systems.
• Parties were advised to consider the economic and social impact of taxation on income levels in the communities as part of the taxation planning process.

2.11 Panel Session IV: Tobacco industry interference and legal challenges in tobacco control (Article 5.3)

Addressing legal challenges by the tobacco industry: A country perspective

Solomon Islands

Dr Geoffrey Kenilorea presented on tobacco industry interference and legal challenges in tobacco control in Solomon Islands.

The tobacco industry has been employing various strategies to work around the provisions in the Tobacco Control Act and protect its interests. With reference to the first principle of Article 5.3, i.e. there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests, it was established that the industry is all about profitability and commercial gain. A pressing issue is that despite scientific evidence proving the lethal nature of the industry's products, it has continued to retain and even entice more customers.

A WHO FCTC assessment was done in May 2012 in Solomon Islands. The results showed that ministries and civil servants lacked awareness of Article 5.3 and its guidelines, and that policies and measures were not in place to implement it. Recommendations included information dissemination and revision of the terms of reference of the Tobacco Control Task Force (TCTF).

Initiatives identified to enforce Article 5.3 in Solomon Islands were shared by Dr Kenilorea to the plenary. Some of the lessons learnt in effectively battling the industry include adequate preparation, getting legal counsel and strengthening alliances.

Papua New Guinea

Ms Ellie Dekine Winge discussed the current prevalence of tobacco smoking in Papua New Guinea and the challenges the country is facing in terms of tobacco control.

Papua New Guinea has one of the highest smoking prevalence rates in the world. About 60% of males, 56% of females and 43.1% of young people are found to be consuming tobacco products.

Enforcement of tobacco control policies has been a challenge due to lack of capacity and funding. Also, the tobacco industry has been intervening with tobacco control. The industry is appealing to the Attorney General to revisit the revised Tobacco Bill, arguing that the bill is not enforceable and threatening legal actions.

Ms Dekine Winge identified initiatives and ways to move forward to combat tobacco smoking. These include forging partnerships, e.g. the NCD Unit of the Department of Health partnering with the Department of Education and target schools to make them smoke-free environments; establishing a task force on tobacco control; creating a separate tobacco control fund apart from the fund approved by the Department of Treasury; holding tobacco-free sports and mega-events; prioritizing tobacco control in the NCD strategic plan and roadmap; negotiating for a portion of tobacco tax revenues be allocated to the tobacco control fund; and pushing for the approval of the revised Tobacco Bill. The benefit of an economic impact assessment in relation to tobacco control was also acknowledged.
Tobacco Industry Interference Index

Southeast Asia Tobacco Control Alliance (SEATCA)

Ms Bungon Ritthiphakdee presented on the Tobacco Industry Interference Index, SEATCA's initiative to assist countries to assess their implementation of Article 5.3, and gave insights into how to assess and tackle interference.

The index was developed based on the eight recommendations of the Article 5.3 guidelines and was divided into 20 sub-recommendations. SEATCA works with civil society organizations from seven countries to collect information through questionnaires. All answers are given a score and are justified by information and/or evidences. An overall lower score means better performance (implementation) by a country. SEATCA aims to conduct a report annually to monitor progress.

Main findings from the last index revealed that most governments continue to receive contributions in kind from the tobacco industry and/or endorse industry-led corporate social responsibility (CSR) activities. Findings also showed that governments still accept or endorse offers of assistance from the tobacco industry in implementing tobacco control policies, and most governments do not have a procedure for disclosing interaction with the industry.

In order to strengthen implementation of the Article 5.3 guidelines, SEATCA recommended to raise awareness of the Article 5.3 guidelines and the industry tactics among other sectors; adopt and implement a code of conduct for government officials dealing with the tobacco industry; disclose all interactions by the government with the industry and raise transparency; ban all CSR activities and publicity performed by the industry; and require tobacco companies to disclose and report on all expenditure on marketing, retailer incentives, philanthropy, lobbying and political contributions.

In conclusion, Ms Ritthipakdee shared SEATCA’s other initiatives in the Association of Southeast Asian Nations (ASEAN) region, which include a regional network to monitor the tobacco industry; a toolkit to develop preventive measures; a CSR regional report; capacity-building workshops and meetings; and a regional campaign on tobacco industry denormalization.

Capacity-building and legal training to counter industry interference

McCabe Centre for Law & Cancer

Ms Daiana Buresova presented on the capacity-building workshops and legal training to counter tobacco industry interference offered by the McCabe Centre for Law & Cancer such as the Intensive Legal Training Programme (ILTP).

The ILTP is an intensive three-week course conducted in Melbourne twice a year that builds capacity in the use of law for cancer prevention, treatment, supportive care and research. The programme focuses on legal challenges to tobacco control measures and it has sessions about the negotiation of regional, international trade and bilateral investment agreements exploring options for preserving public health policy space. Opportunities and challenges in establishing national systems to address NCDs in broad terms and the associated risks of having industry groups at the policy/legislation formulation and implementation stages are also covered. Moreover, the scope and implementation of Article 5.3, common tobacco industry tactics and arguments based on firsthand experience, countermeasures to industry interference and best country models on the application of Article 5.3 of the WHO FCTC policies are also discussed in the ILTP.
How to implement Article 5.3 of the WHO FCTC and avoid industry interference without encountering difficulties from having not consulted them, where there may be state obligations under an investment law (for example the industry may claim "fair and equitable treatment") can be a challenge for tobacco control policymakers and enforcers.

The McCabe Centre for Law & Cancer is recognized by the convention secretariat as a knowledge hub for WHO FCTC.

2.12 Breakout Session II: Recommendations

The participants reconvened in their respective working groups. They were asked to provide recommendations to other countries, WHO and/or other partners to overcome the identified challenges and obstacles in the implementation of the regional action plan. They were also asked to decide on recommendations that could benefit their countries.

2.13 Panel Session V: Engaging with partners

Strengthening NGO and government collaboration for NCDs including tobacco control

Guam

Ms Elizabeth Guerrero presented on the Guam NCD Consortium, which was established in response to the declaration of a regional state of health emergency to the epidemic of NCDs in the United States-affiliated Pacific islands.

The Guam NCD Consortium, which includes the Tobacco Control Action Team, is a group of stakeholders that work to empower young people and adults to be physically active, eat healthy and make healthy choices that are tobacco, alcohol and drug free. To date, there are more than 200 members that make up the Consortium, representing over 50 different agencies in Guam.

Framework Convention Alliance (FCA)

Ms Annabel Lyman presented on the FCA in Pacific island countries.

The FCA, a founding member of the NCD Alliance, was set up in the late 1990s by global civil society organizations. Today, it is made up of nearly 500 civil society organizations from more than 100 countries. It brings together health, consumer, human rights, environmental, religious and other groups and serves as a powerful voice in the negotiation processes of the WHO FCTC.

The alliance's mission is to help strengthen the WHO FCTC as the basis for effective global tobacco control and to support its full and accelerated implementation worldwide. Today, the FCA represents an extensive network of tobacco control experts and advocates at country level. It provides advocacy and technical support to members and governments and gives updates on opportunities in tobacco control around the WHO FCTC process and other relevant issues. Upon request, it assists with reporting, identifying funding opportunities and writing applications. Moreover, it conducts capacity-building and networking at regional and global events.

Civil society in the Pacific islands has been supporting WHO FCTC implementation. It mobilizes public support for tobacco control measures; exposes tobacco industry practices; builds capacity; advocates for stronger tobacco control measures; and holds governments accountable on their tobacco control commitments.
To conclude her presentation, Ms Lyman shared tips and recommendations on how to engage with civil society. These include inviting NGOs to participate in needs assessment missions and consultations; providing support to civil society colleagues in the way of skill building on the treaty and industry interference; including members of civil society in coordinating mechanisms and task forces; organizing "World No Tobacco Day" (WNTD) activities jointly with civil society groups; and identifying areas where capacity-building is needed and joining efforts with civil society to mobilize available resources.

New Zealand

Mr Sefita Hao'uli gave a brief presentation on Action on Smoking and Health (ASH) New Zealand and the importance of networking and building strategic alliances for tobacco control. He encouraged Pacific islands to continue collaboration and to engage the media in building public support for tobacco control.

2.14 Building alliances for tobacco control

History and mandate of SEATCA

Ms Bungon Ritthipakdee highlighted the programme strategies (the “4Fs”) and objectives of SEATCA in response to the current smoking prevalence and the challenges in tobacco control in the ASEAN region.

SEATCA's mission is to save lives by accelerating effective implementation of the WHO FCTC in ASEAN countries. The alliance is mandated to form a supportive base for government and nongovernmental tobacco control workers in their efforts to promote the implementation of effective evidence-based tobacco control measures; foster more active cooperation between tobacco control workers at national and regional levels and act as a regional leader on issues which affect all countries in the region; fight tobacco industry tactics and interference that undermine effective tobacco control; and facilitate information transfer and sharing of experience and knowledge, coordinate national and regional initiatives in tobacco control, and bring South-East Asian issues into the international tobacco control arena. These make up SEATCA’s programme strategies—the “4Fs”: form, foster, fight and facilitate. As for the objectives for 2015–2018, the alliance aims to foster south-to-south collaborations to achieve national targets on strengthening tobacco control laws, increasing tobacco taxes and developing a sustainable financial mechanism for tobacco control.

SEATCA develops and produces policy recommendations and progress reports for each country in the region and has contributed to the critical achievements by the ASEAN member states in terms of tobacco control laws. It also promotes best practices on smoke-free environments through the provision of technical support; capacity-building and facilitation of the Smoke-free Cities ASEAN Network; collaboration with the WHO Regional Office for the Western Pacific on Smoke Free World Heritage Sites in ASEAN; and partnerships with the ASEAN Secretariat on a Smoke Free ASEAN.

SEATCA serves as a regional hub for tobacco control information in the ASEAN region and has resources such as publications and reports available.
**Building a Tobacco Free Pacific 2025 Alliance**

Dr Ada Moadsiri presented on the Tobacco Free Pacific 2025 Alliance.

The alliance, inspired by the Pacific’s Healthy Islands vision and SEATCA, aims to bring together governments, NGOs and technical agencies and provide a platform to share best practices on tobacco control. It also aims to offer advocacy and technical support and facilitate building of the Pacific evidence base for tobacco control interventions.

Priorities for action include supporting the Pacific islands to develop and implement WHO FCTC compliant legislation—GHWs; advertising, partnership and sponsorship bans, and smoke-free public places; increase taxes on tobacco products; prevent tobacco industry interference; and prevent illicit trade of tobacco products.

The alliance also offers an online platform where members can post and retrieve resources, information, and publications on various tobacco control initiatives and issues.

### 2.15 Panel Session VI: Innovations in tobacco control / Engaging faith-based and youth organizations

**Global Youth Leadership Nexus**

Mr Geoffrey Alacky presented on the Global Youth Leadership Nexus (GYLN), a faith-based organization that engages young people in raising awareness about tobacco. One advocacy activity was a singing competition wherein the winners became role models for other young people.

GYLN held an interfaith conference to collect the views of church leaders and establish an alliance with the Ministry of Health and Medical Service (MHMS).

GYLN also advocates for health promotion for NCD prevention. It helps build partnerships between churches and the MHMS and link churches with communities in order to promote health through settings-based approaches.

**Tobacco Free Generation**

Mr Kelvin Khow presented on the Tobacco Free Generation (TFG), a social movement that seeks to educate and encourage teenagers to be part of a generation on non-smokers and its potential to significantly contribute to the tobacco endgame. The tobacco endgame concept suggests moving beyond tobacco control toward a tobacco-free future wherein commercial tobacco products would be phased out or their use and availability significantly restricted. Contributions to the endgame pertain to initiatives designed to change/eliminate permanently the structural, political and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time.

TFG is proposing to deny access to tobacco for those born from the year 2000 onwards even after they reach 18 years old in order to eliminate tobacco use. TFG believes that if there is no longer an age at which tobacco can be legally obtained, it will cease to be a "rite of passage" for young people.

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and they will no longer be lured to smoke. Smoking will no longer be perceived as a right of the adult that young people want to emulate.

At the 2015 World Conference on Tobacco or Health, Dr Margaret Chan, Director-General, World Health Organization, expressed her strong support for TFG. The conference also recognized and commended jurisdictions, including the Australian state of Tasmania, which are advancing initiatives to create tobacco-free generations.

**Social media to support monitoring and enforcement**

Ms Mina Kashiwabara emphasized the need to strengthen monitoring of implementation and compliance through the use of mobile technology and social media.

As an example, Ms Kashiwabara presented on the Tobacco Action Patrol (TAP), a mobile application that is used to crowdsource price monitoring of tobacco products in the Philippines, thereby addressing the need to strengthen the monitoring of the Sin Tax Law. Users of this app are able to monitor the price of cigarette brands through crowdsourcing; 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 the Sin Tax Law is properly implemented; and deter illicit tobacco sales. Successful piloting of the application through student volunteers resulted to 5000 entries and the unearthing of unknown brands. Data analysis is ongoing.

**Discussion**

There is an opportunity for Pacific island countries, territories and areas to use social media and mobile technology as children are more technologically savvy and the world is becoming more dependent on technology. There was also broad agreement that the work on youth engagement should be strengthened and that the TFG concept is an interesting one that might actually gain some traction in some of the smaller settings such as those found in the Pacific islands. It was also well aligned with the movement around the Tobacco Free Pacific 2025.

**2.16 Breakout Session III: Development of actions plans and reporting back**

As a final activity, participants were asked to reconvene in their groups to identify the most feasible country action and plan the activities that will support the implementation of the identified action in 2016, taking into consideration the resources available and technical assistance required. The participants then shared their action plans to the plenary. Country action plans are available in Annex 4.

**2.17 Recommendations and next steps**

Dr Ada Moadsiri shared the recommendations made during the meeting in the form of an outcome statement. The outcome statement is available in Annex 5.

**2.18 Closing**

Mr Kelvin Khow gave closing remarks and acknowledgments and formally closed the meeting.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions
There has been much progress in implementing the WHO FCTC in the Western Pacific Region. Yet efforts need to intensify to accelerate implementation and we must continue striving to normalize a tobacco-free lifestyle.

Tobacco control measures are uneven within countries and across the Region. 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. Member State experiences are valuable and sharing of such experiences must be encouraged.

Several challenges remain including inadequate resources for enforcement, tobacco industry interference and a lack of urgency to address tobacco control issues.

3.2 Recommendations

3.2.1 Recommendations for Member States

1) Member States are encouraged to develop and implement comprehensive legal frameworks for tobacco control, strengthen policy enforcement and establish consistent monitoring and evaluation of tobacco control measures.

2) Member States are encouraged to perform impact assessments of tobacco control measures that can contribute to a Pacific evidence base which can be used to advance developments in tobacco control policies and initiatives.

3) Member States are encouraged to secure sustainable mechanisms for funding to support tobacco control such as the earmarking of tobacco tax revenues towards tobacco control efforts.

4) Member States are suggested to consider the implications and gains of ratifying or acceding to the Protocol to Eliminate Illicit Trade of Tobacco Products.

5) Member States are encouraged to develop capacity around cessation services taking into consideration population-based cessation approaches.

6) Member States are encouraged to create awareness on Article 5.3 among selected departments/ministries and nongovernment sectors including communities.

7) Member States are suggested to explore innovative approaches to tobacco control that are inspired, led by communities such as engaging media and leveraging social media and technology.

8) Member States are encouraged to strengthen multisectoral coordination including engagement of non-health sectors and civil society for effective enforcement of legislation.

9) Member States are encouraged to participate and support the establishment of the TFP2025 Alliance.

10) Member States are encouraged to pursue the country-specific ways forward summarized in Table 1 (below).
3.2.2 Recommendations for WHO

1) WHO is requested to provide and/or coordinate technical assistance to address capacity gaps, particularly on emerging issues in tobacco control such as illicit trade, limited surveillance and impact analyses and use of non-nicotine and electronic nicotine delivery systems (ENDS).

2) WHO is requested to support Pacific island countries in implementing the WHO FCTC by convening capacity-building workshops.

3) WHO is requested to provide and coordinate legal assistance to support development and implementation of legal frameworks for tobacco control.

4) WHO is requested to facilitate communication and coordination and serve as liaison to other regional and global bodies such as the WHO FCTC Secretariat, the Pacific Community (SPC), Framework Convention Alliance (FCA), SEATCA, Cancer Council Australia, Action on Smoking and Health (ASH) New Zealand, McCabe Centre for Law and Cancer and other development partners to strengthen and promote a multisectoral approach in tobacco control and accelerate implementation of WHO FCTC.

5) WHO is requested to provide administrative support to create and maintain a TFP2025 Alliance web-based platform for information, knowledge and publications.

6) WHO is requested to convene the national tobacco control focal points in 2017 for a midterm review of the implementation of the regional action plan towards TFP2025.
Table 1. Country-specific issues and ways forward:

<table>
<thead>
<tr>
<th>Country/Area</th>
<th>Issues and priority actions</th>
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</thead>
<tbody>
<tr>
<td>American Samoa</td>
<td>Training for enforcement and smoke-free educators in schools; increased smoke-free signage; mass media campaigns</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>Smoke-free environments; cessation; strengthen enforcement; awareness campaign</td>
</tr>
<tr>
<td>Fiji</td>
<td>Strengthen policies/legislation; continue enforcement; awareness campaign</td>
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<tr>
<td>Guam</td>
<td>Tobacco tax; taxation of electronic nicotine delivery system (ENDS); media campaign for raising age limit for purchase and sale of all tobacco products (including ENDS)</td>
</tr>
<tr>
<td>Kiribati</td>
<td>Stakeholder mapping; awareness campaign on smoke-free places; revise legislation; tobacco and youth survey</td>
</tr>
<tr>
<td>Micronesia, Federated States of</td>
<td>Tobacco taxation; awareness campaign</td>
</tr>
<tr>
<td>Nauru</td>
<td>Cessation; mass media campaigns; smoke-free zones and enforcement; graphic health warnings; licensing mechanism</td>
</tr>
<tr>
<td>Niue</td>
<td>National coordinating mechanism for tobacco control; advocacy and awareness campaigns; review tobacco legislation; enforcement</td>
</tr>
<tr>
<td>New Caledonia</td>
<td>Enforcement; community awareness raising; information dissemination; sales to minors</td>
</tr>
<tr>
<td>Northern Mariana Islands, Commonwealth of the</td>
<td>Strengthen tobacco control enforcement for smoke-free places; betel nut chewing and regulation of ENDS use in workplaces</td>
</tr>
<tr>
<td>Palau</td>
<td>Articles 9, 10 and 11; graphic health warnings</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>Mass media campaigns; tobacco control legislation; graphic health warnings</td>
</tr>
<tr>
<td>Samoa</td>
<td>Amendment of tobacco control regulations including regulating sale of ENDS; enforcement capacity</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Enforcement; community mobilization; tobacco taxation; Article 5.3</td>
</tr>
<tr>
<td>Tonga</td>
<td>Tobacco control legislation; cessation; tobacco taxation</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>Mass media campaign; cessation; illicit trade; enforcement</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>Global Youth Tobacco Survey; cessation; tobacco taxation</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>Enforcement to control illicit trade, smoke-free compliance; graphic health warnings; community mobilization</td>
</tr>
<tr>
<td>Wallis and Futuna</td>
<td>Sales to minors; awareness raising of second-hand smoke exposure; education campaigns</td>
</tr>
</tbody>
</table>
ANNEXES

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Mr Richard Moufa, Special Service Agreement, Tobacco Free Initiative (TFI), WHO Federated States of Micronesia, Department of Health and Social Affairs, 1/F Mogethin Building, National Capital Complex, Palikir. Telephone: +691 320 2619, Facsimile: +1 866 868 3940, Email: moufar@who.int

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Dr Maria Carmen Audera-Lopez, Technical Officer, WHO FCTC Secretariat, World Health Organization, 20 Avenue Appia CH-1211 Geneva 27, Switzerland. Telephone: +41 22 791 3246, Email: auderalopezc@who.int

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Annex 2. Programme

Day 1, Tuesday 17 November

08:30–09:00  Registration

09:00–09:20  Welcome remarks

Dr Liu Yunguo
WHO Representative
WHO Division of Pacific Technical Support (DPS)

Dr Vera Luiza da Costa e Silva
Head of the Convention Secretariat
WHO Framework Convention on Tobacco Control (FCTC)

09:20–09:35  Self-introduction of participants and nomination
of officers of the meeting

Mr Kelvin Khow
Acting Coordinator, TFI, WPRO

09:35–09:45  Overview of the workshop

Dr Ada Moadsiri
Technical Officer, NCD/TFI, DPS

09:45–10:15  Group photo and healthy break

10:15–10:45  Updates from the Convention Secretariat of the
WHO FCTC

Dr Vera Luiza da Costa e Silva

10:45–11:15  Global voluntary NCD monitoring framework
Where we are now and where we should be in 2019

Mr Kelvin Khow

11:15–11:30  Results of the survey on the TFI regional action plan 2015

Ms Mina Kashiwabara
Technical Officer, TFI

12:00–13:30  Lunch

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

13:30–14:30  Panel session I: national coordinating mechanisms for tobacco control (Article 5.2) and sustainable funding for the implementation of the WHO FCTC

- National NCD coordinating mechanisms and Health Promotion Foundation
  - New Caledonia
  - Tonga
- Tobacco taxation supporting tobacco

Moderator: Dr Geoff Kenilorea, National Director NCD, Solomon Islands Ministry of Health and Medical Services
cessation services
- Cook Islands

- Discussion

14:30–15:30 **Breakout Session I: Progress and challenges**

15:30–16:00 **Healthy break and information product market place**

16:00–17:15 Building tobacco cessation systems in the Pacific (participatory exercise)

17:15–17:30 Wrap-up

17:30–19:30 Reception and cultural showcase

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**Day 2, Wednesday 18 November**

II. Effective legislation and regulations for WHO FCTC implementation

08:30–10:00 Protocol to Eliminate Illicit Trade of Tobacco Products: Implications for the Pacific islands

- Dr Carmen Audera-Lopez
  - Convention Secretariat WHO FCTC

10:00-10:15 **Healthy break**

10:15–11:30 **Panel session II:** progress and advances in WHO FCTC compliant legislation and regulations

- Development of graphic health warnings (Article 11)
  - Vanuatu
  - Ms Kylie Lindorff, Chair Tobacco Issues Committee, Cancer Council Australia
- Plain packaging (standardized packaging)
  - Cancer Council Victoria
- Tobacco control enforcement and fixed penalty notice
  - Fiji
- Discussion

11:30–12:30 **Panel session III:** Taxation (Article 6)

- Article 6 Guidelines adoption and main recommendations
  - Tibor Szylagyi
- Tobacco taxation in the Pacific: Benefits and overcoming challenges
  - Ada Moadsiri

12:30–13:30 **Lunch**

13:30–15:00 **Panel session IV:** Tobacco industry interference and legal challenges in tobacco control (Article 5.3)

- Addressing legal challenges by the tobacco

- Moderator: Dr Ki-Hyun Hahn
  - Technical Officer, NCD
industry: A country perspective
- Solomon Islands
- Papua New Guinea

- Tobacco Industry Interference Index
  - Overview
  - Adaptation and results

- Capacity-building and legal training to counter industry interference
  - McCabe Centre for Law and Cancer

Ms Bungon Ritthiphakdee, Director,
Southeast Asia Tobacco Control
Alliance and Ada Moadsiri

Ms Daiana Buresova
McCabe Centre

15:00–15:15 Healthy break

15:15-17:00 Breakout session II: Recommendations

Kelvin Khow
Ada Moadsiri
Mina Kashiwabara

Day 3, Thursday 19 November

III. Engaging constituencies for enforcement

08:30–10:00 Panel session V: Engaging with partners
- Strengthening NGO and government organization collaboration for NCD including tobacco control
  - Guam
  - Framework Convention Alliance (FCA)
  - Action on Smoking and Health (ASH) New Zealand

Moderator: Mrs Avanoa Moeli Homasi Paelate, Senior Health Promotion Officer, Health Education & Promotion, Ministry of Health, Tuvalu

Ms Annabel Lyman, Pacific Island Countries Coordinator, FCA

Mr Sefita Hao’uli, ASH New Zealand

10:00–10:15 Healthy break

10:15–11:15 Building alliances for tobacco control
- History and mandate of SEATCA
- Building a Tobacco Free Pacific Alliance

Bungon Ritthiphakdee
Ada Moadsiri

11:15–12:15 Panel session VI: innovations in tobacco control/Engaging faith-based and youth organizations
- Global Youth Leadership Nexus (GYLN) Faith-based organization
- Tobacco Free Generation
- Social media to support monitoring and

Mr Petelo Alapati Tavite, National Public Health Advisor/NCD Coordinator, Tokelau Health Department

Pastor Geoffrey Alacky, GYLN, Solomon Islands

Kelvin Khow and Ada Moadsiri
Mina Kashiwabara
enforcement

12:15 – 13:30 Lunch

13:30–15:00 Breakout session III: development of country action plans and report back  
Kelvin Khow, Mina Kashiwabara and Ada Moadsiri

15:00–15:15 Healthy break

15:15–16:00 Resources from the Convention Secretariat and Reporting on WHO FCTC implementation  
Tibor Szilagyi

16:00–16:15 Resources in the Western Pacific Region  
Mina Kashiwabara

16:15–16:45 Recommendations and next steps  
Ada Moadsiri

16:45–17:00 Closing remarks  
Kelvin Khow
Annex 3. Country action plans

**Country: American Samoa**
Objective: To engage our SFEA law (Smoke free Environment Law)
Country action: Deputizing training for our enforcers (village mayors, police securities, environment inspectors)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Stakeholders</th>
<th>Resources</th>
<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputizing training for our enforcers (police securities + inspectors, village mayors..)</td>
<td>2016; 3 weeks.</td>
<td>Village mayors, Department DPS, Department of DOE.</td>
<td>Finance, lawyers.</td>
<td>Enforcement officers and trained in the fields.</td>
</tr>
<tr>
<td>Smoke free educators in schools- day cares, elementary, high schools.</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke free signs to public places.</td>
<td>6 months</td>
<td></td>
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<tr>
<td>Healthy lifestyle physical activities - Zumba, walking, cycling.</td>
<td>On going, yearly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massive media campaign. Advertisements, TV, newspapers, magazines, websites/Facebook, radio talk shows.</td>
<td>Yearly.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**Country: Cook Islands**

**Strategic outcome:** Healthier population  
**Objective:** Work towards 2025 Tobacco Free Pacific  
**Country action:** Action plan  
**Country indicator:** Activities planned/achieved

<table>
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</thead>
<tbody>
<tr>
<td>Expand cessation plan.</td>
<td>2015/2016</td>
<td>As above</td>
<td></td>
<td>More people quitting.</td>
</tr>
<tr>
<td>Health promotion awareness campaign.</td>
<td>2015/2016</td>
<td>As above + media, NCD committee.</td>
<td></td>
<td>Informed people making the right choice.</td>
</tr>
<tr>
<td>Enforcement needs to be addressed.</td>
<td>2015/2016</td>
<td>Rope in Nao's to be enforcers. Make community report.</td>
<td></td>
<td>Confident officers.</td>
</tr>
</tbody>
</table>
Country: Fiji
Strategic outcome: To achieve a 25% reduction in premature mortality in Fiji from the 4 key NCD's by 2025
Objective: 1: Reduce prevalence of current tobacco use among adolescents by 10% by the year 2019.
2: Reduce prevalence of current tobacco use among person's aged 18 years + by 10% by 2019.
3: Increase in the number of settings-based TF policies by 20% by 2019.
Country action: Strengthen efforts to enforce existing TC policies (smoke-free places), restriction on sales to minors, advertising, increased staff in TCEU.
Country indicator: Reports given on enforcement activities and new positions created

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<tbody>
<tr>
<td>Close gaps/loopholes in the policies/legislation, continue enforcement,</td>
<td>Ongoing; 5 years.</td>
<td>MOUs. TCEU + wellness team.</td>
<td>Government budget.</td>
<td>Productive in reducing smoking prevalence rate and closer to TFP2025.</td>
</tr>
</tbody>
</table>
**Country: Guam**

Strategic outcome: 2  
Objective: 2.1 Raise tobacco taxes and use a percentage of revenues for tobacco control and NCD prevention  
Country indicator: Public law established

<table>
<thead>
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<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop draft bill with specific tobacco tax, inclusion of language to</td>
<td>Dec 31, 2016</td>
<td>DPHSS, community, legislators.</td>
<td>DPHSS, WHO, SPC.</td>
<td>PL specifically far. Marking funds to be used by DPHSS BCHS- TPCP and NCD</td>
</tr>
<tr>
<td>make progressive (at least $3 per pack by Dec 2016 and $11 per pack every</td>
<td></td>
<td></td>
<td></td>
<td>Consortium.</td>
</tr>
<tr>
<td>year after for no less than 10 years). Include specified percentage of</td>
<td></td>
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<tr>
<td>tobacco tax revenue to be allocated to TPCP and NCD Consortium.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop draft bill with policy measures to establish tax rate (progressive</td>
<td>Dec 31, 2016</td>
<td>Community, DPHSS, legislators.</td>
<td>WHO, SPC, CDC.</td>
<td>PL est. tax rate (progressive and annual) for all ENDS and accessories- for</td>
</tr>
<tr>
<td>and annual) for ENDS and accessories.</td>
<td></td>
<td></td>
<td></td>
<td>allocation to TPCP and prevention.</td>
</tr>
<tr>
<td>Bill 141.33 media campaign and education on raising the legal age from</td>
<td>Dec 31, 2016</td>
<td>Community, DPHSS, legislators.</td>
<td>WHO, SPC, CDC, youth groups, and media. Sister island who is already implementing (Palau).</td>
<td>PL est. increase minimum age for purchase and bale tobacco products (includes ENDS and accessories).</td>
</tr>
</tbody>
</table>
**Country: Kiribati**  
**Objective:** To get tobacco regulation passed

<table>
<thead>
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<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>To identify our key partners from different universities, church groups, youth groups, 2 other NGO's.</td>
<td>1st quarter 2016</td>
<td>Women, public servants, church leaders, youth peer group, and NGO's.</td>
<td>MHWs.</td>
<td>Develop Kiribati Tobacco Alliance Team.</td>
</tr>
<tr>
<td>Promote health awareness program on smoke free places.</td>
<td>1-4th quarter 2016.</td>
<td>General population.</td>
<td>IEC materials.</td>
<td>To increase the number of smoke free places.</td>
</tr>
<tr>
<td>To revise the regulation and submit.</td>
<td>First half of 2016.</td>
<td>Kiribati Tobacco Alliance Team</td>
<td>Policy paper.</td>
<td>Regulation submitted to cabinet for approval.</td>
</tr>
<tr>
<td>Tobacco youth survey.</td>
<td>1-4th quarter</td>
<td>Youth</td>
<td>T.A (WHO) + Tobacco focal point.</td>
<td>Needs to complete youth survey for tobacco date in Kiribati.</td>
</tr>
</tbody>
</table>
Country: Micronesia, Federated States of
Strategic outcome: Tobacco products are less affordable to youth.
Objective: Raise tobacco prices bi-annually at national and state by 50% from baseline.
Country action: Develop legislation.
Country indicator: Enforcement mechanism to assess the compliance in place and impact on tax report.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Utilize the McCabe fellow for drafting of bill.</td>
<td>Jan 2016.</td>
<td>AG.</td>
<td>McCabe/WHO</td>
<td>One final bill law on tobacco price.</td>
</tr>
<tr>
<td>Awareness campaign.</td>
<td>March 2016.</td>
<td>MOH,TCAC,NGO, Business community.</td>
<td>MOH, WHO, CDC.</td>
<td>80% of population understand the law.</td>
</tr>
</tbody>
</table>
**Country: Nauru**

Strategic outcome: National awareness on TCA/R and advocacy and smokers reduced by 10%

Objective: Reviewed and enforced tobacco regulations.

Country action: Educational awareness on tobacco control and tobacco free environment.

Country indicator: Number of persons who quit/wanting to quit.

<table>
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<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation on tobacco control regulations/</td>
<td>Feb-March</td>
<td>NCBO, CLOs, Pioneers, NNYC,</td>
<td>Demand to quit.</td>
<td>More awareness, generate interest in cessation, more reports on black markets.</td>
</tr>
<tr>
<td>FCTC cessation programs.</td>
<td></td>
<td>Education, Rotary club.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mass campaign WDD, WNTD.</td>
<td>May-Nov</td>
<td>Education/UN office, Digicel, NCBO,</td>
<td>50% increase pap</td>
<td></td>
</tr>
<tr>
<td>Community policy development on smoke free</td>
<td>June</td>
<td>Health, NNYC, CLOs.</td>
<td></td>
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<tr>
<td>free zones and enforcement.</td>
<td></td>
<td></td>
<td>Policies in place and</td>
<td></td>
</tr>
<tr>
<td>Lobby private sectors to import graphic</td>
<td>Feb-July</td>
<td>Private sectors, DFAT, NCBO, Health.</td>
<td>Agreement to import</td>
<td></td>
</tr>
<tr>
<td>packaging.</td>
<td></td>
<td></td>
<td>graphic packaging only.</td>
<td></td>
</tr>
<tr>
<td>Licensing mechanism developed.</td>
<td>June</td>
<td>Finance, justice, health, border</td>
<td>License in place and</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>control customs.</td>
<td>enforced, revenue</td>
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<td>income directed to</td>
<td></td>
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<td></td>
<td>tobacco free program</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>budget.</td>
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</tbody>
</table>
**Country: Niue**

Strategic outcome: Engagement of constituencies for enforcement = implementation.
Objective: Work with mayors (including MOH, top management), local government authorities, community leaders.
Country action: Fast-track the passing of the Tobacco Control Bill.
Country indicator: Pass and adopt tobacco Control Bill - implementation of WHO FCTC.

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<tr>
<td>Establish TFI Taskforce or working committee/national coordinating mechanism.</td>
<td>2016</td>
<td>Health, Faith base, customs, NGO's, community leaders.</td>
<td>Take lead on WHO FCTC implementation.</td>
<td></td>
</tr>
<tr>
<td>Draft (update) and reintroduce Tobacco Bill to Parliament.</td>
<td>2016</td>
<td>TFI working committee, CLO, MOH.</td>
<td>Passing of Tobacco Bill - implementation of WHP FCTC.</td>
<td></td>
</tr>
<tr>
<td>Needs assessment and compliance review.</td>
<td>2016 (urgent)</td>
<td>TFI taskforce, WHO secretariat, health, law, customs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement.</td>
<td>2017-2018</td>
<td>MOH, law, customs, TFI taskforce, WHO.</td>
<td>Ensure sustainable institutional capacity.</td>
<td></td>
</tr>
</tbody>
</table>
**Country:** New Caledonia  
**Strategic outcome:** Enforcement.  
**Objective:** Work with community leaders.

<table>
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<tbody>
<tr>
<td>Release an information booklet for community leaders.</td>
<td>January 2016</td>
<td>3 provinces, health agency, custom senate.</td>
<td>Social and medical centers, churches, schools.</td>
<td>Increase the community participation and decrease the consumption.</td>
</tr>
<tr>
<td>Achieve signs prohibiting sales to minors.</td>
<td></td>
<td>Industrial federation, agency (SHA).</td>
<td>Retailers and gas stations.</td>
<td>Stop the sale to minors.</td>
</tr>
</tbody>
</table>
Country: Northern Mariana Islands, Commonwealth of

Strategic outcome:
Objective:
Country action:
Country indicator:

<table>
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<tbody>
<tr>
<td>Strengthen tobacco control enforcement of policy for no smoking, chewing betel nut, no e-cigarettes in the workplace</td>
<td>2016</td>
<td>Police, Justice, Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expand cessation services</td>
<td>2016</td>
<td>Health</td>
<td></td>
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</tbody>
</table>
**Country: Palau**

Strategic outcome:

Objective: 100% compliance with provision of the Framework Convention on Tobacco Control Article 9.10 and 9.11.

<table>
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</tr>
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<tbody>
<tr>
<td>Draft proposed legislation (articles 11 and include 9 and 10).</td>
<td>PEB. 01, 2016.</td>
<td></td>
<td>McCabe center, INHD, CTFK.</td>
<td></td>
</tr>
<tr>
<td>Research issues specific to articles 9,10 and 11.</td>
<td></td>
<td></td>
<td>WHO</td>
<td>Palau appropriate graphic warnings.</td>
</tr>
<tr>
<td>Organise and carry out focus group on graphic images and health warnings.</td>
<td>Dec 2015.</td>
<td></td>
<td>WHO</td>
<td></td>
</tr>
<tr>
<td>Draft proposed legislation of amendments of existing legislation.</td>
<td></td>
<td></td>
<td>WHO</td>
<td></td>
</tr>
<tr>
<td>Submit proposed legislation/amendments and focus group results to OEK.</td>
<td></td>
<td></td>
<td>WHO</td>
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</tbody>
</table>
Country: Papua New Guinea

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</table>
**Country: Samoa**

Strategic outcome: 2 x 3

Objective: Effective legislations and regulations.

Country action: Amend tobacco control regulation/improve enforcement.

<table>
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<tbody>
<tr>
<td>Conduct internal and external consultations on the amendment of tobacco control regulations to regulate the sale of ENDs.</td>
<td>2016-2017</td>
<td>MOH, NHS, AG, MP, MJCA, MUKSP, Samoa, Tobacco Control Committee.</td>
<td>Stationery, legal advisor and TA fees.</td>
<td>Cabinet briefing paper on the amendment is submitted.</td>
</tr>
<tr>
<td>Conduct capacity building for enforcement officers, adopt Fiji mechanism.</td>
<td>2016</td>
<td>Ministry of Police, village leader reps, MOH staff, teachers.</td>
<td>TA fee, stationery.</td>
<td>Smoking cessation services is available for people wanting to quit smoking.</td>
</tr>
<tr>
<td>Activities</td>
<td>Timeline</td>
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<td>Expected outcome</td>
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<td>--------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------</td>
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<td>--------------------------------</td>
</tr>
<tr>
<td>&quot;Enforcement implementation -roll-out enforcement compliance strategic plan&quot;</td>
<td>Feb-Dec 2016</td>
<td>AG, Finance/customs, GYLNs PC, WHO, Honiara City Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--&gt; legislative amendments to cater for fixed penalty&quot;</td>
<td></td>
<td></td>
<td>AG, Finance/customs, GYLNs PC, WHO, Honiara City Council</td>
<td></td>
</tr>
<tr>
<td>&quot;Declare state of emergency for NCDs&quot;</td>
<td></td>
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<tr>
<td>Increase communitybase/network in tobacco control</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>--&gt; establish endorsed sentiment&quot;</td>
<td></td>
<td>SICA, SIFGA, GYLN, women and youth, tourism, MHMS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Increase tax to excise reaching 70%&quot;</td>
<td>Dec- April</td>
<td>Finance, MCH, AG.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of tax to fund the Foundation &quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 5.3: amend 5.3 Bill and submit (ban CSR)</td>
<td>Dec-Dec</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Country: Tokelau**

Strategic outcome:

Objective:

Country action:

Country indicator:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Stakeholders</th>
<th>Resources</th>
<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop national tobacco control policy/legislation</td>
<td>2016</td>
<td>MOH, Traditional leaders, community groups</td>
<td></td>
<td>Approval and support for the proposed tobacco control legislation</td>
</tr>
<tr>
<td>- Continue consultations with traditional leaders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage health workers and community groups in developing a tobacco cessation plan and system</td>
<td>2016</td>
<td>MOH, community groups</td>
<td></td>
<td>Capacity built for providing cessation services</td>
</tr>
<tr>
<td>Develop a tobacco tax plan to increase taxes on tobacco products and possibly reduce supply of tobacco imported into Tokelau over time</td>
<td>2016</td>
<td>Customs, Finance, political leaders, MOH, Traditional leaders, community groups</td>
<td></td>
<td>Increased taxes on tobacco to reduce demand and decreased supply of tobacco products</td>
</tr>
</tbody>
</table>
**Country: Tonga**

Strategic outcome: Decrease incidence and prevalence of premature deaths and disability from tobacco related harm.

Objective: Tobacco related harm.

Country action: Decrease demand for products, exposure, and supply.

Country indicator: Decreased supply of tobacco.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Mass media campaign on tobacco.</td>
<td>Feb 2016.</td>
<td>MOH, TongaHealth, TAC, media.</td>
<td>Money, temporary media creative TA.</td>
<td>Decrease demand (use), decreased uptake, increased awareness.</td>
</tr>
<tr>
<td>Cessation services to support smokers to quit.</td>
<td>Feb 2016.</td>
<td>MOH, Digicel, TCC, TH.</td>
<td>Quitline, Health, NRT.</td>
<td>Increase quitters, decrease prevalence, decrease harm of smoking exposure.</td>
</tr>
<tr>
<td>Assess extent of growing sales of Tapaka Tonga</td>
<td>2017</td>
<td>MAFFF, MIA, community leaders, labour and commerce.</td>
<td>TA (WHO).</td>
<td>Data available for decision/policy making, decreased supply.</td>
</tr>
<tr>
<td>X to the protocol to eliminate illicit trade of tobacco.</td>
<td>2017</td>
<td>Crown Law, Ministry of Rev and customs, TH, Police department, MOH.</td>
<td></td>
<td>Decrease illicit trade and illegal practices.</td>
</tr>
<tr>
<td>Tobacco act is strongly and effectively enforced this through strong partnership with involved agencies.</td>
<td>Ongoing.</td>
<td>Police department, crown law, retailers, labour and commerce, revenue and customs.</td>
<td>Human resources, vehicle.</td>
<td>Decreased demands and decreased availability/supply.</td>
</tr>
</tbody>
</table>
### Country: Tuvalu

<table>
<thead>
<tr>
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<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Youth Tobacco Survey</td>
<td>August 2016</td>
<td>MOH, MOE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BTI cessation training</td>
<td>September 2016</td>
<td>MOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase taxes on tobacco products</td>
<td>2016</td>
<td>Customs, Finance, MOH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Country: Vanuatu

<table>
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<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enforcement: Work with customs and police to control illicit tobacco,</td>
<td>2016</td>
<td>MOH, municipality,</td>
<td>Need budget for operation.</td>
<td></td>
</tr>
<tr>
<td>protect from exposure to secondhand smoke in the work place and public</td>
<td></td>
<td>police, customs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>places.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHW gazetted and enforcement: finalise the commendment of regulation for</td>
<td>2016</td>
<td>MOH, SLO.</td>
<td>Technical assistance,</td>
<td></td>
</tr>
<tr>
<td>GHW.</td>
<td></td>
<td></td>
<td>budget.</td>
<td></td>
</tr>
<tr>
<td>Community mobilization: continue with the media engagement on advocacy,</td>
<td>2016</td>
<td>MOH/community.</td>
<td>Budget, technical</td>
<td></td>
</tr>
<tr>
<td>certify non smoke free village during WNTD, engage NGO's and other</td>
<td></td>
<td></td>
<td>assistance.</td>
<td></td>
</tr>
<tr>
<td>community networks in advocacy.</td>
<td></td>
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</tbody>
</table>
**Country: Wallis and Futuna**

**Strategic outcome:**

**Objective:**

**Country action:**

**Country indicator:**

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<td>Enforce no sales to minors and no single cigarette sales</td>
<td>2016</td>
<td>Health agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and awareness about dangers of tobacco use and second-hand smoke</td>
<td>2016</td>
<td>Health agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A letter from the Health Minister to inform customs about illicit trade</td>
<td>2016</td>
<td>Health agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education campaigns in school and villages</td>
<td>2016</td>
<td>Health agency</td>
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</tbody>
</table>

Outcome statement

There has been much progress made in implementation of the WHO Framework Convention on Tobacco Control in the Pacific. While we celebrate our successes, obstacles and challenges remain. Efforts need to be intensified if we are to achieve a Tobacco Free Pacific by 2025.

To ensure comprehensive measures, we need multisectoral engagement. Experiences of Pacific islands are valuable and sharing of such experiences and building of a Pacific evidence base must be further encouraged and supported.

Tobacco industry interference remains a problem in the Pacific. The tobacco industry should not be allowed to impede tobacco control measures.

We, the participants of this workshop reaffirm our commitment to:

1. Full implementation of the WHO FCTC;
2. Contribute towards attainment of the voluntary global NCD targets; and
3. Achieving the Tobacco Free Pacific 2025 goal

Towards these ends, we commit to the following actions:

- Strengthen multisectoral coordination including engagement of non-health sectors and civil society;
- Develop and implement comprehensive legal frameworks for tobacco control, including enforcement;
- Establish sustainable mechanisms in place to support tobacco control such as dedicating tobacco tax revenues towards tobacco control efforts;
- Establish consistent monitoring and evaluation of tobacco control measures and their impact which will contribute to a Pacific evidence base;
- Take action to counter tobacco industry interference through vigilant monitoring and raising awareness among government and non-government sectors including communities;
- Consider the requirements and implications of ratifying or acceding to the Protocol to Eliminate Illicit Trade of Tobacco Products;
- Develop capacity around cessation emphasizing population-based cessation approaches;
- Engage media as a conduit for strengthening tobacco control;
- Promote and support the establishment of the Tobacco Free Pacific 2025 Alliance; and
- Explore innovative approaches that are inspired, led, and driven by communities including strategic use of social networks and technology.
We request WHO to:

- Provide and/or coordinate technical assistance to address capacity gaps, particularly on emerging issues involving tobacco and tobacco control such as trade, illicit trade, surveillance, impact analyses, and electronic nicotine and non-nicotine delivery systems;
- Provide and/or coordinate legal assistance to support development and implementation of legal frameworks for tobacco control;
- Facilitate communication and coordination with other regional and global bodies such as FCTC Secretariat, SPC, FCA, SEATCA, Cancer Council Australia, ASH New Zealand, McCabe Centre for Cancer and Law, development partners, and others as appropriate;
- Support Pacific islands in implementation of strategies of the WHO FCTC;
- Provide administrative support to maintain the TFP2025 Alliance web-based platform; and
- Reconvene the national tobacco control focal points in 2017 for a mid-term review of the implementation of the regional action plan and progress towards TFP2025.

Dated: 19 November 2015