



FCTC has been instrumental in Bangladesh. The situation before and that after 2005 is completely different. We implemented tobacco control legislation due to the FCTC. Without FCTC, we would have not succeeded. There has been a paradigm shift in Bangladesh after signing the FCTC.

## Introduction

The impact assessment mission for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Bangladesh from 18 to 21 April 2016; with participation of representatives from the independent Impact Assessment Expert Group.

## Key tobacco control milestones

**2003**

Bangladesh is one of the first WHO FCTC signatories

**2004**

Bangladesh ratifies the WHO FCTC

**2005**

Enactment of the Smoking and Usage of Tobacco Products (Control) Act

**2006**

Formulation of the Smoking and Usage of Tobacco Products (Control) Rules

**2007**

Establishment of the National Tobacco Control Cell (NTCC)


**2013**

Amendment to the 2005 Act

**2015**

Formulation of the Smoking and Usage of Tobacco Products (Control) Rules

## Key facts




At least **50%** of the upper part of cigarette packets has to be covered by warnings


There are 25 tobacco growing districts with

**42 242**


hectares of tobacco cultivation

As of 2014, **23%** of the adult population smokes; **44.7%** of men and **1.5%** of women



As of 2014, **2.8%** of young people aged 13-15 smokes; **4.3%** of boys and **1%** of girls



**Bidis** are the most affordable products, 25-35 pieces are sold for


**10 US cents**

A low-range cigarette pack of 20 costs

**50 US cents**

and a premium pack of 20 Marlboro costs


**US\$ 2.50**

**80 billion** cigarette sticks and **50 billion** bidis were manufactured and consumed domestically in 2014



**51%** of the retail price of the most popular brand of cigarette is tax



**12.86%** of British American Tobacco Bangladesh is owned by the Investment Corporation of Bangladesh, a statutory corporation of the Bangladeshi government



The FCTC has impacted Bangladesh to a very great extent. ... Just look back to before 2003 – an extremely dark scenario. The Government never thought of the detrimental impact of tobacco on health, on the economy, or the environment – none of that was thought of neither by the Government nor by any NGO.

## Key observations

- The WHO FCTC provided momentum to Bangladesh to develop and implement new tobacco control policies at the national level and strengthen existing legislation. The Convention provided an overarching framework and commitment to long-term tobacco control strategies. The Tobacco Products (Control) Act of 2005 covers smoke-free legislation, tobacco advertising, promotion and sponsorship (TAPS), and restrictions on packaging and labelling policies. It was later amended to meet the requirements of the Convention and stakeholders (domestic and international nongovernmental organizations – NGOs and IGOs and civil society organizations) working for tobacco control in the country.
- The 2007-2010 National Strategic Plan of Action for Tobacco Control further demonstrated the country's commitment to long-term tobacco control measures. In 2013, the Act was amended to introduce more restrictions on smoking in public places and public transport; TAPS bans; a requirement for graphic health warnings on tobacco packaging; and the provision of loans for cultivation of alternative crops. The same Act mandated the establishment of Bangladesh's national coordinating mechanism – the National Tobacco Control Cell (NTCC).
- The WHO FCTC has prompted intersectoral collaboration between government departments, civil society and NGOs working for tobacco control in Bangladesh. The WHO FCTC boosted tobacco control NGOs and galvanized the civil society movement. For example, the Bangladesh Anti-Tobacco Alliance (BATA) serves as one of the major sources of information for the public and government about the law and reporting violations.
- Bangladesh has been successful at informing the public and health providers about the harm of tobacco, through anti-tobacco educational and media campaigns. The WHO FCTC reinforced messages about the denormalisation of tobacco use and contributed to the conversation about it. The 2007-2010 National Strategic Plan stresses the importance of enhanced public awareness of tobacco control issues. Initiatives, which specifically help women and those in rural areas have been created. This resulted in updates of school curricula and mobilized the medical community.
- The WHO FCTC Article 17 is very important for Bangladesh since the country is a tobacco grower. The WHO FCTC has raised awareness about the negative impact of tobacco growing, such as deforestation and destroying land fertility, endangering population health and food security, and has encouraged the Bangladeshi government to support farmers' transition to alternative livelihoods. As a result of WHO FCTC's efforts, the government has included provisions in the 2005 and 2013 Acts to discourage tobacco cultivation and production, and encourage the cultivation of alternative crops.
- While there is not yet a law or policy to prevent tobacco industry interference, in accordance with Article 5.3 of the WHO FCTC, the Bangladeshi Government has begun to acknowledge the value of such measures. The government still holds shares in tobacco companies and has representatives on their boards. The government is now working on the development of national guidelines on Article 5.3.
- Bangladesh has made significant advances in ensuring smoke-free environments. With WHO FCTC help following ratification, Bangladesh implemented smoke-free environments under the terms of the 2005 Act. The number of such environments expanded with the 2013 amendment to the Act. Presently, government offices, hospitals, health-care facilities, childcare facilities, schools, public places (e.g. shops, cultural facilities), hotels and public transport terminals are 100% smoke-free.
- In accordance with the Convention, Bangladesh has also implemented stronger graphic health warnings. The WHO FCTC has served as a legal instrument in enabling the prohibition of TAPS. Since 2013, Bangladesh has been successful in implementing a 100% ban on TAPS in print and mass media. However, product display and corporate social responsibility activities are yet to be banned.



## Outcomes

- ✓ Contributed to Bangladesh's national tobacco control law of 2005 and its amendment in 2013.
- ✓ Enabled Bangladesh to make progress in many areas in the implementation of the Convention.
- ✓ Served as a guiding framework and an instrument to support legislative, executive and administrative measures, and provided direction for implementation.
- ✓ Supported the Ministry of Health and Family Welfare and partners in making the case for health and rallied the NGO/civil society sector into pressing for action.



# Brazil

## IMPACT ASSESSMENT



All this knowledge, all this improvement in Brazil on tobacco control is a result of the FCTC. With the FCTC and its guidelines, we can reach things that we couldn't, things that wouldn't have been possible.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Brazil from 25 to 28 April 2016. The mission was led by members of the independent Impact Assessment Expert Group, established by the Conference of the Parties.

## Key facts

**100,000-150,000**

smokers a year enroll in the cessation programme in one of the 250 cessation centres



Brazil has an outstanding smoking cessation rate, with a

**19.6%**

decline in prevalence from 1989 (**34.3%**) to 2013 (**14.7%**)

Brazil is the world's **largest**



tobacco exporter and second largest tobacco producer with a long tradition of family tobacco growing

## Key tobacco control milestones

**2005**

Brazil ratifies the WHO FCTC

**2006**

WHO FCTC enters into force in Brazil

The implementation of the National Programme for Diversification in Tobacco Growing Areas

**2011**

A more comprehensive reform in the taxation system for tobacco products and the Minimum Price Policy for cigarettes is established

**2012**

Additives such as menthol and other flavours in tobacco products are prohibited

**2014**

All enclosed public places are declared smoke-free without allowances for designated smoking areas

**5.6%**

of young people are smokers; **5.8%** of boys and **5.4%** of girls (2015)



**14.7%**

of the adult population are smokers; **18.9%** of men and **11%** of women (2013)



As of 2016, tax accounted for

**77%**

of the most widely sold brand of cigarette retail prices



Pictorial health warnings cover

**100%**

of the back and there are text-only warnings on **30%** of the lower front surface of tobacco packaging



From 2006 to 2013, there was a

**74%**

increase in the average price of cigarettes, a **32%** decrease in domestic cigarette sales and a **48%** increase in tax revenues



The FCTC has been a milestone in enhancing tobacco control in Brazil, enhancing the health sector's power to mobilize all other sectors to commit to the FCTC goals, principles and objectives.

## Key observations

● Brazil has taken advantage of the WHO FCTC as a legal instrument. The Convention's impact was felt as soon as negotiations began. It has served as an overarching framework to promote and guide tobacco control efforts and strategies. Brazil strengthened and expanded an existing ban on smoking as part of WHO FCTC implementation. Eight years after the entry into force of the Convention, it became the largest country in the world to implement comprehensive smoke-free legislation. A progressive escalation of the health warnings on tobacco products was also introduced, with increasingly blunt images and warnings, occupying more and more of the cigarette packaging. Brazil is also the first country in the world to ban misleading descriptors, and the second to introduce pictorial warnings after Canada (in 2001).

● In Brazil, the WHO FCTC not only facilitated the development of regulatory mechanisms for tobacco control, but also resulted in the establishment of a tobacco control-focused organization. In 2003, Brazil became the first country in the Americas to establish an intergovernmental body responsible for WHO FCTC implementation. This body, the National Commission (known as CONICQ) has representatives from 18 divisions of the federal government and is responsible for promoting and implementing Brazil's treaty obligations. The effective functioning of CONICQ is largely possible because the

WHO FCTC has unified the focus on tobacco control at all levels of government, especially in cross-departmental coordination. The WHO FCTC has enhanced the health sector's power to mobilize other sectors towards achieving common Convention goals.

● Brazil is the world's largest exporter and second biggest producer of tobacco. With WHO FCTC help, the government has started taking steps to provide tobacco farmers with alternative livelihoods. The Ministry of Agrarian Development (MDA) launched a comprehensive diversification programme for small tobacco farmers following WHO FCTC ratification in 2005. Additionally, investments were made by National Programme for Diversification in Tobacco Growing Areas amounting to US\$ 12 million between 2005 and 2012. The MDA gave more than US\$ 5 million towards income diversification of small farmers and major tobacco growing municipalities.

● By following WHO FCTC Article 6, Brazil has been able to implement more stringent price and tax measures. In Brazil, cigarettes incur both a specific and ad valorem tax, and are also subject to VAT. In 2012, a mixed excise tax system was implemented in Brazil to reduce the gap between cigarette prices across brands. The specific tax is adjusted to a rate above anticipated inflation on an annual basis, and the ad valorem tax also increases

each year. Total tax receipts are reported to have increased by 147% from 2006 to 2009.

● The WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products has been a turning point in combating illicit trade in Brazil. In 2007, several measures for the control, registration and inspection of tobacco products were introduced.

● Civil society participation in tobacco control has been significantly enhanced since the WHO FCTC negotiations started in Brazil. The Alliance for the Control of Tobacco Use (ACT), a nongovernmental organization (NGO) network of more than 200 organizations, has supported tobacco control through research activities, training programmes, the media and policy advocacy. Civil society has played an important role in the development and implementation of comprehensive smoke-free legislation and continues to assist with monitoring efforts.

● Brazil has followed Article 20 of the Convention and implemented various national systems for surveillance to monitor the prevalence of tobacco use and assess the impact of tobacco control measures by collecting reliable data. In the past, the statistics used by the Ministry of Trade were provided by the tobacco industry.

## Outcomes

- ✓ Development of guidelines and standards of interaction with the tobacco industry to prevent conflicts of interest by CONICQ members.
- ✓ Increased taxation and reduced affordability of tobacco products and their consumption.
- ✓ Passage of an additive ban in 2012. The measure was suspended by a lawsuit and awaits judgement in the Federal Supreme Court.
- ✓ Mobilization of civil society to ensure WHO FCTC implementation even before its ratification.
- ✓ As of 2014, Brazil is the largest country to implement smoke-free legislation.
- ✓ As of 2001, Brazil was the second country in the world to implement pictorial health warnings.

- ✓ The WHO FCTC raised the issue of tobacco with the National Congress through seminars, hearings and bills.
- ✓ A progressive and comprehensive ban on tobacco advertising, promotion and sponsorship (TAPS).
- ✓ Strengthening of cessation strategies and programmes with cessation treatment in the Brazilian public health system as of 2013.
- ✓ Launched the Observatory of Tobacco Industry Strategies (2016) creating a new line of research focusing on knowledge and systematization of information about tobacco industry tactics.
- ✓ Maintained updated information about WHO FCTC implementation in Brazil through a website (the Observatory of National Tobacco Control Policy).
- ✓ Transformation of tobacco control into an issue of the state and not simply a matter of public health.



# Iran (Islamic Republic of)

## IMPACT ASSESSMENT





Before the ratification of the FCTC, we had some sporadic activities in this regard. We can say now it's better than before the ratification.

## Introduction

An impact assessment mission was conducted in Iran from 17 to 21 January 2016. The mission was supported by the Ministry of Health and Medical Education of the Islamic Republic of Iran through the Environmental and Occupational Health Centre. The international impact assessment team consisted of representatives from the WHO FCTC Convention Secretariat and the independent Impact Assessment Expert Group.

## Key facts

  
**10.9%**  
of the adult population are daily smokers;  
**20.8%** of men and **0.9%** of women

  
**3%**  
of young people aged 13-15 smoke (**5.1%** of boys and close to **1%** of girls). However, more young people from this age group use smokeless tobacco

## Key tobacco control milestones

**2005**

Iran ratifies the WHO FCTC

**2006**

WHO FCTC enters into force in Iran

Implementation of comprehensive smoke-free legislation and ban on all direct and indirect forms of TAPS

**2009**

Implementation of pictorial health warnings on cigarette and tobacco product packaging

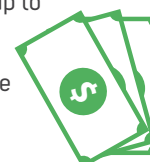
**2013**


Privatisation of the Iranian Tobacco Company (ITC)

**2014**

Iran signs the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products

As of 2013, the penalty for smuggling tobacco is up to **three** times the product value



  
**Decrease**  
of cigarette consumption compared to  
**increase**  
of water pipe consumption

In 2015, Iran implemented a **14%** tobacco tax increase in the budget



Tax is **20%** of the retail price of the most widely sold brand of cigarettes







With the FCTC, we created a movement. Before the FCTC there were some activities in tobacco control ... But with the FCTC we have gained support for adopting comprehensive tobacco control legislation. Before the FCTC, we tried three times and we didn't succeed, but with the FCTC we succeeded. The government started to recognize tobacco control as an important issue.

## Key observations

- The WHO FCTC, as a legally-binding treaty, has enabled Iran to implement national tobacco control legislation. This followed three unsuccessful attempts prior to ratification. Following passage of the Comprehensive National Tobacco Control Act in 2006, the Executive By-law of National Tobacco Control Act was passed in 2007.

- While the 2006 Comprehensive Act on National Control and Campaign against Tobacco (ACT) states that all tobacco control-related policy-making will be done by the Government, the tobacco industry continues to attempt to interfere with the decision-making processes. Iran has used the Guidelines for implementation of Article 5.3 to strengthen and support government action to protect tobacco control policies from industry interference. Before the privatization of the Iranian Tobacco Company in 2013, representatives of the tobacco industry attended policy meetings as a government body. To ensure compliance with Article 5.3 of the Convention, this practice has been discontinued.

- The WHO FCTC created momentum for the implementation of smoke-free legislation in Iran, consequently normalising smoking. While a smoking ban in public places existed prior to the WHO FCTC, public places were not clearly defined. Two years after ratification, in 2007, Iran implemented a by-law banning tobacco product consumption such as smoking in all public places, workplaces, public transport and outdoor public spaces such as parks. In addition, comprehensive measures have been taken to adequately enforce smoke-

free legislation. There are more than 6,000 environmental health inspectors, a toll-free telephone line for reporting violations of the bans, as well as many smoke-free parks and smoke-free infrastructure facilities all over the country.

- Since ratification of the WHO FCTC, coordination and collaboration between health and non-health institutions, including academia, has flourished. The WHO FCTC has also re-energized civil society, resulting in additional educational and advocacy activities that have reinforced tobacco control efforts in Iran.

- As per Article 12, Iran's Ministry of Health has developed and implemented, in collaboration with relevant agencies, a wide range of anti-tobacco mass media campaigns, including a number focusing on youth and females. Funding for tobacco control activities to raise public awareness on tobacco hazards has been increased. The 2007 Executive By-law of the Act requires all relevant government and nongovernmental agencies to

implement smoking prevention training and education programmes. Each year there are around 1000 minutes of TV or radio tobacco control-related content. In the Tehran municipality, 22 centres for training, skills and behaviour for children and adolescents were set up, three of which deal exclusively with tobacco consumption and addiction.

- Iran has introduced a number of measures demonstrating its commitment to tobacco control efforts over the long-term. In 2006, all direct and indirect forms of tobacco advertising, promotion and sponsorship (TAPS) were prohibited, thus making Iran one of the first countries in the Eastern Mediterranean region to implement a comprehensive TAPS ban. Comprehensive smoke-free legislation was also introduced in the same year. Legislation to ban the sale of tobacco products via the Internet and vending machines came into force in 2007. In 2009, pictorial health warnings on cigarette and tobacco product packaging were implemented.



## Outcomes

- ✓ Served as a driving force for adoption and implementation of the Comprehensive Tobacco Control Act after three previous unsuccessful attempts prior to WHO FCTC ratification.
- ✓ Enhanced multisectoral coordination and collaboration between health, non-health institutions and civil society including academia, which now meet under the newly established National Tobacco Control Headquarters.
- ✓ Mobilized more financial support for tobacco control activities conducted by the Government and NGOs aimed at raising

public awareness of tobacco hazards and tobacco cessation programmes.

- ✓ Created momentum to launch a campaign in favour of tobacco control and increased media coverage on tobacco control issues.
- ✓ Increased awareness about interaction with the tobacco industry.
- ✓ Re-energized civil society by undertaking additional tobacco control education and advocacy activities.



# Kenya

## IMPACT ASSESSMENT



The FCTC catapulted Kenya to legislate. Without the FCTC, our law would not have passed. We would still have the industry delaying and watering down tobacco control legislation. The FCTC was an advantage, a positive influence on our own approach. That is why the Kenyan Act is almost completely based on the FCTC. The constitution embraces the FCTC as all international treaties the country is signatory to becomes part of Kenyan law.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Kenya from 30 November to 2 December 2015. The international team consisted of experts and consultants. The team met senior leaders of government agencies, academia and NGOs involved in tobacco control.

## Key facts

Since 2013,  
there has been a

**20%**

increase in tobacco tax revenues due to new regulations



## Key tobacco control milestones

**2004**

WHO FCTC is ratified in Kenya

**2005**

WHO FCTC enters into force in Kenya

**2007**

Tobacco Control Act (TCA) is enacted and Tobacco Control Board is established

**2010**

The five-year national tobacco control action plan begins

**2013**

The Protocol to Eliminate Illicit Trade in Tobacco Products is signed

**2014**

Tobacco Control Regulations (TCRs) are proposed

**2015**

The Kenya National Strategy for the Prevention and Control of Non-Communicable Diseases 2015-2020

**52.3%**

of retail price of the most sold brand of cigarettes consist of tax



**7.8%**

of Kenya's adult population smokes;  
**15.1%** of males and **0.5%** of females



**9.9%**

of Kenyan youth aged 13 to 15 smokes whilst  
**7%** use smokeless tobacco products





The FCTC is a great treaty because it outlines what everyone is supposed to do and has guidelines that help them do it well.

## Key observations

- Kenya has made significant advances in initiating and strengthening smoke-free legislation as a result of the WHO FCTC. Prior to the ratification, there were no legal restrictions on smoking in indoor public places, workplaces or public transport. Following ratification in 2007, Nakuru was the first city in Kenya to implement a smoke-free law in public places. Its example was quickly followed by other municipalities, including Nairobi, Mombasa and Kangundo, which adopted similar regulations.
- Kenya's contribution to the drafting and negotiation of the WHO FCTC and its guidelines influenced its own national tobacco legislation. The Tobacco Control Act (TCA) was enacted in 2007 and the Tobacco Control Regulations (TCRs) were proposed in 2014. The WHO FCTC was invaluable in providing guidelines that strengthen tobacco control legislation, by setting minimum requirements for the content and scope of the law. The Convention is also thought to have accelerated adoption of the TCA, since Kenya's first anti-tobacco control bill, drafted in 1995, experienced numerous delays spanning over 12 years. Additionally, fundamental social and environmental rights reaffirmed by the WHO FCTC are included in the 2010 Constitution of Kenya. The Constitution also states that any treaty ratified by Kenya shall become part of national law.
- Kenya has made significant progress towards fulfilling its obligations under the Convention, with notable achievements in the implementation of stringent measures to enforce a comprehensive ban on tobacco advertising, promotion and sponsorship (TAPS). Prior to WHO FCTC ratification, exposure to TAPS was very widespread, including many youth-oriented marketing campaigns. The Global Adult Tobacco Survey reveals that direct and indirect TAPS has been almost completely eliminated and tobacco industry corporate social responsibility activities have also been significantly curbed since implementation of the TAPS ban.
- Kenya is recognized as a leader in tobacco control in the East African region. The country has provided assistance to Gambia and Uganda in the development of their tobacco control legislation in the areas of taxation and illicit trade. Kenya has also worked with other member states in the East African Community – including Burundi, Rwanda, Uganda and Tanzania – to develop joint policy changes that align with the provisions of the WHO FCTC.
- Following the provisions of Article 4.7 of the WHO FCTC, collaboration on tobacco control has flourished between the government and the civil society. This is best exemplified by the establishment of the Tobacco Control Board in 2007. This is a multisectoral advisory board to the Minister of Public Health, and is comprised of members from government agencies, civil society and NGOs. Further, the technical working groups in the national tobacco control programme include representatives/experts from these entities.
- While Kenya has yet to ratify the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products, the Protocol was a driving force in the implementation of an effective track and trace system. This in turn has globalized the issue of illicit tobacco, increased government tax revenue from tobacco products, and decreased illicit trade to a negligible level. The Electronic Cargo Tracking System has been expanded to cover other goods subject to excise taxes. Further, a Google application has been developed which the public can use to verify the legal status of goods subject to excise.
- The WHO FCTC facilitated links between tobacco control, noncommunicable disease (NCD) strategies, community health strategies and the Sustainable Development Goals (SDGs) in Kenya. In 2010 and 2015, the government launched the National Tobacco Control Action Plan (NTCAP 2010-2015) and Strategy for the Prevention and Control of Noncommunicable Diseases (2015-2020) respectively, drawing on global initiatives including the WHO FCTC.
- Kenya has experienced intense tobacco industry interference including litigation challenging the constitutionality of tobacco control measures, as well as development of parallel subordinate legislation. The domestication process of the WHO FCTC increased awareness of industry interference in tobacco control efforts. Kenya's 2007 TCA includes measures for protecting public health policies from tobacco industry interference. The proposed 2014 tobacco control regulations are the most comprehensive in the African region, including almost all the measures in WHO FCTC Article 5.3. Enhanced media coverage of tobacco control and an increased legal capacity to counter industry interference aimed at government officials, policy-makers and the general public, are among measures employed by Kenya to fulfil Article 5.3.

## Outcomes

- ✓ Enabled and catalyzed the enactment of tobacco control and smoke-free legislation at national and subnational levels.
- ✓ Enabled legislation to ban all TAPS.
- ✓ Enabled Kenya to become a leader in tobacco control in Africa and a model in tobacco control implementation.
- ✓ Reinforced collaboration across government departments, stakeholders and sectors, including NGOs and civil society.
- ✓ Facilitated innovations in tracking, tracing and verifying of legal status of tobacco products and extension of the same for goods subject to excise.
- ✓ Increased awareness of tobacco industry tactics to interfere with tobacco control efforts and related public policies.





# Republic of Korea

## IMPACT ASSESSMENT



When we formulate our policies we always consider the provisions of the FCTC as we must respond to global trends and meet global standards.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in the Republic of Korea from 28 to 31 March 2016. It was well supported by staff from the Ministry of Health and Welfare (MOHW). The international team consisted of experts and a consultant. The team met senior leaders of government agencies, academia and NGOs involved in tobacco control.

## Key tobacco control milestones

### 2005

WHO FCTC is ratified and enters into force in the Republic of Korea

### 2011

The National Health Promotion Plan 2011-2020 (HP2020) guides tobacco control

Introduction of comprehensive smoking ban for some public places, public transport facilities and government buildings

### 2013

The Protocol to Eliminate Illicit Trade in Tobacco Products is signed

### 2015

Amendment is made to the National Health Promotion Act to include graphic health warnings on tobacco packaging

The National Tobacco Control Centre and the Laboratory for the Harmful Use of Tobacco are established

## Key facts

A pack of cigarettes costs about

**US\$ 4**

(4500 Korean Republic Won)



After tax changes in 2015, there was an

**80%**

increase in cigarette pack prices



Cigarette packs must display graphic and textual health warnings on

**30% and 20%**

of their surfaces, respectively



**23.3%**

of the adult population smokes; **42.3%** of males and **5.1%** of females

There were

**3774**

tobacco-growing households and **3491** hectares of tobacco farms in 2015



Between 1998 and 2014, there was a

**23.2%**

**decrease** in male smoking and **no decline** in female smoking



**4.4%**

of adult males and

**0.4%**

of adult females used e-cigarettes, while **8.1%** of young males and **1.5%** of young females used e-cigarettes in 2014



The telephone quitline has 35 counsellors to handle

**>600 calls/day**



The FCTC supports national tobacco control efforts. For example, Article 5.3 of the Convention will fundamentally change tobacco control in the Republic of Korea in the future.

## Key observations

- The WHO FCTC has helped change how Republic of Korea views tobacco taxes: they are now perceived not only as a revenue-generating tool, but also as an instrument for protecting and promoting public health. Several different taxes apply to tobacco products, including the Health Promotion Fund, excise tax, local education tax, waste management charge, individual consumption tax and value-added tax. Tobacco companies pay the excise and local education tax directly to the local government administration.
- The tobacco tax increase in 2015 resulted in an 80% price rise, from US\$ 2.20 (2500 Republic of Korea Won, KRW) to US\$ 4 (4500 KRW), and a decline in smoking prevalence, although tobacco prices still remain low by international standards.
- The Republic of Korea has set out its strategic direction and priorities for tobacco control in the National Health Promotion Plan 2011-2020 (HP2020). This used the WHO FCTC as the overall guiding framework. The goals are to reduce smoking rates among young people and the adult population. It also aims to close the gap of smoking rates between income groups, and increase the average initiation age. Tactics employed include increasing prices and implementing pictorial health warnings.
- The Republic of Korea has used Article 5.3 as an instrument to prohibit and restrict the participation of the tobacco industry in public policy-making processes. For example, the article was used as justification to prohibit the participation of the tobacco industry in the public policy-making process for pictorial health warnings.
- The country has demonstrated its commitment to sustained tobacco control by allocating financial resources to a smoking prevention and control programme, with particular emphasis upon smoking cessation activities and tobacco-related research and surveillance. The budget for tobacco control policy and research has grown to 6 billion KRW. The budget for tobacco control programmes focusing on smoking cessation and prevention activities expanded by 117 billion KRW since the price increase in 2015.
- The Republic of Korea continues to achieve success in the initiation of smoke-free legislation referring to the WHO FCTC and the deadline for Article 8. Public places, public transport facilities, subway exits in some cities, common areas of apartment complexes, restaurants and government buildings have gradually become smoke-free. While there was initial resistance from smokers and the tobacco industry, smoke-free environments have now become the norm, even within the National Assembly.
- The government has cited its obligations under the WHO FCTC and the deadline for Article 11 to amend the National Health Promotion Act to include pictorial health warnings. Efforts to raise the price of tobacco products in 2015 also contributed to the passage of pictorial health warning legislation. The WHO FCTC provided assistance with amendments to the act, especially given the Republic of Korea's goal to become a tobacco control leader and meet international standards.
- The increase of cigarette prices in 2015 has also resulted in a direct budgetary increase for health programmes and the frequency of anti-smoking ads. While such activities were organized prior to the ratification of the WHO FCTC, the Convention has highlighted the need for coordinated and sustained education, communication and training in order to raise awareness, develop social change and encourage cessation, whilst focusing on vulnerable groups. World No Tobacco Day is celebrated each year with the active participation of youth and college groups. A recent campaign was conducted under the popular slogan: "Give me a pack of diseases".
- The Republic of Korea has actively used the WHO FCTC guidelines on Article 13 of the Convention to gradually expand the ban on tobacco advertising, promotion and sponsorship (TAPS), despite strong industry opposition. In 2012, there was a ban on flavour indications in advertisements and the number of tobacco ads permitted in the media was reduced from 60 occasions annually to fewer than 10. TAPS is an inter-ministerial issue and will require cross-departmental consultations to enact a comprehensive ban.
- Implementation of Article 14 is seen as one of the country's main achievements following WHO FCTC ratification; the guidelines are used as a reference to ensure budgetary allocation for cessation services. The Republic of Korea already has a strong national tobacco cessation infrastructure, which it continues to strengthen to achieve universal coverage. There are 255 quit clinics in public health centres. As of 2012, the quitline number must be displayed on all tobacco product packaging. Cessation services, including counselling and nicotine replacement therapies (NRTs), are partially covered by national insurance. As of 2015, varenicline and bupropion are also partially covered.
- The WHO FCTC been supporting the National Health Insurance System (NHIS) in a lawsuit against the three tobacco companies (KT&G, the local units of Philip Morris International and British American Tobacco) for the recovery of healthcare costs arising from tobacco-related disease.

## Outcomes

- ✓ Served as the overall guiding framework for tobacco control priorities.
- ✓ Enabled implementation of Article 14, which is seen as one of the Republic of Korea's main achievements after ratifying WHO FCTC.
- ✓ Facilitated allocation of financial resources for smoking prevention and control, including smoking cessation activities, tobacco-related research and surveillance.
- ✓ Fostered the view of taxes as an instrument to protect and promote public health, as well as a revenue-generating tool.
- ✓ Led to the initiation of smoke-free policies and served as justification for stronger courses of action.
- ✓ Served as a reference point in the design, development and implementation of pictorial health warnings.
- ✓ Reinforced commitment to eliminate illicit trade in tobacco products.
- ✓ Resulted in expansion of the number and scope of tobacco research, monitoring and surveillance programmes.



The FCTC has significantly assisted in moving tobacco control forward in Madagascar. In addition to national laws governing tobacco control, Madagascar also elaborates decrees that support the implementation of the FCTC.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Madagascar from 22 to 24 February 2016. The Ministry of Health and the WHO country office participated in the mission that was led by members of the independent Impact Assessment Expert Group.

## Key facts

Madagascar has one of the **highest** tobacco tax rates in Africa



**28.5%**

of men and

**0.8%**

of women are daily tobacco smokers



**30.7%**

of boys and

**10.2%**

of girls are daily tobacco smokers



## Key tobacco control milestones

**2004**

Madagascar ratifies the WHO FCTC

**2010**

Decree on packaging and labelling of tobacco products for sale in Madagascar

**2012**

Inter-ministerial Order requires and outlines standardised specifications for the labelling and packaging of tobacco products

**2013**

The WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products is signed\*

**2014**

Comprehensive smoke-free legislation is implemented in all indoor public places, workplaces and public transportation

\*Madagascar has since ratified the Protocol in September 2017

In 2014,

**80.45%**

of the retail price for the most widely sold brand of cigarettes consisted of tax



**80.63%**

of the retail price for the most widely sold brand of chewing tobacco (20 grams) was tax as of 2014



A substantial proportion of smokeless tobacco, mainly chewing tobacco (tabac à chiquer), is supplied by a rural cottage industry, and evades taxation due to lack of regulation



The state-owned Malagasy Tobacco Board (OFMATA) manages almost the entire tobacco industry in Madagascar





The FCTC is key to successful tobacco control.

## Key observations

● The observation of Article 5.3 of the Convention has an important role in addressing and protecting Madagascar's implementation of health policies. Drawing on Article 5.3 and its guidelines, the Malagasy government and ministry employees are informed and exercise caution when required to engage with the private sector, including the tobacco industry. Officials are aware that the non-tobacco private sector may also be connected to the tobacco industry. As a result, they are cautious when collaborating with the private sector in general.

● Madagascar has one of the highest tobacco tax rates in Africa. Ad valorem excise tax on the ex-factory price of cigarettes is 325%, and 50% in the case of smokeless tobacco. The WHO FCTC assisted in framing robust tax policies; it also assisted in the development of a framework for Madagascar to better respond to industry appeals for tax reductions. There is a clear correlation between the implementation of Convention provisions and the country's ability to counter industry concerns.

● Madagascar introduced and implemented smoke-free legislation. In absence of the WHO FCTC, the Government of Madagascar would not have undertaken smoke-free measures as tobacco is seen as a significant source of income. Madagascar has implemented smoke-free policies in an incremental manner – beginning with schools and school buses, and also banning smoking by teachers on school premises. The police, transport, education entities and other public institutions have all been informed about enacting smoke-free policies and, for reference, the provisions of Article 8 of the WHO FCTC.

● The WHO FCTC has been a useful resource for Madagascar to introduce pictorial warnings. Without the Convention, the Government would have not have introduced them. This is a significant achievement for Madagascar, as parts of the population with limited literacy can learn about the detrimental impact of tobacco on health through pictorial warnings.

● The non-governmental organization "Ny Sahy" has implemented a programme called Dance 261 as part of an educational and public awareness campaign addressing tobacco-related harm and cessation. Dance 261 focuses on the negative impact of tobacco on health. School-based dance productions explain the benefits of quitting smoking and encourage cessation of tobacco use. Other productions address: second-hand smoke; the effects of tobacco on pregnant women, young children and adults; tobacco and the environment; and the impact of tobacco and alcohol on health.

● Madagascar has collaborated with civil society, which is important for the achievement of Convention objectives. Civil society recognizes the importance of the WHO FCTC as international law. Civil society contributes to its application in national law, namely by working with the government's tobacco focal point, the National Office for Tobacco Control (OFNALAT).

● International and regional tobacco control information sharing through the Conference of the Parties and other WHO FCTC-related regional meetings is recognized as an important contributor to the implementation of the Convention.

The Ministry of Health participates in these meetings, including decisions on research, surveillance, and other tobacco control matters, generally benefitting from the experience gathered by the participants at these meetings. Participation at the COP reinforces, within the Ministry of Health, the importance of tobacco control and the need for the implementation of the WHO FCTC.

● Strengthening intersectoral cooperation and collaboration between the government and civil society organizations has had a positive impact. The WHO FCTC enabled collaboration between the Ministry of Health and all other departments that were critical in promoting tobacco control legislation. Governmental departments work together in implementation of the WHO FCTC in Madagascar.



## Outcomes

- ✓ Pictorial health warnings on packaging in 2012.
- ✓ Comprehensive smoke-free legislation in 2014.
- ✓ The comprehensive tobacco control law of 2014 included measures on Article 5.3 of the Convention.

- ✓ Mobilization of more partners and stakeholders in tobacco control across various ministries and civil society.
- ✓ Strong taxation policies on tobacco products.



Before the FCTC, tobacco was not a key priority of the health department. ... Meetings and consultations at the global level reinforced the priority of our tobacco control agenda. This is a result of the FCTC and its negotiations held in Geneva.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Pakistan from 2 to 5 May 2016. The mission was led by members of the independent Impact Assessment Expert Group, established by the Conference of the Parties.

## Key tobacco control milestones

### 1979, 2002

The Cigarettes (Printing of Warning) Ordinance 1979 and its amendment, the Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002

### 2004

Pakistan ratifies the Convention

### 2005

Introduction of Federal Excise Act and Federal Excise Rules

### 2007

A federal Tobacco Control Cell (TCC) is established to coordinate WHO FCTC implementation

### 2010

Implementation of the Prohibition of Sale of Cigarettes to Minors Rules

### 2015

The law prescribe 85% health warnings on the front and back of cigarette packages

## Key facts



The illicit tobacco sector consists of  
**18%**  
 of the total domestic cigarette market



Total tax on cigarettes is close to  
**70%**



**7.2%**  
 of Pakistani young people smoke (ages 13 to 15)



**12.4%**  
 of the Pakistani population smokes



**9.2%**  
 of boys and  
**4.1%**  
 of girls aged 13 to 15, are tobacco smokers



**22.2%**  
 of men and  
**2.1%**  
 of women are smokers



Federal Excise Duty on 20 cigarettes from the lower tier is  
**28,40 rupees**  
 (26 US cents) while on a higher tier pack it is  
**63,10 rupees**  
 (60 US cents)





The FCTC guidelines provided a solid foundation for our tobacco control measures. To this day we use the guidelines for the development of new legislation. The Prohibition of Sale of Cigarettes to Minors Rules is one example.

## Key observations

- The WHO FCTC provided momentum for the development and implementation of tobacco control strategies and policies at the national level, including continued strengthening of existing measures. Specifically, in 2009 the list of smoke-free public places was expanded, and tobacco advertising restrictions were incrementally strengthened in 2006, 2009 and 2013. Prior to the WHO FCTC, pictorial health warnings had not even been considered. The Prohibition of Sale of Cigarettes to Minors Rules were promulgated in 2010 in line with the recommendations of Article 16 of WHO FCTC. Under the rules, a ban was imposed on the manufacture, sale, or offer for sale and import of packs containing fewer than 20 cigarette sticks. Further, the manufacture or offer to sell sweets, snacks, or toys in the form of cigarettes were prohibited.

- Following Article 5.2, Pakistan developed its first coordinating mechanism for tobacco control. Most notably, the Tobacco Control Cell (TCC) was established in 2007. This aims to enhance: tobacco control efforts (including provision of technical support, training, research and dissemination); engagement with the media, academia, and NGOs; and the drafting of legislation. While the TCC works at the federal level, it also coordinates with provincial governments to ensure that tobacco control activities are implemented and enforced at the subnational level.

- Civil society participation in tobacco control has been strengthened following the entry into force of the WHO FCTC. The Network for Consumer Protection and the Society for Alternative Media and

Research (SAMAR) have filed a petition challenging the decision of the inter-ministerial committee on health warnings in the Islamabad High Court. The group alleges that the inter-ministerial committee (IMC) compromised a decision to increase the size of health warnings on tobacco packaging to 85% following lobbying by the tobacco industry. The case continues in the court.

- Facilitated by the WHO FCTC, Pakistan was able to link tobacco control with strategies to prevent and control noncommunicable diseases (NCD). Plans to establish an NCD cell that may be integrated with the TCC are underway.

- While the price of cigarettes in Pakistan is still low compared with countries in a similar economic position, the WHO FCTC has guided the implementation of stronger price and taxation measures. Article 6 and

Article 5.3, which is related (since ministries of finance often serve as entry points for tobacco industry interference with tobacco policies), have served as buzzwords and key reference material. In 2015, the Federal Excise Duty was increased by 29.23 % and 19.25% on the lower and upper tier of cigarettes, respectively.

- Adoption of the Article 5.3 guidelines by the Conference of the Parties has heightened awareness of tobacco industry activities in Pakistan and has helped limit government interaction with it. For instance, the tobacco industry has lost its observer status at meetings. Additionally, measures for greater transparency of any government interactions with the tobacco industry have been put in place, mostly in the health ministry. A draft code of conduct for public officials to assist with the fulfilment of Article 5.3 is currently being developed.



## Outcomes

- ✓ Reinforced tobacco control collaboration between sectors.
- ✓ Facilitated civil society's involvement in tobacco control and greater overall accountability of all stakeholders.
- ✓ Facilitated progressive escalation of health warnings on tobacco products and served as a supporting legal framework for phased increase of warning size.
- ✓ Facilitated a progressive ban on tobacco advertising, promotion and sponsorship and expansion of smoke-free public places.

- ✓ Served as a turning point in addressing illicit trade of tobacco products.
- ✓ Provided impetus for greater tobacco control capacity and mass media campaigns for educational purposes.
- ✓ Served as a basis for Pakistan's first-ever tobacco industry liability regulation and as a supporting legal framework in court case challenges.



# Philippines

## IMPACT ASSESSMENT



The FCTC guidelines provided a very good directional guide. It served as an instrument to enable us to push for comprehensive tobacco control measures.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in the Philippines from 12 to 15 April 2016. The mission was led by members of the independent Impact Assessment Expert Group, established by the Conference of the Parties.

## Key facts

From 2017, a tax of 59 US cents (30 pesos) was imposed per pack. This tax will increase by

**4%**

every year thereafter



Individual cigarettes are available and highly affordable. One stick of Marlboro costs

**6 US cents**

(3 pesos)

## Key tobacco control milestones

**2005**

Philippines ratifies the WHO FCTC and the WHO FCTC enters into force

**2010**

Elaboration of a Joint Memorandum Circular on the "Protection of the bureaucracy against tobacco industry interference"

**2013**

Sin Tax Law adopted

**2014**

Graphic Health Warnings Law (GHW) adopted

**2016**

Enactment of the Graphic Health Warnings Law (GHW) Implementing Rules and Regulations (IRR)



As of 2014,

**50%**

of the principal display areas of tobacco packaging must be covered by graphic health warnings



**28.8%**

of the Filipino population smokes, **47.7%** of men and **9.0%** of women



**20.5%**

of boys and

**9.1%**

of girls aged 13 to 15 are tobacco smokers



The FCTC is the best model for any local government wanting to enact a no smoking ordinance. It is comprehensive and has practical provisions that can be implemented without breaching any statutes, much more the Constitution.

## Key observations

● The Philippines has made significant advances using the WHO FCTC as a basis and legal instrument to adopt comprehensive tobacco control measures at both national and local levels. It has served as a guide for the implementation of tobacco control activities in the country by providing a larger vision, defining desired outcomes, setting out priorities and monitoring progress. Collaboration between the government sectors has been established. For instance, the National Tobacco Prevention and Control Program (NTPCP) has been tasked to use the WHO FCTC as a guiding tool to reduce the burden of disease and death caused by tobacco. The adoption of the Sin Tax Law in 2013 as a health (and not tax) bill has also contributed to providing universal health coverage, ensuring that nearly all the poorest of the population is covered.

● By following the provisions of Article 4.7 of the Convention, civil society in the Philippines have rallied together to accelerate tobacco control progress and ensure adherence to the Convention. NGOs have developed strong relationships with the Department of Health (DOH), are habitually providing technical advice and spearheading tobacco control initiatives.

● The WHO FCTC provided momentum for attitudinal change towards tobacco industry interference in the implementation of tobacco control measures by raising

awareness of its tactics. The Philippines is a tobacco-growing country and the industry is represented at the Inter-Agency Committee on Tobacco (IACT), which is responsible for protecting public health and interests. However, there are calls to amend the legislation to align it with WHO FCTC requirements and remove the industry from the IACT.

● The WHO FCTC has provided the Philippines with a legal base to push for tax measures for health. Prior to the implementation of the Convention, the rationale for price and tax increase did not exist. This has resulted in tax rises for tobacco products including various excise taxes depending on the retail price, and incremental increases between 2014 and 2016.

● The Philippines has made significant strides in implementing measures for protection from tobacco smoke exposure by using WHO FCTC Article 8 as a key reference in developing local ordinances, administrative orders and memorandums. For example, a 100% smoke-free policy has been established in all government facilities.

● The WHO FCTC contributed to the introduction of strong health warnings and the adoption of graphic health warnings. The Graphic Health Warnings Law (GHW) of 2014 requires graphic health warnings to cover 50% of each of the principal display areas of the packaging.

● Another tobacco control accomplishment is the comprehensive tobacco advertising, promotion and sponsorship (TAPS) ban based on WHO FCTC guidelines. All tobacco advertising outdoors, on television, cable television, radio, cinema and mass media were banned in 2007 and 2008. However, tobacco advertising and promotion at point-of-sale is still allowed.



## Outcomes

✓ Rallied a strong civil society movement that plays an important role in advocating for comprehensive tobacco control measures.

✓ Protected government agencies and officials from tobacco industry interference.

✓ Increased revenues and budget for health, particularly for universal health care.

✓ Provided evidence-based guidelines and gave grounds, broader context and good governance principles to push for higher tax rates.

✓ Successfully adopted graphic health warnings and facilitated implementation of strong health warnings.



# Sri Lanka

## IMPACT ASSESSMENT



We have made significant progress since the ratification of the FCTC. This is especially evident in enacting laws and awareness raising programmes, as well as methodically introducing prohibitions and regulations. The FCTC has been a platform for accelerating tobacco control activities in Sri Lanka. Without its support, a lot of these things could have not happened in this time period.

## Introduction


The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Sri Lanka from 7 to 10 March 2016. The WHO country office participated in the mission, which was led by members of the independent Impact Assessment Expert Group, established by the Conference of the Parties.

## Key facts



Sri Lanka was the **first** country in South-East Asia and the fourth country in the world to ratify the WHO FCTC. It was also among the first 15 Parties to sign the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products

Smoking prevalence in Sri Lanka is relatively **low**:



**5.5%** of boys aged 13 to 15 are tobacco smokers

## Key tobacco control milestones

**2003**

Sri Lanka ratifies the WHO FCTC

**2005**

WHO FCTC enters into force in Sri Lanka

**2006**

National Authority on Tobacco and Alcohol Act (NATA Act) passed

**2012**

Amendment made to the Tobacco Product Labelling and Packaging Regulations

**2014**

Amendment made to the NATA Act


**2016**

Sri Lanka becomes Party to the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products


Promulgation of Regulations to control the importation, distribution and sale of smokeless tobacco products



**11.5%** of the population are daily smokers




**2.2%** of girls aged 13 to 15 are tobacco smokers



**90%** of cigarettes are sold individually, with the cheapest stick sold for **4 US cents** (6 rupees) and the cheapest imported stick for **24-26 US cents** (37-40 rupees)



A pack of Gold Leaf cigarettes costs **US\$ 4.50** (700 rupees). Dunhill cigarettes cost **US\$ 4.80** (740 rupees)



**80%** of the front and back of tobacco packaging are covered by pictorial health warnings





With the FCTC we have experienced global momentum and we feel that we belong to a global community. We have become partners in a global agenda. That is why we are advancing.

## Key observations

● The WHO FCTC has generated high-level political commitment. As a powerful legal instrument, it has helped drive national policy and provided a foundation for Sri Lanka's robust anti-tobacco agenda. It has also accelerated the drafting and adoption of the National Authority for Tobacco and Alcohol Control (NATA) Act No. 27, Sri Lanka's key tobacco control legislation. The establishment of the NATA in 2006 as the national coordinating mechanism is a testament to the WHO FCTC's role in facilitating multisectoral coordination and cooperation in tobacco control.

● The Sri Lankan Government, as required by the Convention, has taken steps to support tobacco farmers' transition to alternative crops. Momentum is now so great that tobacco growing in Sri Lanka is planned to be phased out by the year 2020.

● The WHO FCTC and its guidelines helped to facilitate and accelerate the legislative processes for tobacco control. Prior to the ratification of the Convention there was no comprehensive tobacco control legislation. The drafting of legislation to control tobacco and alcohol consumption commenced in 1999, was accelerated by the WHO FCTC, and was adopted in 2006. The WHO FCTC continues to guide the implementation and promotion of the Act.

● Sri Lanka has used WHO FCTC Articles 8 and 13 as a legal basis to implement

comprehensive smoke-free legislation, and to introduce measures to restrict tobacco advertising and promotion. Since the latter does not ban tobacco industry sponsorship and corporate social responsibility activities, NATA is planning to amend the NATA Act to eliminate those forms of tobacco promotion.

● The WHO FCTC has also played an important role in building and driving local grassroots movements. One example is the establishment of tobacco-free villages and towns where no cigarettes are sold.

● While cigarette prices are relatively high in Sri Lanka, they are still relatively affordable. This provides room for further increases in tax rates and the simplification of the tax structure. Before the adoption of the WHO FCTC, the government considered a tax on tobacco products as a revenue source. After the adoption of the WHO FCTC, tax is perceived as an instrument for public health more than as a source of government revenue. Stringent taxation policies are seen as effective strategy to reduce the prevalence of tobacco use.

● To comply with Article 14 of the Convention, Sri Lanka established tobacco cessation measures appropriate to the cultural context and national circumstances and priorities. Some examples include a toll-free quitline (established in 2010), availability of prescription quit medications (not free) and cessation counselling.

● The WHO FCTC also provided impetus for integrating its implementation within broader health and development plans, including noncommunicable disease (NCD) prevention and control programmes. The Sri Lanka Second Health Sector Development Project 2013–2018 sets out strategies to strengthen the health system and build capacity for tobacco control. This includes the provision of support for regulatory and service-delivery measures.



## Outcomes

✓ Communities empowered and politicians mobilized for tobacco control, providing momentum to existing initiatives.

✓ Triggered discussions on the establishment of a national coordinating mechanism on tobacco control, resulting in the establishment of the National Authority for Tobacco and Alcohol Control (NATA).

✓ Contributed to the denormalization of tobacco and led to shifts in political and social attitudes due to increased advocacy

work and implementation of the NATA Act. This has led to progress in the establishment of smoke-free environments, packaging and labelling restrictions, awareness programmes and the banning of tobacco advertising, promotion and sponsorship.

✓ Continues to guide amendments to the NATA Act and other related legislation to further strengthen tobacco control.

✓ Provided the momentum to strengthen measures to prevent illicit trade.





The ratification of the FCTC was a turning point for Turkey. It sets up the foundation of many key tobacco control regulations.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Turkey from 23 to 26 February 2016. The mission was supported by the Convention Secretariat and it was led by members of the independent Impact Assessment Expert Group, established by the Conference of the Parties.

## Key tobacco control milestones

**2005**

The WHO FCTC enters into force

**2007**

National Tobacco Control Unit is established in the Ministry of Health

**2008**

New legislation amending the Law on Prevention of Hazards of Tobacco Products (No. 5727) is adopted

**2009**

Implementation of a comprehensive smoking ban

**2013**

WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products is signed

**2015 - 2018**

The National Tobacco Control Action Plan includes plain packaging of tobacco products

## Key facts

Since 2012, a minimum of

**65%**

of the surface of tobacco packaging must be covered by a warning



**27%**

of the adult population are smokers; **41.4%** of men and **13.1%** of women



**82.13%**

of the retail price for the most widely sold brand of cigarette is tax



**81.9%**

of the retail price for the most widely sold brand of water pipe tobacco is tax



Only

**13%**

of tobacco used for manufacturing is produced domestically



One year of smoke-free policy resulted in a:

**32%**

decrease in visits to emergency departments and hospital admissions



**18%**

decrease in acute bronchitis, **20%** in asthma and **21%** in COPD





The FCTC has been an incredible tool. We use it as best practice in tobacco control. Our dedicated tobacco control activities have gained momentum through the FCTC.

## Key observations

- The WHO FCTC has been fundamental in improving Turkey's national tobacco control legislation, requiring several amendments to make it more compliant with WHO FCTC articles and guidelines. In 2008, the Law Amending the Law on Prevention of Hazards of Tobacco Products (Law No. 5727) expanded the scope of previous smoke-free legislation to include all educational facilities, restaurants, cafés, bars and commercial taxis. It also introduced bans on the sale of tobacco products on school premises and banned all forms of tobacco sponsorship.

- Turkey's government has used WHO FCTC articles and guidelines as a key reference to support its position in court, for example, when challenged by the British American Tobacco (BAT) in 2009.

- Using WHO FCTC guidelines, Turkey has developed regulatory mechanisms for tobacco control, including a national regulatory body and provincial inspection teams. The National Tobacco Control Unit, established under the Ministry of Health in 2007, is responsible for the implementation of tobacco control policies and action plans at the national level. Under Law No. 5727, 81 Provincial Tobacco Control Boards were established in all Turkish provinces to discuss and organize implementation of tobacco control laws. The inspection teams in each province, on the other hand, conduct inspections for policy violations through the Smoke-free Zone Inspection System.

- Turkey has made significant progress in the implementation of several effective tobacco control policies since the WHO FCTC's entry into force. In 2008, a comprehensive ban on all forms of tobacco advertising was introduced. This was later extended to include a point-of-sale ban. Smoke-free legislation was also expanded in 2008, when it was applied to hospital-ity venues, all other indoor public places, workplaces and public transport. In 2013, the definition of tobacco products was expanded to include herbal or aromatic water pipes and cigarettes not containing tobacco.



- In terms of Article 14, Turkey has introduced effective cessation services and programmes. A 24/7 quitline was also established. As of 2014, cessation drugs have been available in pharmacies without a prescription and free of charge, if recommended by a physician. Some 412 smoking cessation clinics have been established across the country.

- Turkey raised tobacco prices and increased tax measures immediately after the ratification of the WHO FCTC. These

policies resulted in increased cigarette prices and tax revenues, and reduced cigarette affordability, sales and smoking prevalence. In 2013, Turkey switched to a mixed tax system for cigarettes and other smoked tobacco products, including specific and ad valorem taxes, as well as VAT. Between 2005 and 2011, cigarette prices increased by 195%, cigarette tax revenue by 124%, while cigarette sales decreased by 15.5%.

- The WHO FCTC has been a useful resource for Turkey in implementing strong measures to reduce the illicit tobacco trade and smuggling. In addition to a track and trace system, and digital tax stamps, in 2011 the Turkish Government launched an Action Plan to Combat Smuggling of Tobacco and Tobacco Products. Turkey signed the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products on 10 January 2013. The ratification of the Protocol is about to be finalized by the Turkish Great National Assembly.



## Outcomes

- ✓ Reinforced collaboration between the different sectors, government bodies, agencies and civil society.
- ✓ Facilitated progressive escalation of health warnings on tobacco products and is serving as a supporting legal framework to introduce plain packaging.
- ✓ Served as a turning point in combating the illicit trade of tobacco.

- ✓ Served as the basis and reference point for Turkey's tobacco industry liability regulations which did not exist before WHO FCTC ratification.
- ✓ Turkey was among the first countries in the world to implement a comprehensive smoking ban (as of 2008).



# United Kingdom

## IMPACT ASSESSMENT



The FCTC opens doors, gives us a basis with which to have conversations that might otherwise have not been had or would have been difficult to arrange. FCTC serves as the foundation for our approach to tobacco control and it has helped us make the case for comprehensive tobacco control.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in the UK from 18 to 21 January 2015. The international team consisted of representatives from the independent Impact Assessment Expert Group established by the Conference of the Parties. The team met senior leaders of government agencies, academia and NGOs involved in the implementation of the WHO FCTC.

## Key facts

The UK was among the first of the WHO FCTC Parties to introduce comprehensive **smoke-free legislation**, effective from 2007



The UK was one of the first WHO FCTC Parties to introduce **standardized** packaging



## Key tobacco control milestones

**2004**

The United Kingdom of Great Britain and Northern Ireland ratifies the WHO FCTC

**2007**

Introduction of a comprehensive smoking ban

**2011**

(Re)introduction of Duty Escalator\*

**2013**

Signing of the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products

**2015**

Introduction of plain/standardised tobacco packaging

**15.8%**   
of the UK population smokes

**17.7%**  
of men and

**14.1%** 

of women are current tobacco smokers



Text warnings cover

**30%**

of the front and pictorial warnings cover

**40%**

of the back of smoked tobacco products



**82.5%**

of the retail price of tobacco products consists of tax. UK tobacco prices are among the **highest** in the world

\*The UK tobacco tax escalator automatically increases tobacco taxation by a growing percentage above the rate of inflation every year.



The FCTC sets out standards for tobacco control across a wide range of areas from restricting tobacco promotion and exposure to second hand smoke to regulation of tobacco ingredients and control of illicit trade... It sets a gold standard in tobacco regulation by reflecting on best practices in each area.

## Key observations

- The observation of Article 4.7 of the Convention has enabled civil society in the UK to take a clear role in tobacco control activities, both nationally and internationally. With respect to the tobacco industry, the WHO FCTC created opportunities for the government and civil society organizations to pursue tobacco control objectives with less hindrance.
- The UK has succeeded in significantly curbing industry interference. While in the past the government used to align standards to the industry codes, implementation of WHO FCTC Article 5.3 made it very difficult for the tobacco industry to engage with the different levels of government.
- Article 6 of the WHO FCTC continues to be very important for the UK in implementing price and tax measures to reduce the demand for tobacco. Article 6 serves as a key reference document in the elaboration of tax policies. It has also enabled various non-health governmental departments, such as Her Majesty's Revenue and Customs (HMRC), to view tobacco control in a more holistic way.
- The UK is among the first Parties to the WHO FCTC to implement a comprehensive smoking ban. Article 8 has helped

the UK expand the scope of its smoke-free legislation. As of 2015, smoking in private vehicles carrying children under the age of 18 is prohibited in England and Wales. In Scotland, a 2016 mass media campaign on smoking at home was also based on Article 8 of the WHO FCTC.

- In the UK, plain/standardized packaging came into force in 2016. Articles 11 and 13 of the WHO FCTC played a critical role in driving policy action on tobacco product packaging.
- The WHO FCTC has also been used to defend against legal challenges to existing smoke-free legislation as well as packaging regulations. The High Court has made specific references to the UK being a Party to the Convention and to Article 8 of the Convention. Articles 11 and 13 were cited by the UK government in front of the High Court as part of their justification for the implementation of plain/standardized packaging in a lawsuit filed by Phillip Morris International (PMI) and British American Tobacco (BAT).
- The UK has managed to secure unified engagement for tobacco control across various government agencies and political parties after WHO FCTC ratification. As a Party to the Convention, there has

been an increased recognition of legal obligations to tobacco control. This has ensured that these requirements are taken into account throughout the decision-making processes at all levels of government. The WHO FCTC is a unifying force that gives a common language to policy-making and implementation at all levels in the UK.



## Outcomes

- ✓ Served as a guide in reshaping government officials' relations with the tobacco industry, maximizing transparency of interactions and denormalising the industry.
- ✓ Reinforced collaboration between sectors and increased recognition of the potential of the WHO FCTC in promoting tobacco control policies.
- ✓ Increased civil society participation, engagement and overall accountability in tobacco control.
- ✓ Application of smoke-free legislation as part of WHO FCTC implementation.
- ✓ Facilitated progressive escalation of health warnings and served as the supporting legal framework for the introduction of standardised packaging.
- ✓ Facilitated a progressive ban on tobacco advertising, promotion and sponsorship (TAPS).
- ✓ Served as a resource in supporting government's position in court cases.
- ✓ Helped the UK become a leader in tobacco control across Europe and the rest of the world.



The ratification of the FCTC was important for our country as it provided a legal framework. It made us very strong and enabled us to make progress. Without the Convention the situation would have been very different.

## Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in Uruguay from 5 to 8 April 2016. The mission was supported by the Convention Secretariat and was led by members of the independent Impact Assessment Expert Group, established by the Conference of the Parties.

## Key facts

Between 2003 and 2016, smoking declined by

**11%**

among the adult general population and by

**21%**

amongst young people



**30.7%**

of men smoke, while

**19.8%**

of women smoke



## Key tobacco control milestones

**2004**

Uruguay ratifies the WHO FCTC

**2006**

Adoption of comprehensive smoke-free legislation (including ban on smoking in public places)

Pictorial warnings cover 50% of tobacco packaging surface

**2010**

Warning sizes increase to 80% of pack surface

**2012**

The Protocol to Eliminate Illicit Trade in Tobacco Products is signed

**2014**

Introduction of a comprehensive tobacco advertising and promotion ban

**11.9%**

of boys and

**14.1%**

of girls aged 13-17 years old smoke



**80%**

pictorial health warnings on the front and back of tobacco product packages

**25%**

of the adult and

**13.1%**

of the young population smoke



From 2004 to 2012,

**12%**

of the domestic market was comprised of illegal cigarette sales







In the absence of the FCTC we would be in a much weaker position with regards to our domestic tobacco control activities.

## Key observations

- Uruguay has made significant progress in implementing new tobacco control policies and strengthening its tobacco control efforts by using the WHO FCTC as a legal framework. Specific references to the WHO FCTC are included in the legislation on smoke-free environments, tobacco advertising, promotion and sponsorship, and tobacco product packaging and labelling. While progress is likely to have been made without the WHO FCTC, its adoption has provided tobacco control advocates with a strong direction and with momentum. In turn, this has also encouraged regional and international cooperation and information exchange.
- Uruguay has achieved success addressing tobacco dependence by following Article 14 of the Convention. Evidence-based smoking cessation methods were introduced and their effectiveness evaluated. As of 2008, tobacco dependence treatment was integrated into the National Healthcare System at the primary health level. As of 2009, nicotine replacement therapy (NRT) was available without prescription. In 2013, a national toll-free telephone quitline was launched.
- In fulfilment of its WHO FCTC obligations under Article 12 of the Convention, the Government of Uruguay has implemented sustained educational campaigns that generated strong support for tobacco control measures among both smokers and non-smokers. In 2006, over 1 million signatures were collected for a very inclusive campaign called “A Million Thanks” which thanked smokers for respecting smoke-free environments. Further campaigns were undertaken in 2007, 2012 and 2013 focusing on harmful health effects and gender-specific issues.
- Uruguay is one of the global leaders in addressing tobacco industry interference. The Convention has not only provided the basis of Uruguay’s regulations, but also served as the framework for the legal challenges launched against the country both in national and international courts. In 2010, Philip Morris International (PMI) launched legal challenges to Uruguay’s tobacco product packaging and labelling regulations\*. Due to unsuccessful attempts to increase their market share, multinational tobacco manufacturers shut down their operations in Uruguay. BAT and Abal Hermanos (owned by PMI), closed their manufacturing plants in 2010 and 2011 respectively.
- Observing Article 8 guidelines, Uruguay has strengthened and expanded its pre-WHO FCTC ban on smoking in public places to become the first country in the Americas region to introduce comprehensive smoke-free legislation. As of 2004, all health establishments are 100% smoke-free. As of 2008, the smoking ban on all forms of public transport was formalized after being in place for many decades. All of these measures contributed to the denormalisation of tobacco use.
- Using the WHO FCTC as a guide, progressive escalation of health warnings on tobacco products has taken place in Uruguay. In 2005, the display of text warnings covering 50% of the front and back of all tobacco products was introduced. In 2008, the use of any terms, descriptive elements, trademarks or business names, or figurative symbols that create the false impression that a specific tobacco product is less harmful than others, was prohibited. Pictorial health warnings were introduced in 2009, followed by new rounds of pictures in 2012, 2013 and 2015. The most recent pictorial health warnings covering 80% of the front and back of tobacco product packages were challenged by the tobacco industry in court. The new packaging regulations were upheld by the Supreme Court as constitutional.
- As of 2005, Uruguay has been introducing progressive and comprehensive bans on tobacco advertising and promotional sponsorship as required by the WHO FCTC, using the Convention as a driving force. As of 2014, all forms of advertising and promotion, including advertising and product displays at point-of-sale, have been prohibited in Uruguay.
- The WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products, which Uruguay signed in 2012, provided a turning point in combating illicit trade of tobacco products in the country. Contraband is viewed as a customs infringement and dealt with in civil and criminal law. In 2015, a commission was established to work towards the promotion of the measures contained in and, once it enters into force, the implementation of the Protocol.

\*These were concluded with an outcome that is favourable for public health.

## Outcomes

- ✓ Accelerated implementation of new tobacco control policies and strengthened existing efforts by providing a legal framework.
- ✓ Reinforced collaboration between sectors.
- ✓ Served as the basis for resisting tobacco industry challenges and new tobacco industry liability regulations.
- ✓ Strengthened and helped expand an existing ban on smoking in public places.
- ✓ Facilitated progressive escalation of health warnings on tobacco packages.
- ✓ Facilitated a progressive and comprehensive tobacco advertising and promotion ban.
- ✓ Strengthened cessation strategies and programmes.
- ✓ Served as a turning point in addressing the illicit trade of tobacco products.