CONSULTATION TO DEVELOP A REGIONAL ACTION PLAN FOR TOBACCO CONTROL IN THE WESTERN PACIFIC REGION (2020-2024)

30 April–2 May 2019
Manila, Philippines
Consultation to Develop a Regional Action Plan for Tobacco Control in the Western Pacific Region (2020-2024)
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MEETING REPORT

CONSULTATION TO DEVELOP
A REGIONAL ACTION PLAN FOR TOBACCO CONTROL
IN THE WESTERN PACIFIC (2020–2024)

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
30 April–2 May 2019

Not for sale

Printed and distributed by:

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

July 2019
NOTE

The views expressed in this report are those of the participants of the Consultation to Develop a Regional Action Plan for Tobacco Control in the Western Pacific (2020–2024) 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 Consultation to Develop a Regional Action Plan for Tobacco Control in the Western Pacific (2020–2024) in Manila, Philippines from 30 April to 2 May 2019.
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Keywords

Regional health planning / Smoking cessation / Tobacco use cessation / Tobacco use - prevention and control
SUMMARY

Tobacco use is the single largest preventable cause of death, killing more than 8 million people globally each year. The Western Pacific Region is home to 388 million smokers, and five people die every minute from tobacco-related diseases. To support countries and areas in the Region in their implementation of effective tobacco control measures, including those contained in the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), the Tobacco Free Initiative in the Western Pacific Region has since 1990 periodically developed regional action plans (RAPs) to guide their efforts. The current RAP laid out the vision, mission, goal, indicators and targets relevant to tobacco control efforts in the Region for the five-year period 2015–2019.

In preparation for drafting a new RAP to guide tobacco control initiatives for the next 10 years, the Tobacco Free Initiative conducted an assessment of the implementation of the current RAP and identified challenges as well as ongoing and emerging issues to be addressed. A draft RAP was developed, taking into account the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025 adopted at the eighth session of the Conference of the Parties to the WHO FCTC held in October 2018. The draft was considered by 14 experts from the Western Pacific Region during an Expert Consultation held in Manila, Philippines on 12-13 February 2019. Based on feedback from the experts, it was further revised and presented for consideration to 25 participants from 24 countries and areas from the WHO Western Pacific Region during the Consultation held from 30 April to 2 May 2019. Following the Consultation, the draft RAP will be revised and presented for possible endorsement at the 70th session of the Regional Committee in October 2019.

The draft of the new RAP was well-received by the participants, who: agreed with its mission, vision, goal and overall target; actively engaged in discussion around each of the strategic objectives and their respective indicators and actions for countries and areas, as well as for WHO; and discussed and agreed on how the new RAP would be implemented, supported and evaluated. Participants were encouraged to provide information on the draft RAP to their respective ministers or high-level officials who will be attending the Regional Committee session in October 2019.
1. INTRODUCTION

1.1 Meeting organization

The Consultation to Develop a Regional Action Plan for Tobacco Control in the Western Pacific (2020–2024) was organized by the Tobacco Free Initiative of the World Health Organization (WHO) Regional Office for the Western Pacific. The Consultation brought together 25 participants from 24 countries and areas from the WHO Western Pacific Region and was held on 30 April to 2 May 2019 at the Regional Office in Manila, Philippines.

1.2 Meeting objectives

The objectives of the meeting were:

1) to review progress and challenges in the implementation of the current regional action plan (RAP) for 2015–2019;
2) to discuss proposed priorities, objectives and actions to provide input for the formulation of a new RAP from 2020 on; and
3) to discuss and provide input for the preparation of a monitoring framework for implementation of a new RAP that is aligned with other relevant global initiatives.

2. PROCEEDINGS

2.1 Opening session

Dr Hai-Rim Shin, Director, Division of NCD and Health through the Life-Course, welcomed participants to the Consultation and delivered the opening remarks. For three decades, the WHO Regional Office for the Western Pacific has periodically developed RAPs to coordinate and provide guidance to countries and areas in the Region on tobacco control. While much has been achieved in the Region, such as strengthening of laws at the national and subnational levels and overall reduction of tobacco use in some countries, many challenges remain, including ongoing interference from the tobacco industry. At the eighth session of the Conference of the Parties (COP8) to the WHO Framework Convention on Tobacco Control (WHO FCTC) in October 2018, Parties to the WHO FCTC adopted the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025. To align with this global effort, the new RAP for the Western Pacific reinforces this new global road map, as well as taking an intersectoral approach to tobacco control, embracing innovation and addressing new challenges such as emerging tobacco products and electronic nicotine delivery systems (ENDS).

In her welcome remarks, Ms Kate Lannan went over the objectives of the meeting and encouraged participants to be actively engaged in providing inputs to the RAP, especially given their diverse backgrounds, expertise and country contexts. They were then invited to introduce themselves; a list of participants is in Annex 1.

Dr Rolando Enrique Domingo from the Philippines was nominated as Chair; Ms Tanya McCall from Cook Islands as Vice Chair and Dr Muhamed Hamid from Malaysia as Rapporteur.
2.2 Progress report on the previous RAP: How much have countries achieved?

Ms Mina Kashiwabara and Ms Melanie Aldeon began the programme by reporting on the progress countries and areas have made in their implementation of the current RAP.

According to the *WHO Global Report on Trends in Prevalence of Tobacco Smoking 2000–2025 (second edition)*, the highest rate of smoking globally occurs among men in the Western Pacific Region, where nearly half are smokers – higher than the global average. Furthermore, a troubling trend is that a higher percentage of girls than percentage of women in the Region are smoking. Globally, tobacco-related deaths now number 8.1 million, of which 3 million are in this Region. In 2017, 73 disability-adjusted life years (years lost due to sickness or disability) were associated with tobacco, which is equivalent to two weeks of life lost per smoker. Economic loss due to tobacco amounted to US$ 54 million in the Region, and the burden on families as well as the negative impact on the environment are also significant.

The current RAP covering the five-year period 2015–2019 was adopted in 2014. Since then, the Regional Office has supported countries and areas in the Western Pacific Region with accelerating implementation of MPOWER measures\(^1\) and the WHO FCTC, including in terms of monitoring and surveillance, capacity-building, advocacy and direct technical support. This is the only WHO region with 100% ratification of the WHO FCTC, and while much progress has been made, there is still an urgent need to work towards 100% implementation of the WHO FCTC. Based on data from national surveys, if the current trend continues, the Region will fall short of the target of achieving a relative 30% reduction in smoking prevalence by 2025. Some trends are also presenting a growing challenge for the Region, such as the massive expansion of emerging tobacco products such as heated tobacco products (HTPs) and ENDS.

2.3 Overview of the RAP for Tobacco Control in the Western Pacific and rationale for development

Ms Lannan went on to provide a general overview of how the new RAP was developed, which took into account all the data presented, expert input, as well as global and regional contexts. An effort was made to align the new RAP with the noncommunicable disease (NCD) global voluntary targets, the Sustainable Development Goals and the Global Strategy to Accelerate Tobacco Control adopted during COP8. Ms Lannan emphasized that the current RAP should not be considered obsolete but would continue to remain relevant and an important source of information and guidance. The new RAP will serve as complementary and strategic guidance focusing on those targets that are most important for countries and areas in the Region to make progress in their tobacco control efforts. The new RAP will cover a span of 10 years; therefore, it is important that the terminology used reflects and encompasses the possibility of future tobacco-related products and scenarios. While many country or area actions are listed for each objective, they are meant to represent a range of options that countries or areas can take, depending on their contexts, capacities and needs. Participants were encouraged to actively provide feedback on the draft of the RAP.

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\(^1\) M: Monitor tobacco use and prevention policies; P: Protect people from tobacco smoke; O: Offer help to quit tobacco use; W: Warn about the dangers of tobacco; E: Enforce bans on tobacco advertising, promotion and sponsorship; R: Raise taxes on tobacco.
2.4 Discussion on proposed vision, mission, goal and overall target

Participants engaged in a lively discussion on the proposed wording for the vision, mission, goal and overall target for the new RAP. Wording was suggested to reflect that countries and areas could treat the WHO FCTC as a “floor” and not a “ceiling” and therefore go beyond the Convention measures if possible. It was also agreed that “tobacco-free” remains the most relevant term to use for the RAP.

Dr Annette David then described the method of work, which consisted of a series of breakout discussions in which participants were divided into groups and considered in detail each of the objectives for each strategic area. The guideline questions to be answered were:

1) Do we agree with the wording of the objective as is?
2) Are any revisions necessary and, if so, what are they?
3) Is there anything that is missing from the objective wording?

2.5 Group discussion: New RAP strategic area 1: Prioritizing tobacco control in all policies

2.5.1 Objective 1.1: Incorporate and prioritize tobacco control in the national development agenda, relevant action plans, policies and legislation

No major changes were suggested for this objective.

2.5.2 Objective 1.2: Use strategic communications to build public support for integration of tobacco control into broader policy areas

No major changes were suggested for this objective.

2.5.3 Objective 1.3: Strengthen surveillance and evidence-based research to support tobacco control measures and measures on ENDS/ENNDS

Participants felt that “capacity-building” and “sustainability of funding” were two aspects that were missing from this objective. An additional indicator was also suggested that would reflect country action 5 to “Widely disseminate data and information collected to policy-makers and tobacco control stakeholders and strengthen the use of evidence for policy action”.

2.6 Group discussion: New RAP strategic area 2: Accelerating policy implementation

2.6.1 Objective 2.1: Strengthen national capacity and infrastructure to fully implement tobacco control measures, including those in the WHO FCTC and its guidelines for implementation

Participants made some suggested wording changes to further clarify concepts, but no major changes were deemed necessary.

2.6.2 Objective 2.2: Protect tobacco control policies and national efforts from tobacco industry interference

For this objective related to Article 5.3 of the WHO FCTC, it was suggested that the third country action on code of conduct for public officials and standards for public agency engagement further specify its application to “foreign missions”, which was included in a decision adopted at COP6. When discussing action 8 – the prohibition of activities described as “socially responsible” by the tobacco industry – it was pointed out that the industry has now coopted the term “sustainability” as a way to describe their tactics. Therefore, action 8 should also include this term to prevent it from being used to benefit the tobacco industry. During the lively group discussion on dissemination and sharing of information, the Secretariat reminded participants of resources such as Stopping Tobacco...
Organizations and Products (STOP) and the Southeast Asia Tobacco Control Alliance (SEATCA), as well as that of the WHO Tobacco Free Initiative.

2.6.3 Objective 2.3: Implement price and tax policies and measures to reduce affordability and consumption

Participants suggested the addition of clarifying language to some of the actions and indicators, such as specifying in country or area action 2 the goal to “reduce affordability” of tobacco products and the definition of “small packets” in country or area action 6 to prevent the tobacco industry from circumventing this condition. Two additional WHO actions were also suggested: for WHO to work with the World Bank in advocating to heads of government to increase tobacco taxes and continue periodic increases; and for WHO to facilitate countries and areas in the development of efficient tracking and tracing systems to fight illicit trade in tobacco products. Accordingly, an additional WHO indicator was suggested that includes facilitating the provision of technical assistance to countries and areas on the issues of illicit trade, tracking and tracing systems, and tax administration.

2.6.4 Objective 2.4: Implement policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS

Participants wished this objective to be further strengthened by additional wording regarding the importance of denormalizing tobacco use and the need to protect people from behaviour that promotes smoking, such as taking up emerging tobacco products and ENDS/electronic non-nicotine delivery systems (ENNDS). The list of settings that should be protected from exposure to tobacco was extended to include “historical and world heritage sites” and “public gatherings”. Many country-specific contexts and challenges were shared, as well as the tactics used by the tobacco industry. The necessity of establishing a data repository to share such information was further emphasized.

2.6.5 Objective 2.5: Implement packaging and labelling policies and measures

Participants wished to further specify that any tobacco packaging or labelling that enhances the attractiveness of the product (such as enticing flavour names) should also be included in country or area action 2. In country or area action 6, it was suggested that the disclosure of contents and emissions, consistent with articles 9 and 10 (and guidelines) of the WHO FCTC, could be added as a measure.

2.6.6 Objective 2.6: Implement policies and measures to ban tobacco advertising promotion and sponsorship

This objective elicited extensive discussions over what constitutes “unsupervised” sales (country or area action 2b) and cross-border advertising (country or area action 3). To take into account potentially new ways for tobacco sales to be conducted in the future, it was suggested that country or area actions 2b and 2c be collapsed and the wording changed along the lines of: “Prohibit sales other than face-to-face purchase, such as vending machines, Internet sales and other means”. It was also suggested that “cross-border advertising” could be clarified. It was pointed out that certain kinds of awards (for instance highest taxpayer, equal opportunity employee) when given to tobacco companies is a form of promotion for the industry, especially since news coverage could cross borders. This aspect of promotion should be included within this objective.

2.6.7 Objective 2.7: Implement measures to strengthen tobacco control enforcement

No major changes were suggested for this objective, other than a suggestion that the term “new media” should be clarified and that care should be taken to use it consistently throughout the document.
Given the fact that enforcement mechanisms are important for every action, a decision was made to remove the specific mention within each objective, with the understanding that Objective 2.7 would be applicable in all instances.

2.7 Technical session: Emerging tobacco products and ENDS/ENNDS

Dr Ranti Fayukon from WHO headquarters gave a detailed and enlightening presentation on emerging tobacco products (including HTPs) and ENDS/ENNDS, describing the current research and regulatory challenges in this area. Tobacco products are carefully engineered for sustained use and have three key features – addictiveness, attractiveness and toxicity. Ongoing research on HTPs and ENDS is still inconclusive, and industry claims that they reduce risk are as yet unsubstantiated. Dr Fayukon also explained what ENDS (including e-cigarettes) are and the different kinds available on the market, such as Juul, which has been declared an epidemic due to its high level of uptake among young people in the United States and its highly addictive nature. Manufacturers of these products claim that they help with smoking cessation and contain lower levels of toxicants, but because these new generations of products have not been on the market long enough, not enough independent studies are available on the health effects, making it difficult for scientists and regulators to draw conclusions about their actual level of risk.

Following the request made by Parties to the WHO FCTC during COP8 for more guidance on ENDS/ENNDS, WHO headquarters is working closely with stakeholders and within the Organization to research and look at the evidence; an information sheet will be shared once available. Other regulatory challenges include the way manufacturers take advantage of legislative loopholes by claiming that their goods do not fall into a regulated category; regulators have a hard time differentiating the different products. WHO is therefore assisting countries in crafting their legislation. Tobacco industry interference remains a serious concern.

Some participants passionately urged WHO to recommend banning ENDS, especially as it is a growing problem among low- and middle-income countries in the Region.

2.8 Group discussion: New RAP strategic area 3: Addressing emerging challenges

2.8.1 Objective 3.1: Ban or regulate ENDS/ENNDS and emerging tobacco products and conduct needed research

Under 3.1A – related to ENDS/ENNDS – participants discussed the stipulation of age 25 as the age limit for purchase under country action 2a as possibly being difficult to achieve in some countries and therefore, that it might be preferable to refer to sales to minors as set out in Article 16 of the WHO FCTC, leaving the specific age for discussion in each country or area. Wording was added to 3a(i) on testing of additives and other flavourants, and the phrase “restricting the amount” was deleted, leaving only “banning” of harmful chemicals as the only option, thus strengthening this action. Participants were not in favour of country or area action 3a(ii) – “Requiring the use of ingredients that are not a risk to health and are, when allowed, of the highest purity” – and opted to strike it from the draft. Other minor changes were suggested.

Under 3.1B – related to emerging tobacco products – participants emphasized the need to use consistent language and formatting of sentences to align with 3.1A, where possible, and other actions and indicators in the document. One issue raised was how adverse effects of devices could be
reported; it was suggested that care should be taken to ensure that “related devices” are also covered throughout this objective.

2.8.2 Objective 3.2: Develop innovative approaches to meet new challenges in tobacco control

This objective and its country or area and WHO actions and indicators were discussed extensively, with clarification made regarding the definition of “innovative approaches”, which was determined to not only refer to innovative technology, but also to creative ways of tackling both new products and challenges as well as existing ones. The discussion ranged widely and included topics such as use of chatbots for smoking cessation, consumer privacy data being collected from HTP devices, whether individual social media accounts can be treated as advertisements, and how social media platforms could be used to conduct surveys. The Secretariat presented an edited version of the objective that took into account wording and formatting suggestions from the participants. A number of country or area actions were deleted and additional ones were suggested, including two along the following lines: “Use new technology for horizon scanning, forecasting of new challenges and opportunities, and development of an early warning system for tobacco industry threats” and “Support innovative tobacco control and ENDS/ENNDs policy options and approaches that envision an end to tobacco use, sale, manufacturing, importation, distribution, supply, or presentation”.

2.9 Group discussion: New RAP strategic area 4: Expand and strengthen stakeholder participation

2.9.1 Objective 4.1: Apply a whole-of-government approach through engagement of health and non-health sectors in tobacco control

Participants suggested some minor edits but no major changes were made.

2.9.2 Objective 4.2: Engagement of subnational governments

Much of the discussion around this objective revolved around the use of recognition or the presentation of awards as a way to motivate subnational governments. Participants shared many examples of successes in their countries, such as the Red Orchid award in the Philippines and activities planned on World No Tobacco Day in Papua New Guinea. Two additional country or area actions were added that align with related WHO actions – one on sharing of success stories, and the other on identifying and mobilizing human and financial resources for city- and community-based tobacco control efforts.

2.9.3 Objective 4.3: Engage and empower civil society, academia, health and other professionals, and community groups to support tobacco control

Participants emphasized the need to use consistent terminology throughout, such as inclusion of the phrase “academia, health and other professionals, and community groups” in all relevant actions and indicators. Other edits were suggested as well, and a new country or area action added: “Ensure civil society membership in national multisectoral coordinating mechanism for tobacco control”.

2.10 Discussion on how the new RAP will be implemented, supported and evaluated

Bearing in mind the burden on countries and areas when it comes to data collection and reporting, the Secretariat presented a matrix capturing the methods currently in place for data collection (such as surveillance on the implementation of the WHO FCTC and the WHO Report on the Global Tobacco Epidemic), with the goal of incorporating the monitoring of RAP indicators into these existing mechanisms wherever possible. Other survey means would be developed to capture any information not currently covered. For the midterm evaluation in 2025, the Regional Office could keep track of individual indicators and pre-fill the questionnaire, sending the data back to countries for validation.
Interviews could also be incorporated during duty travel and hard copies prepared for countries and areas that lack Internet support.

Many participants expressed appreciation for the attention being paid to the process of monitoring so that countries would not be overly burdened. Ms Lannan assured participants that the RAP as envisioned would establish information flow and exchange of success stories among countries and areas in the Region, which will benefit everyone. She thanked the participants for their trust in the Secretariat.

2.11 Recommendations and next steps

At the conclusion of the Consultation, the Secretariat will incorporate the suggestions and comments made by the participants and finalize the text of the RAP, which will be submitted to the Regional Committee for possible endorsement at its October 2019 session. A PowerPoint presentation will also be prepared for countries and areas summarizing the content of the draft RAP that participants can use to brief their ministers/high-level officials prior to the Regional Committee session.

2.12 Closing

In her closing remarks, Dr Hai-Rim Shin expressed her appreciation to the participants for their constructive feedback, commitment and energy, and congratulated them on the success of the meeting. The new RAP was fully aligned with global strategies and the bold stance taken by countries and areas in several areas was impressive. A stronger and more representative document such as the new RAP will underpin tobacco control efforts in the Region and help make the tobacco endgame a reality.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The draft of the new RAP was well-received by the participants.

1) They agreed with its mission, vision, goal and overall target.

2) They actively engaged in discussion around each of the strategic objectives and their respective indicators and actions for countries and areas, as well as for WHO.

3) They discussed and agreed on how the new RAP would be implemented, supported and evaluated.

3.2 Recommendations

3.2.1 Recommendations for countries and areas

Participants are encouraged to provide information on the draft RAP to their respective ministers or high-level officials who will be attending the Regional Committee session in October 2019.

3.2.2 Recommendations for WHO

1) WHO will revise and finalize the draft RAP in line with the comments, feedback and suggestions received from the participants.
2) WHO will prepare a PowerPoint presentation summarizing the content of the draft RAP that participants can use to brief their ministers/high-level officials prior to the Regional Committee session.
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# Annex 2: Meeting timetable

**Consultation to Develop a Regional Action Plan for Tobacco Control in the Western Pacific Region (2020-2024)**

**Manila, Philippines**

**30 April – 2 May 2019**

**ENGLISH ONLY**

## TIMETABLE

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1, Tuesday, 30 April</th>
<th>Time</th>
<th>Day 2, Wednesday, 1 May</th>
<th>Time</th>
<th>Day 3, Thursday, 2 May</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30-09:00</td>
<td>Registration</td>
<td>08:30-08:45</td>
<td>Recap of day 1 and overview of day 2</td>
<td>08:30-08:45</td>
<td>Summary of day 2 and overview of day 3</td>
</tr>
<tr>
<td>09:00-09:30</td>
<td>1. Opening ceremony</td>
<td>08:45-10:45</td>
<td>6. Group Discussion: New RAP strategic area 2 – cont’d</td>
<td>08:45-10:00</td>
<td>10. Group discussion: Report in plenary</td>
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<tr>
<td></td>
<td>– Welcome remarks</td>
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<tr>
<td></td>
<td>– Opening Address</td>
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<tr>
<td></td>
<td>– Introduction, objectives of the consultation and administrative announcements</td>
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<tr>
<td>09:30-10:00</td>
<td>2. Progress report on the previous Regional Action Plan: How much have countries achieved</td>
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<tr>
<td>10:00-10:30</td>
<td>Group photo and mobility break</td>
<td>10:45-11:00</td>
<td>Mobility break</td>
<td>10:30-10:45</td>
<td>Mobility break</td>
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<tr>
<td>10:30-10:45</td>
<td>3. Overview of the Regional Action Plan for Tobacco Control in the Western Pacific and rationale for development</td>
<td>11:00-12:00</td>
<td>7. Technical session: Emerging tobacco products and Electronic Nicotine Delivery Systems / Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS)</td>
<td>10:45-11:15</td>
<td>11. Discussion on how the new RAP will be implemented, supported and evaluated</td>
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<tr>
<td>10:45-12:00</td>
<td>4. Discussion on proposed vision, mission, goal and overall target</td>
<td>11:15-11:45</td>
<td>12. Final plenary, recommendations and next steps</td>
<td>11:45-12:00</td>
<td>13. Closing</td>
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<tr>
<td>12:00-13:30</td>
<td>Lunch break</td>
<td>12:00-13:30</td>
<td>Lunch break and device laboratory</td>
<td>12:00-13:30</td>
<td>Lunch break</td>
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<tr>
<td>15:30-15:45</td>
<td>Mobility break</td>
<td>15:15-15:30</td>
<td>Mobility break</td>
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<tr>
<td>15:45-16:45</td>
<td>6. Group discussion: New RAP strategic area 2</td>
<td>15:30-17:00</td>
<td>9. Group discussion: New RAP strategic area 4</td>
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</tr>
<tr>
<td>16:45-17:00</td>
<td>Wrap-up of day 1</td>
<td>17:00-17:15</td>
<td>Wrap-up of day 2</td>
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<tr>
<td></td>
<td></td>
<td>17:30-18:30</td>
<td>Welcome reception</td>
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