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TOBACCO CONTROL

Smoking is the single largest preventable cause of premature death and disability worldwide. Tobacco use is responsible for 3000 deaths in the Region every day. The Tobacco Free Initiative, established in 1998, raised the profile of this important public health issue and focused international attention on tobacco and tobacco control activities.

In the Region, the regional action plan on tobacco or health, 2000-2004, has guided the development and implementation of strategic tobacco control goals and objectives. The process leading to the adoption of the WHO Framework Convention on Tobacco Control (the Convention) by the Fifty-sixth World Health Assembly in May 2003 has also helped to focus attention on tobacco control in the Region. A number of Member States from the Region were active in the negotiation process for the Convention and put in place more effective tobacco control interventions as a result.

The fifty-fourth session of the Regional Committee called on Member States to sign and ratify the Convention as soon as possible, and to integrate its provisions into their tobacco control efforts.¹ All Western Pacific Region Member States have now signed the Convention. A strategy for the next five years, the regional action plan for the Tobacco Free Initiative, 2005-2009 (Annex), is presented for the Regional Committee's endorsement.

¹ Resolution WPR/RC54.R8.

1. BACKGROUND

A detailed discussion of tobacco control in the Region can be found in *The work of WHO in the Western Pacific Region: 1 July 2003-30 June 2004* (pp. 117-122).

The first meeting of national focal persons for tobacco or health in 1999 led to the regional action plan on tobacco or health, 2000–2004. This plan has guided the development and implementation of strategic tobacco control goals and objectives in the Region. It has also facilitated the very active role played by Member States from the Region in the process leading to the adoption of the WHO Framework Convention on Tobacco Control (the Convention) by the Fifty-sixth World Health Assembly in May 2003.

The fifty-fourth session of the WHO Regional Committee encouraged Member States to sign, ratify, accept, approve, formally confirm or accede to the Convention, at the earliest opportunity, and urged them to reflect the provisions of the Convention in national policies and legislation. Among other matters, it urged Member States, without prejudice to the sovereign right of the Member States to determine their policies, to implement tax policies for tobacco products as a means of reducing tobacco consumption and to ensure sustainable financing and support for tobacco control programmes, in line with the provisions of the Convention. The Regional Director was requested to support Member States in the process of ratification and implementation of the Convention, as well as the tobacco control efforts of Member States, particularly in the development of national intersectoral strategies, and regional partnerships.²

With regard to the Convention, considerable progress has been made since the last session. For the Convention to enter into force, it needs to be signed and ratified by at least 40 WHO Member States. As of 30 July 2004, all Western Pacific Region Member States had signed the Convention, making the Western Pacific the only WHO Region to reach this mark. Globally 168 Member States had signed the Convention by 30 July, indicating their political commitment to implement it. In the Western Pacific Region, nine Member States have taken the next step and ratified the Convention (or taken equivalent action), establishing their consent to be bound by it: Brunei Darussalam, Cook Islands, Fiji, Japan, Mongolia, Nauru, New Zealand, Palau, and Singapore.

² *Ibid.*

More generally, since the fifty-fourth session WHO has conducted a series of consultations, provided technical assistance on tobacco control legislation and policy, and worked closely with countries to integrate the provisions of the Convention into national policies and legislation.

WHO has continued to work with countries and partners to build surveillance and research capacity and to support countries interested in building mechanisms to allocate funding for comprehensive tobacco control, including analysis of dedicated tobacco taxes for health promotion and tobacco control. It has also supported community-based smoking cessation programmes and smoke-free projects in China and Viet Nam, among others.

Overall, significant progress has been made in the Western Pacific Region in advancing the WHO Framework Convention for Tobacco Control, and other tobacco control efforts. However, tobacco control is an ongoing process that involves long-term investments in capacity and sustainability and it is important that recent progress be sustained.

2. ISSUES

2.1 WHO Framework Convention for Tobacco Control has enhanced national capacity

There is a need to draw a broader range of countries into the process of ensuring that the Convention becomes the common platform for national tobacco control strategies in all countries and areas. The process of preparing the Convention, including the Intergovernmental Negotiating Body sessions, training sessions, workshops, and internal domestic discussions, made a major contribution to tobacco control capacity, especially in those countries that actively participated in the negotiations. These countries clearly benefited from the process of engagement and have put in place more effective tobacco control interventions as a result; now other countries must be brought into the process.

2.2 Poverty and inequity issues related to tobacco use are relevant in many Member States

Tobacco not only impoverishes those who use it, it places an enormous financial burden on countries through higher health care costs, lost productivity due to illness and early death, foreign

exchange losses, and environmental damage. In most countries, tobacco use tends to be higher among the poor. Poor families, in turn, spend a larger proportion of their income on tobacco. Money spent on tobacco cannot be spent on basic human needs such as food, shelter, education and health care. Tobacco can also worsen poverty among users and their families, since tobacco users are at much higher risk of falling ill and dying prematurely of cancers, heart attacks, respiratory diseases or other tobacco-related diseases, depriving families of much-needed income and imposing additional costs for health care.

A number of studies have been carried out into disparities in tobacco use between urban and rural populations, and across gender and professional categories. However, much more research is needed to determine the true costs of tobacco use for countries in the Western Pacific.

2.3 Tobacco control sustainability is a major concern

In several countries, reliance on external funding has had a major impact on countries' ability to plan strategically and to ensure the viability of ongoing tobacco control projects. However, options for using local resources to support tobacco control (including the use of dedicated taxes, the creation of health promotion foundations that receive a percentage of taxes collected from tobacco and alcohol, the reallocation of funding from the general budget) are proving successful in several countries and areas. There is a need to ensure that other countries can draw on these experiences.

2.4 National and regional tobacco control capacity needs further strengthening

Tobacco control leadership, programme management ability and national infrastructure need to be continually strengthened to ensure that comprehensive policies and strategies are fully developed and implemented. Ongoing technical support, particularly for research and surveillance, will be vital if critical indicators are to be captured in a standard and systematic way. Tobacco control surveillance has already been incorporated into several existing health surveys, such as the WHO STEPwise approach to noncommunicable disease surveillance, in several Pacific island countries and more needs to be done in this regard.

2.5 Partnerships are becoming increasingly important

Tobacco control partnerships are important not only to maximize resources, but also to ensure the successful development and implementation of interventions that address complex, transnational

tobacco control issues, such as illicit trade and crossborder advertising. There is great potential for sharing experiences and resource materials across the Region.

3. ACTIONS PROPOSED

Whereas the regional action plan on tobacco or health, 2000–2004, outlined the basic elements needed to establish national capacity to deal with the tobacco epidemic, the regional action plan for the Tobacco Free Initiative, 2005–2009 (Annex), invites Member States to consider the comprehensiveness of various interventions. Earlier action plans relied on external sources of support to fund country activities, but the 2005–2009 plan encourages countries to consider national funding mechanisms to ensure sustainability. Finally, the 2005–2009 plan promotes standardized regional mechanisms and instruments for surveillance, research, evaluation, information dissemination and advocacy.

The Regional Committee is asked to endorse the regional action plan for the Tobacco Free Initiative, 2005-2009.

DRAFT

United for a Tobacco Free Region

**Regional Action Plan
Tobacco Free Initiative
2005-2009**

***World Health Organization
Western Pacific Region***

*World Health Organization
Western Pacific Regional Office*

TOBACCO FREE INITIATIVE

Regional Action Plan, 2005-2009 Western Pacific Region

Introduction

The regional action plan for the Tobacco Free Initiative, 2005-2009 contains a vision and strategic plan for tobacco control in the Western Pacific Region for the next five years. The previous action plans, covering the periods 1990-1994, 1995-1999, and 2000-2004, provide the foundation for the new plan.

Based on the recommendations of the third meeting of national focal persons for the Tobacco Free Initiative (2004), this highlights the importance of increasing and sustaining the momentum for effective tobacco control by:

1. ensuring the timely ratification of the WHO Framework Convention on Tobacco Control (the Convention) by Member States of the Western Pacific Region through a coordinated regional strategy, thus contributing towards the Convention's entry into force; and
2. enhancing the capacity of countries and areas of the Western Pacific Region to implement the provisions of the Convention successfully and to address the tobacco epidemic effectively.

Issues

Already, tobacco kills one in ten persons globally, accounting for approximately 5 million deaths per year. Countries and areas of the Western Pacific Region bear a disproportionate burden of tobacco-related mortality, as the Region accounts for 20% of these deaths.

Tobacco use is also a major contributor to the Region's disease burden. In both developed and developing countries within the Region, tobacco consumption causes or aggravates several chronic diseases that together comprise up to 18% of the total disability adjusted life-years (DALYs) lost. These estimates do not include the years of healthy life lost by nonsmokers whose health is compromised by exposure to second-hand smoke. Moreover, the long lead time between exposure to tobacco smoke and the development of clinical disease, and the rapidly increasing pool of young smokers in the Region, imply that the consequences of tobacco use within the Region will be far greater in future, unless action is taken immediately to curb tobacco use.

The poor bear much of the disease burden and premature mortality attributable to tobacco use. Worldwide, poor and uneducated men are more likely to smoke than men with higher incomes or education. In those countries with reliable data on mortality, much of the excess mortality of poor and less-educated men can be attributed to smoking. Furthermore, smokers who live in low- and middle-income countries quit less often. For example, while in most high-income countries about 30% of men are former smokers, in 1993 the percentage of men in China who had given up smoking was only 2%, while in Viet Nam in 1997 it was only 10%.

Poverty and tobacco use are linked in other ways. Several studies have shown that in the poorest households of some low-income countries, as much as 10%-17% of total household expenditure is on tobacco. This means that impoverished families have less money to spend on essential items such as

food, health care and education. Tobacco's role in exacerbating poverty has not been fully elucidated, and requires greater scrutiny.

The economic costs to society of tobacco use are staggering. The high price of treating tobacco-related diseases is compounded by productivity losses. Smokers are less productive workers, due to increased sickness. Deaths from tobacco often occur during the productive years of life, depleting a nation's workforce.

In addition, concern is growing among Western Pacific countries and areas about the increasing numbers of women and children exposed to the harm of tobacco. Already, a number of Pacific island countries have extremely high rates of tobacco use, involving both chewing and smoking, among women. Recent data from the Global Youth Tobacco Survey (GYTS) indicates a disturbingly high rate of tobacco use, and early age of initiation, among the Region's youth. A separate issue involves the countless numbers of women and children who are exposed to second-hand smoke, particularly in Cambodia, China, the Philippines and Viet Nam, where smoking rates among men are extremely high.

The addictive properties of nicotine make cessation difficult, even for tobacco users who are highly motivated to quit. This, coupled with the lack of effective cessation guidelines and programmes in many countries in the Western Pacific Region (particularly for users wishing to stop chewing tobacco), and the high cost of pharmacological treatment for nicotine addiction, are challenges that countries and areas need to address.

Response

All these factors make tobacco control an urgent public health priority, especially among the developing countries of the Region. Member States have recognized the gravity of the Region's tobacco epidemic, and have affirmed the need for effective and immediate action to curb tobacco consumption.¹

Evidence-based measures to reduce tobacco consumption exist, and are proving effective in countries with strong national tobacco control programmes, such as Australia, New Zealand and Singapore. However, several countries are discovering that weak or inconsistent enforcement of tobacco control policies and laws can render these measures ineffective. The situation is compounded by the globalization of the tobacco trade, which means that advertising and marketing issues are often beyond the reach of even the strongest national policies and laws.

The globalization of the tobacco epidemic necessitates a coordinated response by countries. WHO's Member States successfully negotiated the final text of the WHO Framework Convention on Tobacco Control at the sixth session of the Intergovernmental Negotiating Body in Geneva, Switzerland, in February 2003 and the text was adopted by the Fifty-sixth World Health Assembly in May 2003. Forty Member States now need to ratify the Convention to enable it to enter into force. Until this happens, the Convention will not be able to help countries to reduce tobacco use and the years of healthy life lost due to tobacco.

While the Convention provides guidelines for reducing the harm from tobacco, definitive action to control tobacco must take place at the national level. Therefore, the success of the Convention will depend almost entirely on the ability of countries to implement and enforce its provisions. Further enhancing national capacity must take place at the same time as efforts to ensure that the Convention is ratified, because Member States need to be ready for implementation when it enters into force. This

¹ Resolution WPR/RC54.R8.

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requires long-term political commitment to developing and sustaining country capacity, and to identifying and appropriating the resources needed for comprehensive tobacco control.

Ensuring the sustainability of tobacco control programmes remains a major challenge for many countries, and must be given priority. Attempts by the tobacco industry to oppose or circumvent national and regional tobacco control efforts may escalate as the entry into force of the Convention nears. Therefore, to safeguard the Convention and to strengthen national tobacco control efforts, strategic collaboration with other health programmes, development and poverty alleviation initiatives, other sectors within governments and related international agencies and nongovernmental organizations is needed.

Means of financing tobacco control need to be actively explored, through such mechanisms as tobacco taxes or the creation of a special fund, in accordance with national plans, priorities and programmes. In addition, all existing and potential resources, financial, technical, or otherwise, public and private, need to be mobilized for the benefit of all Parties to the Convention, especially developing countries and countries with economies in transition.

Countries and areas need to coordinate their efforts to address transnational aspects of the tobacco epidemic. The impact of trade liberalization on tobacco products will be a major issue, as will illicit cross-country trade in tobacco products and global marketing and advertising. Developing subregional and regional mechanisms to deal effectively with these transnational issues is part of this action plan.

Tracking efforts to curb the tobacco epidemic must be done systematically at both national and regional levels. Standard surveillance instruments and methods are needed to enable countries and areas to monitor progress in achieving real and measurable health impacts.

Finally, a regional strategy to guide research and the generation of evidence to support policy-making is needed. A coordinated mechanism for evaluation, advocacy and information dissemination to the relevant audiences is also needed, enabling all countries and areas to gain access to critical data and facilitating information exchange within the Region.

Goal

The goal of this action plan is to reduce the burden of disease and death caused by tobacco significantly, through a substantial reduction in the prevalence of tobacco use, exposure to tobacco smoke and disparities related to tobacco use and its effects.

Objectives

By 2009:

1. Ensure that all Member States of the Region have ratified the WHO Framework Convention on Tobacco Control.
2. Strengthen national capacity for tobacco control to enable implementation of comprehensive tobacco control strategies in an effective and sustainable manner in at least 80% (29) of the countries and areas of the Region.
3. Develop and formally adopt measures to ensure the sustainability of tobacco control programmes in all countries and areas of the Region.
4. Establish regional, subregional and national mechanisms to address transnational tobacco control issues.
5. Enhance surveillance, research, evaluation, information dissemination and advocacy across the Region and globally.

The following table provides details of the regional action plan for the Tobacco Free Initiative, 2005-2009, including examples of strategic actions that may be taken.

OBJECTIVE 1: <i>By 2009, ensure that all Member States of the Region have ratified the WHO Framework Convention on Tobacco Control.</i>	
<u>Expected result 1.1</u> <i>Entry into force of the Convention</i>	
<u>Indicator 1.1.1</u> <i>Number of Member States that have ratified the Convention</i>	
<i>Strategic actions for Member States</i>	<i>Strategic actions for WHO</i>
Increase awareness of the specific obligations contained in the Convention, its opportunities and implications, and the process of ratification and implementation by key decision-makers and bodies that will be involved in the decision and process to ratify the Convention.	Continue to provide technical support to Member States on the Convention, its opportunities and implications for countries, and the process of ratification and implementation.
Collaborate with partners in the public and private sectors to create and implement an advocacy campaign for the ratification of the Convention.	Inform Member States about and facilitate their participation in regional and global advocacy campaigns for the ratification of the Convention.

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OBJECTIVE 2: <i>By 2009, strengthen national capacity for tobacco control to enable implementation of comprehensive tobacco control strategies in an effective and sustainable manner in at least 80% (29) countries and areas of the Region.</i>	
<u>Expected result 2.1</u> <i>An increase in the number of national tobacco control programmes from the 2004 baseline.</i>	
<i>Indicators:</i>	
2.1.1 <i>Number of countries and areas with staff dedicated to tobacco control.</i>	
2.1.2 <i>Number of countries and areas with officially designated national tobacco control programmes.</i>	
<u>Expected result 2.2</u> <i>Countries and areas with comprehensive tobacco control policies and national plans of action increased from 2004 baseline.</i>	
<i>Indicators:</i>	
2.2.1 <i>Number of countries and areas in the Region with national plans of action consistent with Articles 6 to 14 of the Convention.</i>	
2.2.2 <i>Number of countries and areas in the Region with national policies and legislation that reflect the key strategies outlined in the Convention.</i>	
2.2.3 <i>Number of countries and areas in the Region with clearly articulated strategies to target high-risk and potentially hard-to-reach populations.</i>	
Strategic actions for Member States	Strategic actions for WHO
Establish or strengthen national tobacco control programmes with dedicated staff.	Identify countries and areas with no existing national tobacco control programmes and provide technical support for the establishment of these programmes.
Review existing national plans of action and tobacco control policies and legislation, and amend these, as appropriate, to reflect the provisions of the Convention, as a minimum standard for a comprehensive approach to tobacco control. If no action plans, policies or legislation exist, develop new ones that are consistent with or are more stringent than the provisions of the Convention.	Support technical training and support to selected countries and areas (particularly those with demonstrated need and political and programmatic readiness/commitment) for capacity building in tobacco control infrastructure and policy development, and comprehensive approaches consistent with the Convention.
Identify and advocate evidence-based practices suitable for local conditions.	Review and collect best practice models and templates that are applicable to countries and areas in the Region (e.g. cessation strategies) and develop mechanisms to disseminate these in an efficient and timely manner.
Integrate tobacco control approaches into health and education curricula. For example, ensure that appropriate cessation strategies are included in training programmes for health care service providers at all levels.	Support countries and areas to adapt international guidelines on integrating tobacco control into health curricula.
Formulate targeted strategies to cover high-risk and hard-to-reach populations, especially the poor and underserved, with significant tobacco use rates.	Disseminate global strategies and examples of best practice that address gender issues, high-risk and hard-to-reach populations and poverty, as they relate to tobacco control.

<p>OBJECTIVE 3: <i>By 2009, develop and formally adopt measures to ensure the sustainability of tobacco control programmes in all countries and areas of the Region.</i></p>	
<p><u>Expected result 3.1</u> <i>Tobacco control approaches integrated into public health and other programmes and events.</i></p> <p><i>Indicators:</i></p> <p>3.1.1 <i>Number of countries and areas with multisectoral national committees that coordinate the integration of tobacco control approaches into other health and non-health programmes.</i></p> <p>3.1.2 <i>Number of countries and areas that integrate tobacco use prevention and cessation into health promotion, risk reduction and disease control programmes.</i></p> <p>3.1.3 <i>Number of countries and areas that incorporate tobacco control policies and interventions into other related non-health programmes, such as development or poverty alleviation.</i></p> <p>3.1.4 <i>Number of regional events that incorporate tobacco control policies and approaches.</i></p>	
<p><u>Expected result 3.2</u> <i>Strategies to ensure sustainability of tobacco control programmes operational in countries and areas</i></p> <p><i>Indicators:</i></p> <p>3.2.1 <i>Number of countries and areas with national budgets for tobacco control.</i></p> <p>3.2.2 <i>Number of countries and areas with mechanisms to channel resources.</i></p> <p>3.2.3 <i>Extent of international resources committed to supporting tobacco control in countries and areas.</i></p>	
Strategic actions for Member States	Strategic actions for WHO
<p>Establish, if none exists, a multisectoral committee to address tobacco control issues at the national level, as well as cross-border issues; if such a body already exists, review and strengthen the composition of the committee.</p>	<p>Disseminate guidelines for establishing and sustaining national multisectoral tobacco control committees.</p>
<p>Identify and utilize existing opportunities to merge tobacco control policies and interventions into related health and non-health programmes, such as those that address poverty alleviation and sustainable development. For example, Pacific island countries may explore how to incorporate tobacco control into the Healthy Islands initiative.</p>	<p>Develop guidelines for integrating tobacco control into other WHO health programmes, such as those addressing noncommunicable diseases (NCD), healthy settings, tuberculosis and health promotion programmes, as well as for development and poverty alleviation programmes.</p>
<p>Develop national guidelines for ensuring smoke-free environments in various settings and national and local events.</p>	<p>Coordinate and expedite efforts by countries and areas to incorporate tobacco control policies into national events, and regional and global events held in the Western Pacific, such as the South East Asian Games and the 2008 Olympics in Beijing, China.</p>

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*Continuation of objective 3
Strategic actions*

<i>Strategic actions for Member States</i>	<i>Strategic actions for WHO</i>
Develop administrative and legislative measures to augment funding and support to the national tobacco control programme, consistent with Article 26, which requires that each Party shall provide financial support for national tobacco control activities, and that the Parties agree that all relevant potential and existing resources should be mobilized and utilized.	Identify, collate, systematically review and disseminate models for ensuring sustainability of tobacco control national programmes, with particular emphasis on those that currently exist in some countries and areas in the Region, such as Australia, New Zealand and Singapore.
Consistent with Article 26, advocate tobacco control funding from national budget appropriations/allocations.	Provide technical assistance and support to countries who want to legislate measures that will ensure sustained funding for tobacco control.
Encourage bilateral and multilateral donors to allocate funds and resources for tobacco control, whether directly or as a component of funding grants to related programmes such as health services development, health promotion, tuberculosis, sustainable development, healthy environments.	Coordinate external support for tobacco control from international agencies and other partners for countries and areas.
Strengthen social mobilization and community participation in tobacco control activities through, for example, information and education campaigns and implementation of national smoke-free policies.	Provide technical assistance and other support to countries and areas to promote social mobilization and community participation in tobacco control activities.

OBJECTIVE 4: <i>By 2009, establish regional, subregional and national mechanisms to address transnational tobacco control issues.</i>	
Expected result 4.1 <i>Bilateral or multilateral partnerships established to address transnational tobacco control issues.</i>	
<i>Indicators:</i>	
4.1.1 <i>Number of national, subregional and regional networks or alliances working on transnational tobacco control issues.</i>	
4.1.2 <i>Number of subregional and regional meetings that include transnational tobacco control issues on their agenda.</i>	
Expected result 4.2 <i>Multisectoral strategies in support of tobacco control developed.</i>	
<i>Indicators:</i>	
4.2.1 <i>Number of interventions focusing on trade, economic, legislative, environmental, developmental and regulatory mechanisms to deal with transnational issues in actual use within the Region.</i>	
Strategic actions for Member States	Strategic actions for WHO
Identify potential partners nationally, and within and outside the Region that share common concerns regarding transnational tobacco control issues.	Support countries and areas to establish alliances and networks that will enable them to respond more effectively to cross-border tobacco control issues at regional and international levels.
Advocate the inclusion of tobacco control transnational issues on the agendas of national, subregional and regional bodies, such as national multisectoral coordinating committees for tobacco control, ASEAN, the Pacific Forum, Pacific Island Health Officers Association (PIHOA), and Secretariat for the Pacific Community (SPC).	Initiate efforts to include tobacco control transnational issues on the agendas of national, subregional and regional bodies. Support subregional tobacco control activities by countries and areas with common interests and concerns.
Develop and enforce collaborative interventions with neighbouring countries to regulate tobacco products and reduce the cross-border illegal trade, promotion and advertising of tobacco products.	Convene a biregional meeting with the WHO South East Asian Region to tackle cross-border issues, particularly smuggling and harmonizing tobacco product regulation.
Cooperate in establishing regional and subregional capacity building and research programmes.	Support cooperative regional and subregional capacity building and research programmes.

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OBJECTIVE 5 <i>By 2009, enhance surveillance, research, evaluation, information dissemination and advocacy across the Region and globally.</i>	
<u>Expected result 5.1</u> <i>A set of standard global/regional surveillance and evaluation instruments and methods used by all countries and areas of the Region.</i>	
<i>Indicator:</i>	
5.1.1 <i>Number of countries and areas that complete standardized global/regional tobacco control surveys such as the Global Youth Tobacco Survey (GYTS.)</i>	
<u>Expected result 5.2</u> <i>Regional and national tobacco control research agendas developed and under implementation</i>	
<i>Indicator:</i>	
5.2.1 <i>Number of countries and areas implementing research projects that address local needs, such as the link between tobacco use and poverty, and interventions to reduce chewing tobacco.</i>	
<u>Expected result 5.3</u> <i>A mechanism for disseminating information available to all countries and areas of the Region.</i>	
<i>Indicators:</i>	
5.3.1 <i>Number of countries and areas of the Region covered by the Global Information System on Tobacco Control.</i>	
5.3.2 <i>Number of visitors to the Tobacco Free Initiative section of the Regional Office website.</i>	
<u>Expected result 5.4</u> <i>Increased public awareness of the tobacco epidemic and tobacco industry activities.</i>	
<i>Indicators:</i>	
5.4.1 <i>Number of countries and areas that have local organizations in both the public and private sectors undertaking media or educational campaigns on the harmful effects of tobacco use.</i>	
5.4.2 <i>Number of countries and areas that participate in annual World No Tobacco Day activities and other events highlighting the need for action against the tobacco epidemic.</i>	
5.4.3 <i>Number of countries and areas that monitor tobacco industry activities.</i>	
Strategic actions for Member States	Strategic actions for WHO
Regularly implement standard global/regional surveys and evaluations of tobacco control activities and promptly report results to the WHO Regional Office.	Develop and disseminate standard global/regional surveillance and evaluation instruments and methods, train countries and areas to use these, and collect data from countries and areas.
Develop and implement a research agenda that addresses local needs and data gaps. Examples include: (a) initiating an analysis of the relationship between tobacco use and poverty; (b) tobacco use epidemiology and behaviour; (c) tobacco use prevention;	Support and build the capacity of countries and areas to develop relevant and practical interdisciplinary research agendas to support tobacco control and to submit the results of research projects for peer review and publication.

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Continuation of objective 5
Strategic actions

<p>(d) smoking cessation and treatment and related health care policy;</p> <p>(e) health communications;</p> <p>(f) tobacco control policy;</p> <p>(g) risks posed by exposure to second-hand smoke, especially by children; and</p> <p>(h) evaluating interventions to help reduce chewing tobacco use.</p>	
Create a national database for tobacco control that includes information taken from other sources of data, such as school surveys and national household surveys.	Coordinate data collection from other related health surveys, such as STEPwise approach to surveillance (STEPS) and the Behaviour Risk Factor Survey (BRFS).
Regularly report to the Regional Office, so that country profiles are updated on the regional online database.	Improve the Regional Office online database, and work with WHO Headquarters and other regional offices to develop a standard global online database.
Develop and implement a mechanism to disseminate pertinent information to local policy-makers, stakeholders and other key partners, including development agencies.	Expand the existing regional research clearinghouse (currently based at Universiti Sains Malaysia, Penang, Malaysia) and fully utilize the Tobacco Free Initiative section of the Regional Office website to ensure timely dissemination of information to all countries and areas of the Region, and partners.
Communicate and share information with other countries and areas which have similar concerns.	Promote active information exchange among partners and Member States.
Encourage local organizations in both public and private sectors to undertake evidence-based media/educational campaigns on the harmful effects of tobacco use.	Facilitate collaboration between nongovernmental organizations and other civil society bodies with tobacco control programmes at national, subregional and regional levels.
Identify and actively participate in media opportunities that call attention to the tobacco epidemic, including World No Tobacco Day.	Coordinate World No Tobacco Day and other global/regional media events that provide the opportunity to advocate strong action against tobacco.
Collect and disseminate information regularly on tobacco production, manufacture, sale and other activities of the tobacco industry which have an impact on the Convention or national tobacco control activities and regularly report to WHO.	Establish and maintain a global system to collect and disseminate information regularly on tobacco production, manufacture, sale and other activities of the tobacco industry that may have an impact on the Convention or on national tobacco control activities and regularly communicate results to Member States.
Consistent with Article 20, institute research and public inquiries into tobacco industry activities and influence at country level.	Provide technical and logistical support to countries and areas that request inquiries into tobacco industry activities.

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Conclusion

Controlling the tobacco epidemic in the Western Pacific will require strategic coordination, resources and political commitment. The WHO Framework Convention on Tobacco Control provides a global template for minimum standards for best practice in tobacco control. Ensuring its ratification and entry into force is the first, and a critical, step for Member States. Simultaneously, national capacity for tobacco control needs to be reinforced and developed further, to enable countries to implement the provisions of the Convention. The Convention provides the vision, but the Member States must supply the action, to reduce the harm caused by tobacco use and exposure to tobacco smoke.

Tobacco control is an ongoing process. This regional action plan takes the process a step further than the previous version. Whereas the action plan for tobacco or health, 2000-2004 outlined the basic elements for establishing national capacity to deal with the tobacco epidemic, this current plan directs Member States to consider the comprehensiveness of various interventions. Earlier action plans relied on external sources of support to fund country activities, but this action plan encourages countries seriously to consider national mechanisms to ensure financial sustainability. Finally, this action plan promotes standardized regional mechanisms and instruments for surveillance, research, evaluation, information dissemination and advocacy.

Member States in the Western Pacific Region bear a disproportionate health and economic burden caused by tobacco use. Heightened advertising and promotion of tobacco products by the tobacco industry within the Region, and increased trade in tobacco products brought about by liberalization of trade agreements, mean tobacco may exact an even higher toll in future.

This action plan comes at an opportune moment. It is being presented to the Regional Committee just over a year after the adoption of the WHO Framework Convention on Tobacco Control by the World Health Assembly. By encouraging countries to align national and regional efforts with the provisions of the Convention, its adoption presents the Region with a crucial window of opportunity to make significant progress against the tobacco epidemic.

Member States now have an opportunity to strengthen national programmes and interregional collaboration to address what is fast becoming the single most preventable cause of early death and chronic disability. This opportunity should not be wasted, because too many lives in the Region have already been lost or ruined because of tobacco: **united, the Member States of the Western Pacific can achieve a vision of a tobacco-free Region.**