Reports of NGO observers to COP 2018 ====================================	
Section: Contact Details	
* Name of organization  * Medical Women's International Association	
* Mailing Address  * 7555 Morley Drive Burnaby, BC, V5E 3Y2 Canada	
* Contact person responsible for the report  * Shelley Ross	
* Telephone * +1 604 522 1960	
* Email:  * secretariat@mwia.net	
* Website of Organization  * <a href="http://www.mwia.net">http://www.mwia.net</a>	
* Email:  * secretariat@mwia.net	
Section: General Information	
* Please indicate if your organization would like to retain it's status as observer to the Conference of the Parties  * Yes	
* Does your organizations mission statement specifically refer to tobacco control?  * No	
* If yes, please specify: *	
* Does your organization have regional branches to enhance activities in different regions or groups of countries?	

\* Yes

* If yes, please provide details:  * Divided into eight regions with national associations in each region
* Does your organization regularly convene meetings or conferences for its membership?  * Yes
* If yes, is tobacco control covered in these meetings?  * Yes
* If yes, please provide details:  * Topics are covered that are related to health and healthy behaviours. The risk of using tobacco is included as a health risk for many disease states.
Section: Participation in WHO FCTC meetings and contributions to other tobacco control related events
* Please indicate the meetings organized by the Convention Secretariat at which your organization was represented (sessions of the Conference of the Parties, meetings of intersessional groups, NGO meetings, etc.):  * none
* Please list any other meetings or conferences with a focus on tobacco control attended by your organization:  * none
Section: Your organization's activities to support implementation of the WHO FCTC:
* Article 5 (General obligations)?  * No
* If yes, please provide details: *
* Article 6 (Price and tax measures to reduce demand for tobacco)?  * No
* If yes, please provide details: *
* Article 8 (Protection from exposure to tobacco smoke)?  * No
* If yes, please provide details:

* Article 9 (Regulation of the contents of tobacco product) and/or Article 10 (Regulation of tobacco product disclosures)?  * No
* If yes, please provide details: *
* Article 11 (Packaging and labelling of tobacco products)?  * No
* If yes, please provide details: *
* Article 12 (Education, communication, training and public awareness)?  * No
* If yes, please provide details: *
* Article 13 (Tobacco advertising, promotion and sponsorship)?  * No
* If yes, please provide details:  * It is in our policies that we will not accept funding from the tobacco industry.
* Article 14 (Demand reduction measures concerning tobacco dependence and cessation)  * No
* If yes, please provide details: *
* Article 15 (Illicit trade in tobacco products)?  * No
* If yes, please provide details: *
* Article 16 (Sales to and by minors)?  * No
* If yes, please provide details: *

* Article 17 (Provision of support for economically viable alternative activities) and/or Article 18 (Protection of the environment and the health of persons)?  * No
* If yes, please provide details:  *
* Article 19 (Liability)?  * No
* If yes, please provide details: *
* Article 20 (Research, surveillance and exchange of information)?  * No
* If yes, please provide details: *
* Article 22 (Cooperation in the scientific, technical and legal fields and provision of related expertise)?  * No
* If yes, please provide details: *
Section: Other relevant activities to support the work of the WHO FCTC
* Please provide any other relevant information:  * In our quarterly newsletters, we disseminate information about your work. I have attached the September 2017 issue where your work is mentioned on page 18.
* Please attach any other relevant file(s)  * September 2017 Update Copy.pdf
Section: Declarations
* Please confirm that your organization does not receive, has not received and will not receive

<sup>\*</sup> Please confirm that your organization does not receive, has not received and will not receive in the future, either directly or indirectly, any financial or other contributions or assistance from the tobacco industry or its affiliates. Please also confirm that neither your members nor your partners are affiliated directly or indirectly with the tobacco industry or its affiliates or those furthering the interests of the tobacco industry.

<sup>\*</sup> Yes

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\* Dr. Shelley Ross

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\* Yes

<sup>\*</sup> By electronic signature I confirm that the above information is accurate and completed to the best of our abilities.

<sup>\*</sup> Please confirm that the activities of your organization are in conformity with the 17th and 18th preambular paragraphs and Article 5.3 of the WHO FCTC.