WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

SECRETARIAT

Needs assessment for the implementation of the WHO Framework Convention on Tobacco Control in Yemen

The needs assessment team and the delegation from Yemen

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Table of Abbreviations and Acronyms

CCS	Country Cooperation Strategy
COP	Conference of the Parties
CSR	Corporate Social Responsibility
EMRO	WHO Regional Office for the Eastern Mediterranean
GCC	Gulf Cooperation Council
GSO	GCC Standardization Organization
GYTS	Global Youth Tobacco Survey
MOPHP	Ministry of Health and Population
NRT	Nicotine Replacement Treatment
Protocol	Protocol to Eliminate Illicit Trade in Tobacco Products
TAPS	Tobacco advertising, promotion and sponsorship
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNRC	UN Resident Coordinator
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control
WNTD	World No Tobacco Day

Introduction

The WHO FCTC

- The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of the tobacco epidemic, which has taken place since the 20th century.
- The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- The objective of the Convention is "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke", The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end, and Parties are also encouraged to implement measures beyond those required by the treaty.
- The Conference of the Parties (COP) is the decision-making body of the Convention. The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The needs assessment exercise

- The first session of the COP (COP1) in February 2006 called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).[1]
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party for implementation, and any gaps in this regard. It is based on all substantive articles of the WHO FCTC to establish a baseline of needs.
- The Government of Yemen through its MOPHP requested to the Convention Secretariat to conduct a needs assessment exercise to track progress in the implementation of the WHO FCTC, identify possible remaining gaps and challenges and provide recommendations for addressing these challenges. As part of the needs assessment process, the Convention Secretariat, WHO EMRO, WHO Yemen Country Office and the United Nations Development Programme (UNDP), held a two-day mission in Cairo - Egypt from 29 to 30 August 2023. The mission was carried out in Egypt due to the security situation in Yemen.
- Post-needs assessment assistance can be provided to the Parties that have conducted needs assessments, based on the reports and priorities identified.

Yemen: key data

Impact of tobacco use in Public Health

Tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality in Yemen: Key Facts

Prevalence of tobacco use from latest survey completed:[1]

	Tobacco use		Tobacco smoking		Cigarette Smoking		Smokeless		E-cigs	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
ADULT (1)										
Male	25.8	22.7	20.7	…	…	…	17.0	15.9	…	…
Female	7.4	5.4	6.0	…	…	…	5.9	5.3	…	…
Total	16.4	13.9	13.3	…	…	…	1.3	10.5	…	…
YOUTH (2)										
Male	23.9	…	19.4	…	9.2	…	6.7	…	…	…
Female	9.9	…	7.9	…	2.5	…	2.6	…	…	…
Total	18.7	…	15.1	…	6.8	…	5.1	…	14.5	…

(1.) Adults survey: Demographic and Health Survey, 2013[2]*; National, ages 15+*
(2.) Adolescents survey: Global Youth Tobacco Survey, 2014[3]*; National, ages 13-15*

Exposure to tobacco smoke:

GYTS 2014, among children from 13-15 years found:

- A total of 40.5% of students (33.5% of boys and 36.5% of girls) reported being exposed to tobacco smoke at home.
- A total of 55.5% of students (63.3% of boys and 43.0%) of girls reported being exposed to tobacco smoke inside any enclosed public place.
- 42.3% of students (50.3% of boys and 29.6% of girls) reported being exposed to tobacco smoke at any outdoor public place.
- 46.5% of students (52.9% boys and 36.0% girls) reported seeing anyone smoking inside the school building or outside on school property.

Tobacco-related mortality:

Global Burden of Disease 2019:

- In 2019, tobacco use caused an estimated 20,689 deaths in the country, equivalent to 11.83% of all deaths in the country. [4]

[1] WHO Report on the global tobacco epidemic, 2023. Country profile, Yemen.
[2] Yemen National Health and Demographic Survey 2013: https://dhsprogram.com/publications/publication-fr296-dhs-final-reports.cfm
[3] 2014 GYTS Fact Sheet Yemen: https://www.who.int/publications/m/item/2014-gyts-fact-sheet-yemen
[4] Global Burden of Disease 2019: https://vizhub.healthdata.org/gbd-compare/

Milestones of tobacco control in Yemen

Year	Tobacco control efforts
1995	Resolution of the Prime Minister No. 126 concerning the protection of society and individuals from the hazards of smoking
2005	Law No. 26 of 2005 concerning combating smoking and treatment of its damages
2007	Ratification of the WHO FCTC on 22 February 2007
2007	Establishment of the National Tobacco Control Programme *(translated as National Program of Combating Smoking and Treatment of its Damages)*
2011	Approval of the technical regulations on labeling of tobacco products packages entitled: GCC Standardization Organization (GSO) 246/2011 on Labelling of Tobacco Product Packages
2013	Prime Minister's Resolution No. 379 of 2013 issuing the Executive Regulations in relation to the Law No. 26 of 2005 concerning combating smoking and treatment of its damages
2013	Repeal of permission to import, sell, or produce all tobacco products in Yemen for products where nicotine exceeding 0.8mg and tar 12.0mg

Executive summary
including key findings and recommendations

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is an international treaty negotiated under the auspices of WHO, which was developed in response to the globalization of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005. The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. Since its adoption is has become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 183 Parties to date. [5]

Yemen signed the WHO FCTC on 20 June 2003 and ratified the WHO FCTC on 22 February 2007.[6] Since becoming a Party to the Convention in 2007, Yemen has made considerable efforts to implement the treaty. However, as the needs assessment process has shown, most of the country's legislative and regulatory tobacco control measures need to be strengthened to ensure full alignment with its obligations under the Convention.

The Government of Yemen through its MOPHP requested to the Convention Secretariat to conduct a needs assessment exercise to track progress in the implementation of the WHO FCTC, identify possible remaining gaps and challenges and provide recommendations for addressing these challenges.

A desk review for the needs assessment exercise was conducted jointly by the Government of Yemen, the WHO Regional Office for the Eastern Mediterranean (WHO EMRO) and the Convention Secretariat in August 2023. This included the initial analysis of the status, challenges and potential needs deriving from the country's WHO FCTC implementation reports and other sources of information. An international team led by the Convention Secretariat, which also included representatives from WHO EMRO, WHO Yemen Country Office, and the United Nations Development Programme (UNDP), held a two-day mission to Cairo - Egypt from 29 to 30 August 2023 (see **Annex 1** for the mission program). The mission was carried out in Egypt due to the security situation in Yemen. Representatives from the MOPHP, the Ministry of Legal Affairs, the Ministry of Foreign Affairs, the Ministry of Finance, the Ministry of Interior and Security, the Cabinet of Prime Minister participated in the mission in person in Cairo (see **Annex 2** for list of participants).

This report of the needs assessment presents an article-by-article analysis of the progress the country has made in implementation, the gaps that may exist, and the subsequent possible actions that can be taken to fill those gaps. The key elements that need to be put in place to enable Yemen to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified the WHO FCTC, Yemen is obliged to implement its provisions through national legislation, or other measures. There is a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate to fully implement the Convention.

Second, the Convention requires Parties to develop, implement, periodically update, and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. Yemen has a draft national tobacco control strategy, whose finalisation and approval was

[5] WHO FCTC Overview/Parties: https://fctc.who.int/who-fctc/overview/parties
[6] United Nations Treaty Collection. Parties to the WHO FCTC (status as at: 19-10-2023 09:15:35 EDT): https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=_en

delayed by the current crisis. It is recommended that Yemen finalizes the development the comprehensive national tobacco control strategy in line with the *Global Strategy to Accelerate Tobacco Control 2019-2025* and the recommendations of the needs assessment.

Third, the Convention requires the establishment of a focal point or a national coordinating mechanism to coordinate its implementation. Yemen does not have a formal national coordinating mechanism for tobacco control. It is recommended that Yemen strengthens multisectoral cooperation for the implementation of the WHO FCTC by establishing a multisectoral national coordinating mechanism with a clear mandate, terms of reference, and operational procedures. Sustainable resources should be identified for its functioning. The participation of civil society participation in support of tobacco control in Yemen is also recommended, in line with WHO FCTC Article 4.7.

Fourth, Parties are required to adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke. Law N° (26) of 2005 Concerning Combating Smoking and Treatment of its Damages is the main legislation on tobacco control in Yemen. The implementation of the 2005 law is regulated by the Prime Minister's Resolution N° (379) of 2013 issuing executive regulations 2005 in relation to the tobacco control law. With the exception of measures to ban tobacco advertising, promotion and sponsorship, Yemen scores moderate to low on most of tobacco control measures assessed in the latest edition of the WHO Global Report on the Tobacco Epidemic, 2023. It is recommended that Yemen reviews its tobacco control legislation and considers amendments to bring it into full compliance with obligations under the WHO FCTC and recommendations made in relevant decisions of the COP.

Fifth, Article 5.3 stipulates that in setting *"public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry"*. Tobacco control legislation and regulations are not very explicit with regard to Article 5.3 of the WHO FCTC and there are no clear guidelines to limit interactions between government and the tobacco industry or to ensure transparency when interactions do take place. The needs assessment identified cases of tobacco industry interference in Yemen. It is therefore recommended that Yemen scales up action to protect the country's public health policies from the commercial and other vested interests of the tobacco industry. Yemen is encouraged to review current policies and legislation in light of the Guidelines for implementation Article 5.3 of the WHO FCTC**,** and then address outstanding gaps by implementing the recommendations made in those guidelines. Attention should be given to strengthening the enforcement of the measures that are already in place, like the ban of the so-called socially responsible activities (including but not limited to Corporate Social Responsibility).

Sixth, increasing the price of tobacco through taxes is one of the most policy effective policy measures to decrease tobacco consumption, especially amongst young people. Currently the tobacco product taxation level is still low compared to recommended best-practices. Yemen's does not impose exercise taxes on tobacco products. The total tax share of the retail price of cigarettes is 57.03%, below the level of 75% which is considered in the *WHO Report on the Global Tobacco Epidemic* as a high level of achievement.
It is recommended that Yemen introduce a specific exercise tax on tobacco products and regularly increase it, taking into account increases in consumer prices (i.e., inflation) and household incomes, in order to continue to reduce the affordability of tobacco products. Yemen should work towards ensuring that total taxes represent 75% of the retail price of cigarettes. Yemen should also aim to ensure that excise taxes account for 70% of retail price, as recommended in the WHO Technical Manual on Tobacco Tax Administration and reflected in the Guidelines for Implementation of WHO FCTC Article 6.

Seventh, Parties are required to develop and disseminate appropriate comprehensive, and integrated guidelines for tobacco dependence treatment and to implement effective tobacco cessation programmes.

Yemen does not have a national cessation strategy or national treatment guidelines. Cessation services are available at some community locations throughout Yemen, though not in hospitals, health clinics or the offices of other health professionals. It is recommended that Yemen design and implement a national programme to promote the cessation of tobacco use by integrating tobacco dependence treatment into primary healthcare, and by training all health professionals to provide brief advice on quitting tobacco users. The Government of Yemen could also work to ensure broad access to low-cost medications for cessation, including by considering the bulk purchase of proven, cost-effective medicines for this purpose.

Eighth, Illicit trade in tobacco is known to be widespread in Yemen. It is recommended that Yemen ratifies the Protocol to Eliminate Illicit Trade in Tobacco Products and implements its provisions such as the implementation of a tracking and tracing system to secure the supply chain. In addition, cooperation and coordination on matters related to illicit trade both among governmental agencies in Yemen and through bilateral and multilateral channels should be enhanced.

Ninth, Parties are required to establish, as appropriate, programmes for national, regional, and global surveillance of tobacco consumption and exposure to tobacco smoke. Yemen is limited in epidemiological surveillance of tobacco consumption and its related impact on public health as well as social, economic and environmental development. Yemen should implement regular surveillance surveys in accordance with WHO mandated methodologies. It is also recommended that Yemen strengthen national research capacity in coordination with competent regional and international organizations and conduct research that (a) investigates the determinants and consequences of tobacco use and exposure to smoke and (b) evaluates the effectiveness of existing tobacco control interventions to reduce tobacco use prevalence.

Tenth, Parties are encouraged to achieve the highest attainable standard of health through public education, communication, and training on tobacco control issues. The needs assessment found that some awareness raising activities on the consequences of tobacco use have been carried out, particularly in schools, by the Ministry of Education in partnership with the MOPHP. However, no significant media campaigns have been recently run and there is no strategy or long-term plan for such activity. Yemen is encouraged to include education, communication, and training on tobacco control issues in future national tobacco control strategies, such as including tobacco awareness and prevention in school curricula and through the use of digital technologies to maximize outreach across the country.

Eleventh, the United Nations Sustainable Development Cooperation Framework (UNSDCF), formerly called the United Nations Development Assistance Framework (UNDAF), is the strategic planning and implementation instrument for UN development activities within countries. The current United Nations Yemen Sustainable Development Cooperation Framework 2022–2024 does not mention the implementation of the WHO FCTC. Likewise, the UNDP Yemen Country Strategy 2021–2024 and the Country programme document Yemen 2023 – 2024 do not mention the implementation of the WHO FCTC. It is recommended that the MOPHP work with the WHO and other UN organizations at country-level, as well as other relevant government ministries to ensure that tobacco control is included in future UNSCDFs and other national sustainable development strategies.

Twelfth, each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes. The needs assessment found that current resources are insufficient to fully implement the Convention. Also, funds earmarked for tobacco control are not currently active and thus the national tobacco control programme has no financial resources for WHO FCTC implementation. It is recommended to strengthen tobacco control capacity by allocating a regular budget for implementation and enforcement of tobacco control. Yemen is also encouraged to implement Article 20 of the Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law, which requires the allocation of 1% of total taxes and customs duties charged on imported tobacco and locally manufactured tobacco products to

the national tobacco control programme. The implementation of this requirement will ensure the sustainability of tobacco control activities in the country.

Thirteenth, the Conference of the Parties has adopted eight sets of implementation guidelines, covering WHO FCTC Articles 5.3, 6, 8, 9 and 10, 11, 12, 13 and 14. The aim of the guidelines is to assist Parties in the implementation of the WHO FCTC and, therefore, in meeting the obligations under the Convention. The guidelines draw on the scientific evidence and the experience that Parties have with implementation. The COP also adopted a set of policy options and recommendations in relation to Articles 17 and 18 of the WHO FCTC. Yemen is strongly encouraged to follow these guidelines and policy options and recommendations in order to fully implement the Convention. Yemen should also give careful consideration to decisions made by COP and MOP relating to the implementation of the Convention at country level.

Status of implementation, gaps, and recommendations

This section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, offers a review of the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Yemen. Recommendations on how the gaps identified can be addressed are also offered, with a view to supporting the country in meeting its obligations under the Convention.

Yemen signed the WHO FCTC on 22 February 2007.

Article 2. Relationship between this Convention and other agreements and legal instruments

Article 2.1 of the Convention, to better protect human health, encourages Parties *"to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law".*

Yemen currently does not have measures which go beyond those provided for by the Convention.

It is recommended that the Government of Yemen, while working on meeting the obligations under the Convention, continue to consider the implementation of other tobacco control measures that will have an impact on reducing tobacco use prevalence, and that will prevent children and young people from taking up tobacco use.

Article 2.2 clarifies that the Convention does not affect *"the right of Parties to enter into bilateral or multilateral agreements ... on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat".*

Yemen is a member of the Gulf Cooperation Council Standardization Organization (GSO)[7] and has no other agreements that might have an influence on implementation of the Convention were reported to the needs assessment mission.

It is recommended that the Ministry of Foreign Affairs and Expatriates and other relevant government departments review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements have been identified, it is recommended that the Government of Yemen communicate them to the Convention Secretariat either as part of their next WHO FCTC implementation report or independently.

Article 4. Guiding Principles

This article establishes that to achieve the objective of the Convention and its protocols, and to implement its provisions, the Parties shall be guided by a set of principles.

[7] Members of the Gulf Cooperation Council Standardization Organization: https://www.gso.org.sa/en/about-gso/gso-members/

Article 4.2 acknowledges that *"strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses".*

Yemen has demonstrated committed to tobacco control by establishing a National Tobacco Control Programme. This programme was established in 2007 by a ministerial decision[8] to set up a national program for combating smoking and addressing its damages and revised by the Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law. This programme is under the direct supervision of the MOPHP who is responsible for overseeing the development and implementation of tobacco control measures in the country.

Among other principles, **Article 4.7** recognizes that "*the participation of civil society is essential in achieving the objective of the Convention and its protocols".*

Also, the Preamble of the Convention emphasizes *"the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts".*

Civil society organisations have contributed to tobacco control in Yemen. The needs assessment mission was informed by the MOPHP and other government stakeholders that civil society's advocacy efforts were instrumental in Yemen's ratification of the Convention. The same stakeholders also said civil society involvement in tobacco control has been very limited in recent times.

The needs assessment mission learned that the Hadramout Foundation (for cancer control) was active in tobacco control in Yemen prior to 2010. As a member of the Global Tobacco Control Alliance (previously, Framework Convention Alliance – FCA), the foundation was very instrumental in Yemen's ratification of the WHO FCTC and the enactment of the tobacco control legislation. They instituted a program named KAFA, which is directed towards mitigating the detrimental impacts of tobacco and khat. However, the organisation has not been active in tobacco control matters since 2010.

Furthermore, the National Cancer Control Foundation (of Yemen) is a member of the Gulf Federation for Cancer Control, a federation of seven organizations in the United Arab Emirates. They are also a member of the Union for International Cancer Control (UICC). In addition to its support for the prevention, control and treatment of cancer, the foundation has been mainstreaming tobacco control in its key activities. This includes awareness campaigns on tobacco use as a risk factor for noncommunicable diseases such as various forms of Cancer. The UICC[9] recently highlighted the work of one of its members (the National Cancer Control Foundation) in tobacco control in Yemen, as part of its activities to commemorate World No Tobacco Day 2022. [10]

Gap

Since 2010, the involvement of civil society organizations in tobacco control in Yemen has been very limited.

[8] Ministerial decision to establish a national programme for combating smoking and addressing its damages: https://www.emro.who.int/images/stories/tfi/documents/law_yem_2007.pdf?ua=1&ua=1

[9] UICC members in the MEA region work to reduce tobacco production and use:https://www.uicc.org/news/uicc-members-mea-region-work-reduce-tobacco-production-and-use

[10] World No Tobacco Day 2022: https://www.who.int/campaigns/world-no-tobacco-day/2022

It is recommended that the Government of Yemen foster the engagement and participation of civil society and academia in tobacco control policy development and implementation, given that the participation of civil society is essential in achieving the objective of the Convention and its protocols.

The establishment of a civil society coalition is also encouraged to mobilise and coordinate support for tobacco control. Civil society should be encouraged to promote implementation of the WHO FCTC in a comprehensive manner through offering technical expertise, monitoring the tobacco industry, cooperating in enforcement, raising awareness, and assisting in the development and delivery of educational programmes, as relevant.

Article 5. General obligations

Article 5.1 calls upon Parties to *"develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention"*.

Currently, Yemen does not have a national tobacco control strategy or action plan. The implementation of the WHO FCTC relies primarily on the Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law. The National Health Strategy 2010 – 2025[11] mentions tobacco in one of its eight main axis, the *health finance axis*. Under the *health finance axis*, tobacco control is mentioned in two areas. The first calls for the establishment of *"mechanisms to protect the poor people through the social health insurance and explore extra and alternative sources for both public and private sectors including the health insurance system while focusing on avoiding any conflict of interests and generating extra revenues that are not included within the public budget from institutions that are causing direct or indirect damage to health (such as tobacco industry, importers and so on)".* The second recommends that priority be given to implementing the 2005 tobacco control law, among other laws on products that are damaging to health.

Although Yemen does not have a tobacco control strategy, information gathered during the needs assessment process revealed the existence of a draft national tobacco control strategy, which has been under development since 2013. However, the needs assessment mission was informed that the finalisation and approval of the strategy had been significantly affected by the ongoing crisis. Notwithstanding, the National Tobacco Control Programme has amended the draft and intends to have it approved by Cabinet as soon as possible. The strategy promotes a multisectoral approach and calls for the participation of all government sectors, civil society and international organisation. The strategy is built around eight priorities including:

- Strengthen political commitment to tobacco control.
- Strengthen the tobacco control legislative and regulatory framework.
- Strengthen multisectoral collaboration and coordination.
- Improve the national surveillance system on tobacco control.
- Raise awareness of the consequences of all forms of tobacco use.
- Build capacity for effective tobacco control.
- Address the issue of tobacco dependence and cessation.
- Encourage and promote creative initiatives for smoke-free environments.

[11] Yemen National Health Strategy 2010 – 2025: https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/yemen/nat_health_strategy_-_yemen_eng.pdf

A review of Yemen's Strategic Vision 2025[12] shows that tobacco control is not listed as a priority. Similarly, the UN Yemen Sustainable Development Cooperation Framework 2022 – 2024[13] does not mention tobacco control.

Gap

Although the Government has undertaken to develop a comprehensive, multisectoral national tobacco control strategy, it has yet to be finalised and approved.

It is recommended that Yemen undertake the development of a comprehensive multisectoral national tobacco control strategy in line with the WHO FCTC, Global Strategy to Accelerate Tobacco Control 2019-2025 and the recommendations of the needs assessment.

To maximise benefits for wider sustainable development in Yemen, it is also recommended to include tobacco control in future national plans and strategies relating to health and sustainable development.

Article 5.2(a) calls on Parties to *"establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control"*.

The National Tobacco Control Program was established in 2007 and is under the direct supervision of the MOPHP. The Programme is responsible for tobacco control policy formulation (including development of new legislation and revision of existing laws and regulations), policy decision, policy implementation, and policy evaluation. The Director of the National Tobacco Control Programme also serves as the national focal point for tobacco control. According to the Prime Minister's Resolution N° (379) of 2013, the Director of the Programme is responsible for implementing tobacco control activities and the Programme consists of the following units:

- Governorate coordinators
- Personnel affairs unit
- Financial affairs unit
- Health education unit
- Coordination and follow-up unit
- Monitoring, information and research unit
- Secretariat unit

Although the National Tobacco Control Programme has established some collaboration with other government sectors and non-state actors to implement the WHO FCTC, the country has no formal national multisectoral coordinating mechanism.

Gap

Yemen currently does not have a multisectoral coordinating mechanism to guide the implementation of the Convention.

[12] Yemen's Strategic Vision 2025:https://andp.unescwa.org/sites/default/files/2020-10/Yemen%20Strategic%20Vision%202025.pdf
[13] UN Yemen Sustainable Development Cooperation Framework 2022 – 2024: https://unsdg.un.org/sites/default/files/2022-06/Yemen-Cooperation_Framework-2022-2024.pdf

It is recommended that Yemen establish a multisectoral national coordination mechanism, involving all relevant stakeholders is established with a clear mandate and ensure regular high-level representation (Ministerial level) at the meetings. While the MOPHP should take the lead in implementing the Convention, other relevant ministries should also designate focal points and allocate staff, time, and budget to support implementation of the Convention. The* Toolkit for Parties to Implement Article5.2(a) *will be helpful in guiding action in this area.[14]

To ensure the effectiveness of the coordinating mechanism, it is recommended that a sustainable source of funding be provided and that the capacities of all its members with regard to the WHO FCTC be strengthened.

Consideration should also be given to how civil society can contribute to the work of a national coordinating mechanism.

Article 5.2(b) calls on Parties *to "adopt and implement effective legislative, executive, administrative and/or other measures, and cooperate, as appropriate, with other Parties in developing appropriate policies, for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke".*

Law N° (26) of 2005 Concerning Combating Smoking and Treatment of its Damages is the main legislation on tobacco control in Yemen. The implementation of the 2005 law is regulated by the Prime Minister's Resolution N° (379) of 2013 issuing Executive Regulations in relation to the 2005 tobacco control law.

The first chapter gives some definitions of the key terms used including passive smoking, tobacco, tobacco products and derivatives, smoking imitation products and public places.

The second chapter sets out requirements for banning smoking in certain public places, as well as measures concerning designated smoking areas in restaurants and cafés, airports, enclosed markets, entertainment venues and event halls. According to article 3 of the resolution, smoking is prohibited in educational establishments, health and treatment establishments, public and private sector offices, etc.

The third chapter prohibits direct and indirect tobacco advertising and promotion. The resolution prescribes a list of means by which manufacturers or importers of tobacco products and their derivatives must not advertise their products.

The fourth chapter concerns requirements for the import, manufacture and retail sale of tobacco products and their derivatives. This chapter covers packaging and labelling, provides minimal requirements on the contents of tobacco products and prohibits the sale of tobacco products to anyone under the age of 18.

Chapter five contains two sections, one on the establishment of the national tobacco control programme and the other on the programme's funding mechanism.

The final chapter provides enforcement provisions and indicates which institutions have the capacity to detect violations of the country's tobacco control measures.

[14] Toolkit for Parties to implement Article 5.2: https://fctc.who.int/publications/m/item/national-coordinating-mechanism-for-tobacco-control

Gap

With the exception of measures to ban tobacco advertising, promotion and sponsorship, Yemen scores moderate to low on most of tobacco control measures assessed in the latest edition of the *WHO Global Report on the Tobacco Epidemic, 2023.*

Although an analysis of the findings, level of enforcement, and recommendations regarding the articles considered in the law will be presented in the following sections under each individual article, it is recommended that Yemen review its tobacco control legislation and considers amendments needed to bring its legislation into full compliance with obligations under the WHO FCTC.

Article 5.3 stipulates that in setting *"public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry"*.

A resolution made by the World Health Assembly in 2001, citing the findings of the Committee of Experts on Tobacco Industry Documents, states that "the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic". [15] The Preamble of the WHO FCTC recognizes that Parties "need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts".

The Guidelines for implementation of Article 5.3 remind Parties that any government branch (executive, legislative and judiciary) should be accountable for protecting those policies from the interference of the tobacco industry and that the guidelines aim *"at protecting against the interference not only of the tobacco industry, but also, as appropriate, by organizations and individuals that work to further the interests of the tobacco industry".*

There are several tobacco manufacturing companies in Yemen including:

- The Kamaran Industry & Investment Company[16] is owned by the Yemeni Government, British American Tobacco and other shareholders.
- The United Industries Company (UIC)[17] is a closed cooperation and claims to be the largest industrial company in in the country.

Article 8 of the Prime Minister's Resolution N° (379) of 2013, provides some measures that could limit tobacco-related CSR activities. The article stipulates that companies and firms manufacturing or importing tobacco products and derivatives shall be prohibited to perform publicity and promotion through *"sponsoring cultural, sportive, and social activities, presenting prizes or gifts, conducting races, or distributing free samples of their products."*

Although no direct reference has been made to Article 5.3 of the WHO FCTC or its implementation guidelines, the National Health Strategy 2010-2025[18] recognises the importance of avoiding conflicts of interest when dealing with companies that manufacture products harmful to health. Its eighth axis on health financing clearly states that in establishing "*mechanisms to protect the poor people through the social*

[15] 54th World Health Assembly resolution WHA54.18 'Transparency in tobacco control process' made in 2001: https://apps.who.int/gb/archive/pdf_files/WHA54/ea54r18.pdf
[16] Kamara Industry and Investment: https://kamaran.quora.com/about
[17] United Industries Company: http://uicc-yemen.com/en/index.php/component/content/article?id=39
[18] Yemen National Health Strategy 2010 – 2025: https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/yemen/nat_health_strategy_-_yemen_eng.pdf

health insurance and explore extra and alternative sources for both public and private sectors including the health insurance system while focusing on avoiding any conflict of interests and generating extra revenues that are not included within the public budget from institutions that are causing direct or indirect damage to health (such as tobacco industry, importers and so on)".

However, Kamaran Industry & Investment Company does carry out so-called socially responsible activities, such as supporting sporting events. On its website, Kamaran claims to be the main sponsor of youth activities and serve the community in many areas, including sport, culture and the environment, with a particular focus on football. They also claim to support chess competitions and are the main sponsors of the annual equestrian and camel championships[19].

UIC also seems to conduct some so-called socially responsible activities through its *social fund* and has published information about its activities on the company's website.[20]

The needs assessment mission was informed that the tobacco industry has been lobbying the Yemen Standardisation Metrology and Quality Control Organization on issues related to novel tobacco and nicotine products. From the information received, wholesalers have been urging the standardisation organisation not to take any legislative measures to regulate or ban novel and emerging tobacco and nicotine products in Yemen.

Gaps

- The tobacco control law and its regulations are not explicit about Article 5.3 of the WHO FCTC.
- There are no clear policies in place to limit interactions between government officials and the tobacco industry, or to ensure transparency where interactions occur.
- So-called socially responsible activities of the tobacco industry appear to be widespread in Yemen even though they are prohibited by the 2013 regulations.
- There is no awareness of Article 5.3 of the WHO FCTC and its guidelines for implementation within relevant government ministries.

It is recommended that Yemen scales up action to protect the country's public health policies from the commercial and other vested interests of the tobacco industry. Yemen is encouraged to review current policies and legislation in light of the Guidelines for implementation Article 5.3 of the WHO FCTC, and then address outstanding gaps by implementing the recommendations made. Attention should also be given to ensuring policy coherence across government policymaking to prioritise public health and WHO FCTC implementation.

It is also recommended to raise awareness of all sectors and branches of government, including judiciary, legislative and executive, about the risks and implications of industry interference in tobacco control and to encourage compliance with Article 5.3 of the WHO FCTC and its Guidelines for implementation.

The Government of Yemen is also encouraged to strengthen the enforcement of the measures that are already in place, like the ban of so-called socially responsible activities (including but not limited to Corporate Social Responsibility).

Article 5.4 calls on Parties to *"cooperate in the formulation of measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties".*

Yemen has taken part in most sessions of the Conference of the Parties (COP) to the WHO FCTC, although

[19] Kamara Industry and Investment: http://www.kamaran.com/sport_sub.php
[20] United Industries Company: http://uicc-yemen.com/en/index.php/activities/47-social-funds

its last participation dates to the seventh session of the COP in 2016.

It is recommended that Yemen continue to cooperate and participate actively in such intergovernmental processes that will support the global and national implementation of the Convention, the Protocol to Eliminate Illicit Trade in Tobacco Products, and other instruments adopted by the COP. Yemen is encouraged to consider participation in relevant working or expert groups when established by the COP.

Article 5.6 calls on Parties to *"within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms"*.

As a country in a complex emergency situation, Yemen received technical and financial support from the Convention Secretariat (through the FCTC 2030 project) and WHO EMRO to support the government's efforts to warn people about the risks associated with tobacco use and protect them from exposure to it. The needs assessment mission provides an overview of gaps and recommendations for priority actions for WHO FCTC implementation. The needs assessment can serve as the basis for future requests to international and regional intergovernmental organizations for technical or financial assistance towards tobacco control.

It is recommended that Yemen continue to identify opportunities to seek expanded support for tobacco control measures and implementation of the Convention in line with its obligations under Article 5.6.

Article 6: Price and tax measures

In **Article 6.1,** the Parties recognize that *"price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons"*.

Article 6.2(a) stipulates that each Party should take account of its national health objectives concerning tobacco control in implementing *"tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption"*.

Taxes on the most sold brand of cigarettes (WHO estimates for 2022)

Prices and taxes of most sold brand of cigarettes (standardized to a pack of 20)	
In currency reported by country	YER 1 500.00
In international dollars (purchasing power parity adjusted)	3.36
In US dollars at official exchange rates	1.29
Taxes on this brand (% of retail price)*	
Total taxes	57.03%
Specific excise	0.00%
Ad valorem excise	47.37%
Value added tax (VAT) or sales tax	0.00%
Import duty	0.00%
Other taxes	9.66%

**Individual categories of tax may not add to total due to rounding.*
Source: Global Tobacco Control Report Country Profile for Yemen 2023

According to the 2023 WHO report on the global tobacco epidemic, cigarettes became less affordable in 2022 than in 2020, which is also the case when comparing affordability between 2012 and 2022.

Section two of the Prime Minister's Resolution No. (379) of 2013 issuing the executive regulations in relation to the 2005 tobacco control law provides a funding mechanism for the National Tobacco Control Programme. Article 20 stipulates, among others, that 1% of total taxes and customs duties charged on imported tobacco and locally manufactured tobacco products should be allocated to the programme. However, the needs assessment mission was informed that this requirement is not currently implemented and there are no dedicated funds for tobacco control in real terms.

Tobacco taxes are also allocated to other policy issues other than tobacco control.

Gaps

- Currently levels of tobacco taxation are low compared to WHO recommended best-practices. Yemen's total tax share of the retail price of cigarettes is 57.03%, below the level of 75% which is considered in the *WHO report on the global tobacco epidemic* as a high level of achievement.
- The tobacco taxation structure does not comply with the recommendations made under article 6 of the WHO FCTC and its Guidelines for implementation.
- Funds earmarked for tobacco control are not currently operational and thus the national tobacco control programme has no financial resources for WHO FCTC implementation.

It is recommended that Yemen introduce a uniform specific excise tax structures or a mixed system that relies more on specific excises and regularly increase it, taking into account increases in consumer prices (i.e., inflation) and household incomes, in order to continue to reduce the affordability of tobacco products. Yemen should aim to ensure that excise taxes account for 70% of retail price, as recommended in the WHO Technical Manual on Tobacco Tax Administration[21] and reflected in the Guidelines for Implementation of WHO FCTC Article 6.

Yemen is also encouraged to implement the legal requirement to allocate to the national tobacco control programme 1% of total taxes and customs duties charged on imported tobacco and locally manufactured tobacco products. The implementation of this requirement will contribute towards the sustainability of tobacco control in the country.

Article 6.2(b) requires Parties to prohibit or restrict, *"as appropriate, sales to and/or importations by international travellers of tax and duty-free tobacco products"*.

Yemen does not currently ban the sale of or importation of duty free (or excise free) tobacco.

It is recommended that consideration be given to prohibiting or further restricting, where appropriate, duty-free tobacco products for international travellers.

Article 6.3 requires that Parties shall *"provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the Conference of the Parties, in accordance with Article 21".*

[21] WHO technical manual on tobacco tax policy and administration: https://www.who.int/publications/i/item/9789240019188 and Guidelines for implementation of Article 6: https://fctc.who.int/publications/m/item/price-and-tax-measures-to-reduce-the-demand-for-tobacco

Yemen has provided this information in its two-year reports and has therefore met the obligations under Article 6.3.

It is recommended that Yemen continue to provide such information in regular WHO FCTC implementation reports.

Article 8: Protection from exposure to tobacco smoke

Article 8.2 requires Parties to *"adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and as appropriate, other public places*."

The guidelines for the implementation of Article 8 emphasize that "*there is no safe level of exposure to tobacco smoke*" and call on each Party to *"strive to provide universal protection within five years of the WHO Framework Convention's entry into force for that Party"*.

The 2005 tobacco control law and the Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to law set out requirements for banning smoking in certain public places, as well as measures concerning designated smoking areas in restaurants and cafés, airports, enclosed markets, entertainment venues and event halls. According to Article 3 of the regulations, smoking is prohibited in educational establishments, health and treatment establishments, public and private sector offices, public and private means of transport such as buses, taxis, limousine service cars, in case of the presence of children or elderly persons. Owners and managers of public places and workplaces where smoking is prohibited are responsible for posting signs (printed and distributed to smokefree places by the MOPHP) at the main entrance to indicate that smoking is prohibited as well as other information about the health consequences of smoking.

The Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law regulations also require restaurants, cafés, airports, enclosed markets, entertainment venues and event halls to dedicate smoking areas, of which article 5 provides a series of requirements for such places.

Level of enforcement:

Despite smokefree requirements for public places and workplaces, the 2014 GYTS survey indicated that more than half (55.5%) of pupils were exposed to tobacco smoke in enclosed public places. This high proportion of young people exposed to tobacco smoke indicates that gaps remain in the implementation of Article 8 of the WHO FCTC. Similarly, the WHO report on the global tobacco epidemic, 2023 reveals that compliance with smoke-free requirements is very low. According to the report, there seems to be little compliance in universities, government facilities, indoor offices and workplaces, and public transport, meaning that Yemen received a score of zero for compliance.

Gaps

- The tobacco control legislation requires for the creation of designated smoking areas in restaurants and cafés, airports, enclosed markets, entertainment venues and event halls.
- There is limited or no compliance with the existing smokefree requirements.

It is recommended that Yemen review and amend current legislation and regulation to eliminate designated smoking areas in enclosed public places and workplaces to ensure universal protection from exposure to secondhand tobacco smoke, in accordance with Article 8 of the WHO FCTC and its guidelines for implementation.

It is also recommended to undertake compliance building activities to raise awareness about which work and public places are required to be smokefree. compliance with the smokefree requirements.

It would also be useful to continue to undertake communications activities to remind people about the risks of secondhand smoke, particularly associated with smoking in the home.

Article 9 on Regulation of the contents of tobacco products and Article 10 on Regulation of tobacco product disclosures

Article 9 requires Parties to *"adopt and implement effective legislative, executive and administrative or other measures"* for the testing and measuring of the contents and emissions of tobacco products.

The partial guidelines for the implementation of Articles 9 and 10[22] adopted by the COP state that regulation of the contents and emissions of tobacco products has the potential to contribute to reducing tobacco attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) or reducing their overall toxicity.

Article 10 of the 2005 tobacco control law specifies requirements for the content of tobacco products manufactured in or imported into Yemen. This provision prohibits the import or manufacture of tobacco products containing more than 0.8mg of nicotine and 12mg of tar. The same requirement is reflected in article 10 of the Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law.

The needs assessment mission did not find any evidence of testing and measuring of contents and emissions of tobacco products being conducted in Yemen.

Gaps

- The current regulations do not cover all aspects of tobacco contents and emissions, in accordance with the WHO FCTC Partial Guidelines for the implementation of Articles 9 and 10.
- There are no requirements for the testing and measuring of contents and emissions of tobacco products.

It is recommended that Yemen implements measures for the testing and measuring of the contents and emissions of tobacco products, and for the regulation of these contents and emissions. The partial guidelines for the implementation of Articles 9 and 10 should be reviewed, and implementation gaps addressed.

Yemen should regulate, by prohibiting or restricting, ingredients that may be used to increase palatability in tobacco products, such as menthol.

[22]Partial guidelines for implementation of Articles 9 and 10: https://fctc.who.int/publications/m/item/regulation-of-the-contents-of-tobacco-products-and-regulation-of-tobacco-product-disclosures

Article 10 requires each Party to *"adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities' information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce"*.

Although section 14 of the Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law requires tobacco product packages to contain information on their contents and related emissions, the needs assessment mission found no provision requiring tobacco manufacturers and importers to disclose information on the contents and emissions of tobacco products to the government.

It is recommended that Yemen legally require manufacturers and importers of tobacco products to disclose information about the contents and emissions of tobacco products, in accordance with the recommendations made in the partial guidelines for the implementation of Articles 9 and 10.

It is further recommended that Yemen implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce.

Article 11: Packaging and labelling of tobacco products

Article 11 requires each Party *"within a period of three years after entry into force of the Convention for the Party to adopt and implement... effective measures"* on packaging and labelling of tobacco products.

Article 11 is one of the time-bound articles of the Convention, which carries with it a deadline of three years for implementation of specific measures.

The Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law provides requirements for packaging and labelling of tobacco products. In 2012, Yemen adopted[23] standard *GSO 246/2011*[24], which is a technical regulation defining labelling requirements for tobacco product packages in the member countries of the Gulf Cooperation Council Standardization Organization (GSO).[25]

The Gulf standard specifications mandate tobacco product packages to carry the following information:

- The product name and trademark
- The number of cigarettes or the equivalent, or the weight of other tobacco products at time of packaging
- The production date in month and year format
- The percentage of tar, nicotine, and carbon monoxide on cigarette packages, and the percentage of nicotine on other tobacco products
- The batch number
- The country of origin, manufacture, or packaging
- The statement 'for sale in the Guld Cooperation Council Countries"

[23] Decision N° 4 of 2012 adoption GSO 246-2011: https://www.emro.who.int/images/stories/tfi/documents/law_yem_2012.4.pdf?ua=1&ua=1
[24] GCC Standardization Organisation (GSO): https://untobaccocontrol.org/impldb/wp-content/uploads/oman_2018_annex-24_labelling_of_tobacco_2011.pdf
[25] GSO Members: https://www.gso.org.sa/en/about-gso/gso-members/

- A health warning about the harmful effects of using tobacco and tobacco products.

The requirements for health warnings are for both text and graphic elements. Requirements include:

- The area of the Pictorial Health Warning shall be no less than 50% (including the borders) of the main display area on the bottom half of the front and back of the pack.
- The area of the text shall not exceed 40% of the whole of the Health Warning and should be printed in Arabic on the front and in English on the back at the bottom of the pack. The text of the Arabic warning must be written in black on a white background using the Simplified Arabic font.
- The text of the English warning must be written in the Times New Roman font. The font size of the text in both languages must be not less than 12 points and in bold style. The arrangement of statements and warnings in both languages must follow the requirements mentioned above.

While GSO 246/2011 requires the rotation of health warning labels, it does not specify the frequency of this rotation.

Gaps

- The GSO does not fully comply with Article 11 of the WHO FCTC and its Guidelines for implementation. For example, the Guidelines suggest that Parties should not require quantitative or qualitative statements on tobacco product packaging and labelling about tobacco constituents and emissions that might imply that one brand is less harmful than another. Rather, Parties should require that relevant qualitative statements be displayed on each unit packet or package about the emissions of the tobacco product.
- There is no legislative measure that specify the frequency of the rotation of health warning labels.

Given the evidence that the effectiveness of health warnings and messaging can increase with their size, consideration should be given to further increasing the size of the health warnings on tobacco packaging.

Yemen could also consider introducing plain packaging to prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and style. Plain packaging also assists in making health warnings more prominent on the pack.

Yemen should consider requiring the inclusion of qualitative information about tobacco constituents and emissions on tobacco packaging, as recommended in the Guidelines for Implementation of WHO FCTC Article 11.

Information about tobacco cessation could also be included on tobacco packaging, such as the contact details for a national quit line once it is established.

Article 12: Education, communication, training and public awareness

Article 12 requires that *"each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote"* education, communication and public awareness about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, the benefits of tobacco cessation and tobacco-free lifestyles as well as training to all concerned professionals and persons and public access to information on the tobacco industry.

Yemen does not have any measures to this effect. Yemen has not recently aired a national mass-media campaign warning about the dangers of tobacco use or to promote quitting. At the time of the needs assessment no campaigns are planned, nor has any form of communication strategy been developed.

The needs assessment mission was informed that some awareness raising activities on the consequences of tobacco use have been carried out in schools by the Ministry of Education in cooperation with the MOPHP.

The awareness activities that have been undertaken have usually been conducted during the Ramadan period. Nevertheless, such activities have not been conducted regularly or extensively. These awareness campaigns have mainly been carried out by the WHO Country Office in Yemen, which is also the main supporter of the awareness campaigns around the marking of the annual World No Tobacco Day (WNTD). During the 2023 WNTD, the MOPHP circulated posters and brochures at sporting events and educational forums to raise awareness of the consequences of tobacco use.

According to the 2014 GYTS, 58.3% of students aged 13-15 years old (56.4% of boys and 61.7% of girls) reported noticing anti-tobacco messages in the media and 53.1% of students (58.9% of boys and 42.1% of girls) reported noticing anti-tobacco messages at sporting and community events. Some 54.7% of students (47.5% of boys and 65.9% of girls) indicated that they were taught about the dangers of tobacco use in school in the past 12 months.

Gaps

- Action plans for the implementation of education, communication, and training activities as part of a comprehensive multisectoral tobacco control strategy have not been established and the mandates of relevant ministries, government agencies and other key stakeholders in implementing Article 12 have not yet been clearly defined.
- There are only limited training, sensitization, and media awareness programmes on tobacco control for the general population and programmes for key target groups, such as healthcare professionals and the media could be established.
- There is no systematic collection of information on the tobacco industry and no public access to such information.

It is recommended that education, communication, and training are included in any future national tobacco control strategy and that adequate resources are allocated to implement effective education and public awareness on the consequences of tobacco use and to promote quitting. Consideration should be given to include tobacco-related education, communication, and training as part of school curricula, and through the use of digital technologies to raise health literacy about tobacco use. Free airtime should be sought from national radio and television stations for the broadcasting of messages aimed at raising awareness of the tobacco control law and preventing tobacco use, exposure to tobacco smoke and quitting.

It is also recommended that the MOPHP and all stakeholders involved in education, communication, and training make efforts to pre-test and rigorously research and evaluate the impact of their activities to achieve best possible outcomes. International cooperation may be useful to ensure that rigorous, systematic, and objective methods are used in designing and implementing these programmes.

It is further recommended that the MOPHP works closely with other stakeholders to implement media campaigns and increase their effectiveness.

Action to further increase public awareness of the law will contribute to better compliance with the tobacco control legislation, especially programmes focussed on increasing knowledge among retail and hospitality stakeholders.

Article 13: Tobacco advertising, promotion and sponsorship

Article 13.1 of the Convention notes that the Parties "*recognize that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products*".

Article 13.2 of the Convention requires each Party to: *"in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21"*.

The Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law prohibits direct and indirect tobacco advertising and promotion. The resolution prescribes a list of means by which manufacturers and importers of tobacco products and their derivatives must not advertise or promote their products. It specifically prohibits manufacturers and importers of tobacco products from *"putting tobacco logos, products, and derivatives on other products, such as hats, shirts, baskets, umbrellas, traffic signs, bridges, and publicity signs, of all types or painting means of transportation or building walls of any reference or symbol of any smoking type".*

The regulation also bans sponsorship and specifies that tobacco product manufacturers are prohibited from *"sponsoring cultural, sportive, and social activities, presenting prizes or gifts, conducting races, or distributing free samples of their products".*

Level of enforcement

The results from the 2014 GYTS suggests that youth exposure to TAPS has been an issue for some time. The report reveals that:

- 44.7% of students aged 11-15 years old (46.9% boys and 40.3% girls) noticed tobacco advertisements or promotions at points of sale,
- 26.6% of students (29.4% boys and 22.5% girls) owned something with a tobacco brand logo on it,
- 13.4% of students (16.9% boys and 7.8% girls) had been offered a free tobacco product from a tobacco company representative.

According to the *2023 WHO report on the global tobacco epidemic,* Yemen received a compliance score of 6 out of 10 for the enforcement of the law (where 10 is the highest level of compliance).

Gaps

- The laws and regulations do not clearly prohibit the tobacco industry from engaging in "socially responsible" activities. Similarly, the tobacco industry is not obliged to disclose its advertising, promotion and sponsorship activities or expenditure to the government.
- The TAPS ban is not being properly implemented and enforced.

It is recommended that Yemen review tobacco control legislation and regulations against the recommendations made in the Guidelines for the implementation of Article 13 of the WHO FCTC and close any remaining gaps for TAPS, in particular with regard to banning cooperate social responsibility.

It is further recommended to strengthen enforcement, including through routine monitoring and inspection of compliance with the law that prohibits TAPS. Attention should be paid to TAPS on social

media and internet-based communications. Resources for compliance building, training of enforcement officers and enforcement activities should be identified.

Article 13.5 encourages Parties to: *"implement measures beyond the obligations set out in paragraph 4"*.

Currently Yemen has not implemented any measures beyond the obligations set out in paragraph 4.

Article 13.7 reaffirms Parties' *"sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law".*

The Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law does not explicitly address TAPS via international or cross-border TV, radio or in cross-border newspapers and magazines. However, given that advertising is banned on all media, it could be interpreted that both domestic and international levels are covered by the ban.

It is recommended to review the legislation and consider amendments to explicitly ban to cross-border TAPS entering Yemen or originating in its territory.

Article 14: Measures concerning tobacco dependence and cessation

Article 14.1 requires each Party to *"develop and disseminate appropriate, comprehensive and integrated guidelines* [concerning tobacco dependence and cessation] *based on scientific evidence and best practices…* [and] *take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence"*.

One of the objectives of the ministerial decision No. (7/3) of 2007 was to set up cessation clinics to help people in quit smoking. However, Prime Minister's Resolution No. (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law does not make mention of such arrangements.

Gap

Yemen has not developed national guidelines to promote cessation of tobacco use.

It is recommended that Yemen develop and disseminate national guidelines on tobacco dependence treatment, including a national cessation strategy and national treatment guidelines. Yemen should refer to the recommendations in the guidelines for implementation of Article 14 of the WHO FCTC when designing and developing its own guidelines, while also taking into account national circumstances and priorities.

Article 14.2 stipulates that to achieve the end outlined in Article 14.1, "*each Party shall endeavour to"* implement effective tobacco cessation programmes aimed at promoting the cessation of tobacco use, include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence, and ensure the accessibility and affordability of treatments for tobacco dependence.

Yemen does not have a comprehensive programme for tobacco dependence treatment and cession support services are not available in hospitals, health clinics or offices of health professional. However, the 2023

WHO global report on the tobacco epidemic indicates that some cessation services are available at some community locations, although there is no indication of some specific places where this type of support is available. The same report indicates that where support is available, it is not cost-covered. Article 23.1 of the Prime Minister's Resolution N° (379) issuing executive regulations in relation to the 2005 tobacco control law requires the national tobacco control programme to dedicate some of its resources to specialised clinics for tobacco dependence treatment, based on a plan that the programme will develop (to date, there are no resources to dedicate).

The 2014 GYTS survey found that 22.1% of students who currently smoke have received help and/or advice from a programme or professional to stop smoking.

Gaps

- Yemen does not currently have a comprehensive, integrated national programme for treating tobacco dependence.
- It is not mandatory to record tobacco use in medical history notes.
- Health workers at primary health care level have not been trained and mobilized to provide cessation counselling and brief cessation advice.
- Tobacco dependence treatment is not included in the academic curriculum at medical, dental, nursing and pharmacy schools.
- There is no established national quit line for tobacco.
- Nicotine replacement therapy (NRT), while available, is not cost-covered.
- NRT is not on the country's essential drugs list

It is recommended that the MOPHP establish a national tobacco cessation programme in line with Article 14 of the WHO FCTC and its guidelines for implementation. A national programme to promote cessation of tobacco use should seek to integrate tobacco dependence treatment into Yemen's primary healthcare system. Establishing a national quit line and offering web-based cessation support should be considered.

Effective NRT and other pharmacotherapies should be made available in Yemen free or at an affordable cost. The WHO Model List of Essential Medicines includes pharmacotherapies for tobacco cessation that should be considered[26]. Medical insurance companies should also be encouraged to promote quitting, including by reimbursing quitting medicines.

It is recommended to strengthen the capacity for those who will provide cessation support and brief advice to quit through provision of training. Tobacco control and tobacco cessation should be incorporated into the curricula of all healthcare professionals and other relevant occupations, and the MOPHP could also consider collaborating with relevant professional organizations to develop and offer training modules for cessation.

It is further recommended that the MOPHP, in collaboration with relevant stakeholders, ensure that the recording of tobacco use status is mandatory in all medical and patient other notes.

Article 15: Illicit trade in tobacco products

In **Article 15** of the Convention the *"Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and*

[26] WHO Model List of Essential Medicines – 23rd list, 2023: https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02

implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control".

The Protocol to Eliminate Illicit Trade in Tobacco Products was adopted by consensus in 2012 at the fifth session of the Conference of the Parties to the WHO FCTC. The objective of the Protocol is the elimination of all forms of illicit trade in tobacco products, in accordance with the terms of Article 15 of the WHO FCTC.

Yemen signed the Protocol on 7 January 2014 but has not yet ratified it.

Illicit trade in tobacco is known to be widespread in Yemen. The Global Organized Crime Index[27] indicates that Yemen is destination and transit point for illicit trade in tobacco products, which has significantly increased since the outbreak of the conflict. In March 2023, a Yemeni online newspaper, *Almawqea Post*, published an investigative report on cigarette smuggling networks in the country[28]. The article reports that tobacco is smuggled by land and sea with the involvement of a variety of actors, both governmental and a multitude of private groups and individuals.

There are no requirements in national legislation to combat the illicit trade in tobacco products, with the exception of Article 20 of the 2005 tobacco control law, which states that any tobacco product entering the country illegally will be confiscated. The Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law do not provide any implementation requirements for this article.

Gaps

- Yemen is not yet a Party to the Protocol.
- Yemen does not have a tracking and tracing system in place to secure the tobacco supply chain and assist in the investigation of illicit tobacco.
- There is no licensing system for the manufacture, import, distribution and retail of tobacco products.
- Article 20 of the 2005 tobacco control law which requires the confiscation of illegal tobacco products entering Yemen is not actively enforced.

It is recommended that Yemen considers ratifying the Protocol and move ahead with the implementation of its measures.

Regardless of whether Yemen joins the Protocol, consideration should be given to introducing legislative and administrative measures to address gaps and fulfil obligations under Article 15 of the WHO FCTC, including development of a practical tracking and tracing system, and a licensing system for manufacturers, importers, distributors, and retailers of tobacco products, among other measures.

Enforcement activity to detect and confiscate any tobacco products illegally entering the country should be undertaken.

Yemen is encouraged to strengthen coordination among all government ministries and agencies that have a role in eliminating illicit trade in tobacco products.

[27] Global Organized Crime Index, Yemen Profile: https://ocindex.net/country/yemen

[28] "Tobacco brokers and the money empire" …An investigation by Almawqea Post reveals extensive cigarette smuggling networks in Yemen and billions of riyals in losses!:https://almawqeapost.net/english-news/83388

It is recommended to further strengthen national, regional and global coordination/cooperation in combating illicit trade and to increase resources for border control.

Article 16 requires *Party to "adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen. These measures may include:*

a) requiring Parties to ensure that "*all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age*;".
b) "*banning the sale of tobacco products in any manner by which they are directly accessible, such as store shelves*;".
c) "*prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors*"
d) ensure *"that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors"*.
e) *"ensuring that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors"*.

Article 16.2 requires Parties "*to prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors"*.

Article 16.3 calls on Parties to *"endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors"*.

In Yemen, it is against the law to sell tobacco products to minors. Article 15(a) of the Prime Minister's Resolution N° (379) of 2013 issuing executive regulations in relation to the 2005 tobacco control law prohibits the sale of tobacco products to anyone under the age of 18. Article 15(b) stipulates that *"employers shall not hire children to sell tobacco products and derivatives or present shisha in their shops"* and thus prohibits sales by minors. Failure to comply with article 15(b) is punishable under article 154 of the country's Labor Code[29], which imposes a fine of between 1,000 (one thousand) and 20,000 (twenty thousand) riyals on anyone who employs a young person[30] in *arduous work, harmful industries or to perform a socially damaging job.*

Article 13 requires signage in places where tobacco products are sold indicating that minors cannot obtain tobacco products and prohibits product display at point of sale. It is forbidden under article 9 to manufacture or import products that imitate smoking or advertising material for smokers.

Level of enforcement

In the 2014 GYTS:

- 15.1% of students (19.4% of boys and 7.9% of girls) reported using some form of tobacco.
- 43.3% of students who currently smoke cigarettes reported buying them from a shop, street vendor or kiosk.
- 61.5% of students reported buying cigarettes as individual sticks.

[29] Yemen Labor Code, Act No. 5 of 1995: https://www.ilo.org/dyn/natlex/docs/WEBTEXT/44043/65001/E95YEM01.htm#a42
[30] 'Young person' is defined in Yemen's Labor Code as any male or female person under 15 years of age.

- 74.4% of students who currently smoke cigarettes said they were prevented from buying them because of their age.
- 26.6% of students (29.4% of boys and 22.5% of girls) reported that they owned something with a tobacco brand logo on it.

Gaps

- Despite the existence of age-of-sale requirements, the results of the 2014 GYTS indicate that young people can still easily obtain tobacco products.
- The law does not ban the sale of tobacco from vending machines.
- The law does not ban the sale of cigarettes individually or in small packets.

It is recommended that Yemen review its tobacco control legislation and regulations against the Article 16 of the WHO FCTC and close any remaining gaps, in particular with regard to banning the sale of cigarettes individually or in small packs.

It is further recommended that the MOPHP and other relevant ministries undertake activities to build compliance through communicating legal responsibilities to retailers about responsibilities to prevent underage sale of tobacco, including the need to display signage indicating that tobacco products cannot be sold to persons below 18 years.

It is also recommended to strengthen the enforcement of the law relating to TAPS to prevent tobacco brands being used on other products, especially those attractive to young people.

Article 17: Provision of support for economically viable alternative activities

Article 17 calls on Parties to promote, as appropriate, *"in cooperation with each other and with competent international and regional intergovernmental organizations… economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers".*

Tobacco farming has been on a steady increase in Yemen since the year 2000. According to the 2023 global report on the tobacco epidemic[31], from 2000 to 2020, the area harvested under tobacco crop increased by 114.03%.

The 7th edition of the Tobacco Atlas[32] indicates that 28,598 tons of tobacco were produced in Yemen in 2019 on 23,452,000 hectares of quality agricultural land that could have been used to grow food.

A review of the Annual Agricultural Statistics Book for 2020[33], published by the General Directorate of Statistics and Agricultural Information of the Yemeni Ministry of Agriculture and Irrigation also shows an increase tobacco leaf production. The report indicates that 13.3% of the total cash crop area was devoted to tobacco leaf production in 2020.

[31] Tobacco agriculture trade Yemen 2022 country profile. Available at: https://www.who.int/publications/m/item/tobacco-agriculture-trade-yem-2022-country-profile
[32] Tobacco Atlas: Yemen Country Profile: https://tobaccoatlas.org/download-pdf?country=1723
[33] Annual Agricultural Statistics Book for 2020: https://agriculture.gov.ye/annual_agri_stat/agri_stat_2020.pdf

The report also indicates the following production information:

Crop	Item	Year				
		2016	**2017**	**2018**	**2019**	**2020**
Tobacco	*Area (HA)*[34]	*9,543*	*9,439*	*9,426*	*9,670*	*9,670*
	Production (MT)[35]	*19,084*	*18,905*	*19,131*	*28,598*	*28,598*

Tobacco growing is explicitly mentioned in the country's National Agricultural Sector Strategy 2012 – 2016.[36] The strategy presents tobacco production as a high value-added crop and an area of potential growth for Yemen's agricultural sector.

With reference to the policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to articles 17 and 18 of the WHO FCTC), it is recommended that Yemen strives to maintain the lowest possible levels of tobacco growing and that all relevant government agencies be made aware of the obligations under these articles.

The Ministry of Agriculture and Irrigation is encouraged to develop and promote a programme to help tobacco farmers who desire to switch from tobacco growing (or whose livelihood is/will be impacted by the reduction in the demand for tobacco leaf) to economically viable and environmentally friendly alternatives, including working with the Ministry of Finance to raise financial support to switch.

It is also recommended that the Ministry of Agriculture and Irrigation strengthen its collaboration with the other relevant ministries in sensitizing tobacco growers on the health, environment and social consequences of tobacco growing and explaining the benefits of switching to other viable alternatives; as well as to mobilize support from development partners and considering use of the revenue from tobacco taxes to improve livelihoods of tobacco farmers through economic and social programmes.

Articles 18: Protection of the environment and the health of persons

In **Article 18**, Parties agree to *"have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture".*

Yemen is encouraged to maintain knowledge and understanding of the evidence of tobacco's substantial environmental toll, including litter, and its negative impact on sustainable development at country and global levels. Yemen is encouraged to support international efforts to raise awareness action to address the environmental toll of tobacco.

Article 19: Liability

Article 19 requires Parties to consider, for the purpose of tobacco control, *"taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate".*

[34] Hectares
[35] Metrics Tones
[36] National Agriculture Sector Strategy 2012 – 2016: https://extranet.who.int/nutrition/gina/sites/default/filesstore/YEM%202012%20NationalAgricultureStrategy_2012-2016.pdf

No activities have been implemented in relation to this article of the Convention. There are also no policy or legislative measures in place related to this article.

Gap

There is no provision in national legislation that addresses potential criminal and civil liability of the tobacco industry

It is recommended that Yemen reviews and promotes the options of implementing Article 19 in its national context, including by using the WHO FCTC Article 19 Civil Liability Toolkit[37], which is an interactive guide to taking legal action against the tobacco industry.

Article 20: Research, surveillance and exchange of information

Article 20 requires Parties to *"develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control"*.

To date, Yemen has completed:

- Three rounds of the Global Youth Tobacco Survey (GYTS): 2014, 2008 and 2003.
- Two rounds of the Global School-based Student Health Survey (GSHS): 2014 and 2008.
- One round of the Global Health Profession Students Survey (GHPSS): 2009. [38]
- One round of the Global Adult Tobacco Survey (GATS): 2014.

The needs assessment mission was informed that a STEPwise survey was being prepared in Yemen, but no further information was provided as to the start date of this survey or the source of funding.

Gap

Yemen is limited in epidemiological surveillance of tobacco consumption and its related impact on public health as well as social, economic and environmental development. The most recent is in 2014.

It is recommended that Yemen:

- ***Develop and promote national research capacity in coordination with competent international and regional organizations.***
- ***Identify a set of standard questions related to tobacco use that can be included in all future national household surveys and other relevant surveys to allow for the standardization of data and the tracking of trends over time.***
- ***Collect data on mortality and morbidity related to tobacco use.***
- ***Conduct research addressing the determinants and consequences of tobacco use and exposure to tobacco smoke, and the impacts on sustainable development.***
- ***Conduct evaluation studies of the effectiveness of interventions to reduce tobacco use prevalence and utilize findings and surveillance results when developing national tobacco control strategies, policies and interventions.***

[37] WHO FCTC Article 19 Civil Liability Toolkit: https://untobaccocontrol.org/impldb/tobacco-control-toolkit/#/
[38] Global Health Professional Students Survey – 2009 Yemen Country Report: https://www.emro.who.int/images/stories/tfi/documents/ghpss_cr_yem_2009.pdf?ua=1

Article 21: Reporting and exchange of information

Article 21 requires each Party to *"submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention*".

Yemen has provided reports in 2009, 2012, 2014, 2018 and 2023.

Yemen is encouraged to submit all necessary reports on time.

Article 22: Cooperation in the scientific, technical, and legal fields and provision of related expertise

Article 22 requires that Parties *"shall cooperate directly or through competent international bodies to strengthen their capacity to fulfil the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes"*.

At its fourth session, in decision FCTC/COP4 (17)[39] the COP acknowledged the importance of implementation of the Convention under the as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF (now UNSDCF)[40] and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level**.**

Yemen cooperates with and has received technical and financial assistance to implement tobacco control activities from the WHO Yemen Country Office, WHO EMRO, and the Convention Secretariat.

The current *United Nations Yemen Sustainable Development Cooperation Framework 2022 – 2024*[41] does not mention the implementation of the WHO FCTC. Likewise, the *UNDP Yemen Country Strategy 2021 – 2024*[42] and the Country programme document Yemen 2023 – 2024[43] do not mention the implementation of the WHO FCTC.

The last WHO Country Cooperation Strategy (CCS) for 2008 – 2013[44] has a specific mention of tobacco control and has not been updated since it expired in 2013 due to the crisis. The needs assessment mission was informed that a new CCS was being developed which would prioritise the implementation of the WHO FCTC.

[39] See FCTC/COP/4/REC/1, *Decisions and ancillary documents* : http://apps.who.int/gb/fctc/E/E_cop4.htm
[40] United Nations Sustainable Development Cooperation Framework Guidance: https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance
[41] United Nations Yemen Sustainable Development Cooperation Framework 2022 – 2024: https://unsdg.un.org/sites/default/files/2022-06/Yemen-Cooperation_Framework-2022-2024.pdf
[42] 2021 – 2024 Country Strategy Note: https://yemen.un.org/en/160004-2021-2024-country-strategy-note
[43] Country Programme Document (CPD) 2023 – 2024: https://www.undp.org/yemen/publications/country-programme-document-cpd-2023-2024
[44] Country Cooperation Strategy for WHO and Republic of Yemen, 2008 – 2013: https://iris.who.int/bitstream/handle/10665/113235/CCS_Yemen_2010_EN_14479.pdf?sequence=1&isAllowed=y

Gap

Despite the strong evidence that WHO FCTC implementation is an accelerator for sustainable development, supporting implementation of the Convention has not been specifically included as a priority in the UNSCDF 2022 – 2024.

It is recommended that the MOPHP actively follow up with the UN Resident Coordinator and relevant government ministries to propose that implementation the WHO FCTC are included in future UNSDCF and other CCS with the UN. The activities proposed could include priorities identified based on this joint need assessment report.

It is further recommended that the Government of Yemen actively seeks opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support the implementation of the Convention.

Yemen is also encouraged to collaborate and share knowledge, skills and successful initiatives in the implementation of the Convention with other WHO FCTC Parties, including through South-South Cooperation.

Article 26: Financial resources

In **Article 26**, Parties recognize *"the important role that financial resources play in achieving the objective of this Convention"*. Furthermore, Article 26.2 calls on each Party to *"provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes"*.

Section two of the Prime Minister's Resolution No. (379) of 2013 issuing the executive regulations in relation to the 2005 tobacco control law provides a funding mechanism for the National Tobacco Control Programme. Article 20 stipulates, among others, that 1% of total taxes and customs duties charged on imported tobacco and locally manufactured tobacco products should be allocated to the programme. However, the needs assessment mission was informed that this requirement is not currently implemented and there are no dedicated funds for tobacco control in real terms.

Tobacco control activities in Yemen have essentially been supported by WHO Yemen Country Office and WHO EMRO.

Gaps

- There is no funding to fully implement and enforce Yemen's tobacco control measures.
- Funds earmarked for tobacco control are not currently active and thus the national tobacco control programme has no financial resources for WHO FCTC implementation.
- Other ministries that have a role to play in the implementation of the WHO FCTC have not allocated staff time for this work.
- Current tax levels fall well below recommended levels, representing a lost potential opportunity to increase government revenues.

It is recommended that the government allocate sufficient financial and human resources to the implementation and enforcement of the tobacco control law and relevant regulations, and to the implementation of the WHO FCTC.

Yemen is also encouraged to implement the requirement to allocate 1% of total taxes and customs duties charged on imported tobacco and locally manufactured tobacco products to the national tobacco control programme. The implementation of this requirement will ensure sustainability of tobacco control activities.

Article 26.3 requires Parties to *"promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition"*.

WHO and the Convention Secretariat have provided technical and financial support for the implementation of the WHO FCTC in Yemen. The needs assessment mission is not aware of any other source of funding for tobacco control in Yemen.

Gap

Yemen has not fully utilized the bilateral, regional, sub regional and other multilateral channels available to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes. While there might be opportunities for funding the program, there was not an active scouting for funding so opportunities that exist may have been missed in the past.

It is recommended in line with Article 26.3 of the Convention that the Government of Yemen seek assistance from development partners and promote the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

Article 26.4 stipulates that *"Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations"*.

The MOPHP is committed to ensuring that Yemen will promote implementation of the Convention in relevant bilateral and multilateral forums. No information is available regarding other government agencies promoting the implementation of the Convention.

It is recommended that Yemen utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, that represent Yemen in other regional and global forums also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries to support them in the implementing of the Convention.

ANNEX 1

Draft agenda

29 August 2023: Stakeholders meeting[45]		
Time	**Activity**	**Speaker**
9:00 – 9:30	Opening ceremony: - Welcome addresses - Participants self-introduction	WHO EMRO Regional Office Ministry of Public Health and Population Yemen WHO FCTC Secretariat
9:30 – 9:45	Objectives, expected outcomes and an overview of the needs assessment process	WHO FCTC Secretariat
9:45 – 10:30	The WHO Framework Convention on Tobacco Control: - Global trends in implementation - Updates from UNDP	WHO FCTC Secretariat UNDP
10:30 – 11:00	Health Break and Groupe photo	
11:00 – 11:30	Overview of tobacco control in the WHO Eastern Mediterranean Region: opportunities and challenges. Presentation and discussion	WHO EMRO Regional Office
11:30 – 12:30	Tobacco control in Yemen: - Ongoing tobacco control policy and legislative efforts in Yemen - Gaps and challenges for a comprehensive implementation of the WHO FCTC in Yemen Presentation and discussion	Presented by the Ministry of Public Health and Population Yemen and WHO Yemen Country Office Moderated by the WHO FCTC Secretariat
12:30 – 14:00	Lunch Break	
14:00 – 16:00	Roles, contributions, challenges, and opportunities for strengthening the implementation of the WHO FCTC in Yemen:	Representatives from the respective sectors.

[45] *The meeting will be a hybrid one, with some sectors present in Cairo and others participating virtually from the WHO country office in Yemen.*

	In-person presentations by the: - Ministry of Finance - Ministry of Interior - Ministry of Justice - Ministry of Legal Affairs Short break followed by a virtual presentation by the: - Ministry of Agriculture - Ministry of Education - Ministry of Foreign Affairs *10mins per presentation and the rest of the time will be for discussions*	Moderated by the WHO FCTC Secretariat
16:30	Closing	
30 August 2023 Bilateral meetings, presentation of draft findings, gaps and recommendations		
08:30 – 10:30	Bilateral discussions with the following sectors (about 25mins each): - Ministry of Public Health and Population - Ministry of Finance - Ministry of Interior and Ministry of Justice, Ministry of Legal Affairs - National Cancer Control Foundation in Yemen (virtually)?	WHO FCTC Secretariat and the different sectors
10:30 – 11:45	Health Break	
11:45 – 12:30	Article-by-article presentation of the preliminary findings and recommendations *Comments and discussions will follow when each article is presented.*	WHO FCTC Secretariat
12:30 – 13:30	Lunch Break	
13:30 – 15:30	Article-by-article presentation of the preliminary findings and recommendations *Comments and discussions will follow when each article is presented.*	WHO FCTC Secretariat
15:30 – 16:00	Closure and next steps (timetable for completion of the report, actions required, etc.)	WHO FCTC Secretariat WHO EMRO Regional Office

ANNEX 2

List of Participants

Yemen

1. Dr Mohammed Ahmed Al-Qeshah
   Director General
   National Tobacco Control Programme
   Ministry of Public Health and Population

2. Mr Naji Ali Jaber
   Dep. Minister for Revenues sector
   Ministry of Finance

3. Dr Ali Mohammed Ali AL- Naimi
   General Secretary of the Prime Minister

4. Mr Hussin Nagi Al hithmi
   Ministry of Foreign Affairs

5. Mr Fahmy Ahmed Noman
   Ministry of Legal Affairs

6. Mr Abdullah Mohammed Alduhmey
   Ministry of Interior and Security

WHO Yemen Country Office

1. Dr Abdulwahab A. Al-Nehmi
   Noncommunicable Diseases Officer
   WHO Representative's Office, Yemen

WHO Eastern Mediterranean Regional Office

1. Dr Asmus Hammerich
   Director
   UHC/Noncommunicable Diseases and Mental Health (NMH)

2. Dr Fatimah El-Awa
   Regional Adviser, Tobacco Free Initiative (TFI)
   UHC/Noncommunicable Diseases and Mental Health (NMH)

3. Ms Sophia El-Gohary
   Technical Officer, Tobacco Free Initiative (TFI)
   UHC/Noncommunicable Diseases and Mental Health (NMH)

4. Dr Nibras Elhag Arabi
   Fellow, Tobacco Free Initiative (TFI)
   UHC/Noncommunicable Diseases and Mental Health (NMH)

5. Ms Chisomo Kasinja
   Junior professional officer, Tobacco Free Initiative (TFI)
   UHC/ Noncommunicable Diseases and Mental Health (NMH)

6. Ms Radwa El Wakil
   Programme Assistant, Tobacco Free Initiative (TFI)
   UHC/Noncommunicable Diseases and Mental Health (NMH)

7. Ms Dina Ibrahim
   Administrative Assistant, Tobacco Free Initiative (TFI)
   UHC/ Noncommunicable Diseases and Mental Health (NMH)

UNDP

1. Ms Rachael Stanton
   Policy Analyst (UNDP).
   United Nations Development Program

WHO FCTC Secretariat

2. Mr Kelvin Khow Chuan Heng
   Programme Manager

3. Mr Tih A. Ntiabang
   Technical Officer, Direct Assistance to Parties

4. Dr Hani Al Gouhmani
   Consultant