
Matters identified in decisions taken by the Conference of the Parties that call for action in the period between its first and second sessions

Reporting and exchange of information (decision FCTC/COP1(14))

Synthesis of reports on implementation of the WHO Framework Convention on Tobacco Control received from Parties (before 27 February 2007)

INTRODUCTION

1. In February 2006, the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control decided to provisionally adopt the format for the submission of national reports as set out in the reporting instrument of the Annex to decision FCTC/COP1(14), pending further consideration at its next session.¹ As stated in the Annex to decision FCTC/COP1(14),² the Conference of the Parties tasked the Secretariat with providing an annual analysis of the progress being made internationally in implementation of the Convention. This report provides such an analysis and, in accordance with the decision, seeks to reflect international and regional progress, highlight significant achievements and reflect the spirit of shared learning. In order to facilitate the review of the format of the reporting instrument by the Conference of the Parties, this synthesis of reports highlights areas where the analysis identified a need for improvement of the questionnaire and sets out possible improvements that the Conference of the Parties may wish to consider.

2. The objective of reporting is to enable Parties to understand and learn from one another's experiences in implementing the WHO Framework Convention by providing details of the progress being made by Parties in implementation. Progress will be assessed regionally and globally by the Conference of the Parties based on reports received and analysed by the Secretariat.

3. In accordance with Article 21.2 of the Convention and decision FCTC/COP1(14), 61 Parties were required to submit their initial reports to the interim secretariat prior to the date of the second session of the Conference of the Parties, using the provisional format adopted at the first session. Rule 8 of the Rules of Procedure of the Conference of the Parties requires that for each regular session,

¹ See document A/FCTC/COP/1/DIV/8, decision FCTC/COP1(14).

² See document A/FCTC/COP/1/DIV/8, p.32.

the provisional agenda, together with other conference documents, shall be distributed in the official languages by the Secretariat to the Parties, and to observers invited to attend the session in accordance with Rules 29, 30 and 31, at least 60 days before the opening of the session. The second session of the Conference of the Parties will commence on 30 June 2007, therefore all conference documents should be distributed by 1 May 2007. Due to the time needed to prepare the present document, only those reports received by the interim secretariat by 27 February 2007 were included in the analysis of this document.

4. In accordance with decision FCTC/COP1(14) and in consideration of Article 21 of the WHO Framework Convention, the interim secretariat undertook the task, with expert assistance, of developing an interactive version of the reporting instrument adopted by the Conference of the Parties in February 2006. This user-friendly interactive tool was designed to facilitate the data-entry process and to ensure that Parties receive the best possible assistance in fulfilling their reporting obligations under Article 21. The Word-based tool is available on the interim secretariat web site in all six official languages. The instrument also includes instructions developed by Australia and Canada,¹ as per the agreement of Committee A at the first session of the Conference of the Parties. The instructions are displayed in the Word-based tool in the form of “Help” buttons.

5. In order to guarantee that all Parties reporting before the second session of the Conference of the Parties had a copy of the Word-based tool and were able to access the file, additional efforts were made to provide the best possible assistance to Parties in complying with their reporting obligations. A compact disk containing the Word-based tool and a cover note with instructions was dispatched by the interim secretariat to each of the Parties concerned. The interim secretariat encouraged all Parties to use the Word-based reporting instrument, in order to facilitate the processes of both data entry at the Party level and data analysis by the interim secretariat. Completed reporting instruments were submitted on computer disk or sent via e-mail or post.

NATIONAL REPORTS RECEIVED

6. A total of 40 Parties were required to report against all core Group 1 questions by 27 February 2007. Twenty-five of the 40 Parties that were due to report submitted their national reports by the deadline. Three Parties due to report after 27 February 2007 submitted their national reports early and have been included in the analysis presented here. The 28 Parties that submitted national reports and are included in the present analysis are listed in Annex 1 of this document. A list of the Parties that were due to submit their national reports by 27 February 2007 and did not meet the deadline is presented in Annex 2. National reports from Parties that were submitted after 27 February 2007 will be available for review by the Conference of the Parties at its second session, in English if possible, and if not, in the original language in which the report was submitted.

7. Of the 28 national reports submitted by the deadline, three were submitted by Parties from the WHO African Region, three were from the WHO Region of the Americas, three were from the WHO Eastern Mediterranean Region, four were from the WHO European Region, nine were from the WHO South-East Asia Region and six were from the WHO Western Pacific Region. Twenty-one of the submitted national reports are from developing country Parties, with the remaining seven being submitted by developed country Parties. Twenty-four of the national reports were submitted in English, one in French, two in Spanish and one in Arabic.

¹ The instructions are also contained in document A/FCTC/COP/2/DIV/1.

8. When assessing this report, the Conference of the Parties should take into consideration that the 28 national reports used in the analysis presented here represent only 19% of the total number of Parties to the WHO Framework Convention. Emerging trends have been highlighted on the implementation of the Convention. However, the trends represented in this report may not be representative of all Parties. The content of the national reports varied widely and therefore cross-comparisons of them should be made with great care.

ANALYSIS OF THE RESPONSES

Overall findings

9. There has been clear progress made internationally in implementation of the WHO Framework Convention. The fairly high number of submissions of national reports signifies the commitment of Parties to the Convention. Implementation as reported by Parties was highest in the areas of protection from exposure to tobacco smoke; sales to minors; packaging and labelling of tobacco products; and education, communication, training and public awareness. Weaker areas of implementation comprised civil and criminal liability, including compensation; the testing and measuring of emissions and regulating the contents of tobacco products; health warnings; cross-border advertising, promotion and sponsorship; and receipt of assistance provided to support developing country Parties and Parties with economies in transition in meeting reporting obligations. Most Parties answered both the core and optional questions in the reporting instrument.

Substantive sections of the questionnaire

10. Following is a synthesis of the responses received under each section of the questionnaire. For ease of reference, the structure follows that of the questionnaire. It should be noted that Sections 1 and 2 of the questionnaire (origin of the report and demographics, respectively) are designed to give general information about the reporting Party. These sections are not intended for comparative analysis, and are therefore not addressed below.

Tobacco use (Section 3)

11. Data provided by Parties under Section 3 of the questionnaire relate to tobacco use prevalence and supply. Parties provided information on prevalence of tobacco use by specific groups of the population, in accordance with the questionnaire. The responses were generally limited to prevalence of smoking, not covering the optional question related to use of smokeless tobacco. As required by the questionnaire, each responding Party defined its own age groups, and used its own definitions of the key terms (for example, in defining “daily” as opposed to “occasional” smokers, “youth groups” or “youth smoking”). Due to a lack of standardized indicators, the responses are thus not comparable. Although data collected through various survey instruments can never be fully comparable due to methodological differences, comparability could be improved. For example, it should be noted that prevalence data is often collected by age group only, without giving the prevalence for the entire adult population. In order to calculate comprehensive rates of reduction in prevalence, the Conference of the Parties may wish to consider that it would be necessary to insert a new question regarding total prevalence rates for the adult population and to insert standardized indicators, such as standard definitions of “daily” or “occasional” smokers.

12. Additionally, responding Parties provided information on the supply of tobacco products. In accordance with the questionnaire, each Party provided its most current available annual data, leading to data of different years being provided. In this instance also, a meaningful comparative analysis is therefore difficult.

13. The responses received, which will be made available on the web site of the interim secretariat, give a very useful picture of the situation in each reporting Party of the prevalence of tobacco use and supply. Due to the nature of the questions posed, however, this part of the questionnaire does not lend itself to comparative analysis.

Taxation (Section 4)

14. An overview of the responses received from Parties in Section 4 of the questionnaire suggests that there is significant variation between Parties in the administration of tobacco taxation, in terms of both what rate is applied and how it is applied. While most Parties apply some sort of excise (specific or ad valorem) tax on tobacco products, several Parties still rely exclusively on import duties as a source of tobacco tax revenue and as an instrument for tobacco control.

15. There were also great differences between Parties regarding the retail prices for the three most popular cigarette brands available in each Party's jurisdiction. These differences related both to the brands that are most popular in each Party and to the retail prices. Furthermore, even within Parties, prices can vary significantly, in the case of one developing country Party, the price of the most popular international brand is 14 times greater than the price of the most popular local brand.

16. For this section also, the responses received, which will be made available on the web site of the interim secretariat, give a very useful picture of the situation in each reporting Party, but do not lend themselves to comparative analysis. Nonetheless, it is safe to say that at market exchange rates, the price of tobacco products is lower in developing country Parties.

Legislative, executive, administrative and other measures (Section 5)

17. Data on legislative, executive, administrative and other measures were provided by Parties in response to obligations under the WHO Framework Convention to adopt and implement legislation, regulation, and executive, administrative or other measures or provisions identified in each topical area in the reporting instrument. Analysis of Party responses in this section is provided below.

1. Core questions

Price and tax measures to reduce demand for tobacco

18. Thirteen Parties reported adopting and implementing measures on prohibiting or restricting sales to and/or importations by international travellers of tax-free and duty-free products.

Protection from exposure to tobacco smoke

19. Most Parties have adopted and implemented legislative, executive, administrative and/or other measures in the area of protection from exposure to tobacco smoke. Nearly all Parties have adopted and implemented full or partial measures in indoor workplaces such as government buildings, health care facilities, educational facilities and private workplaces. Likewise, nearly all Parties have adopted and implemented full measures on protection from exposure to tobacco smoke in public transport (16 have full measures and seven reported partial measures). Twelve Parties have adopted and implemented full measures in cultural facilities and 12 Parties adopted partial measures. Only eight Parties have adopted and implemented full measures in bars, nightclubs and restaurants, while 10 reported partial measures and nine Parties reported having no measures.

20. Parties may wish to consider the report of the guideline elaboration working group on draft guidelines for the implementation of Article 8¹ when reviewing this section of the reporting instrument. The Conference of the Parties may wish to revise Party reporting obligations upon the possible future adoption of a set of guidelines for implementation of Article 8.

Regulation of tobacco product disclosures

21. The majority of Parties (18) require manufacturers and/or importers of tobacco products to disclose to governmental authorities information about tobacco product contents.

Illicit trade in tobacco products

22. Roughly 65% of Parties answering the illicit trade section of the questionnaire answered “Yes” to adopting and implementing measures covering illicit trade in tobacco products. Such measures included requiring marking of packaging to assist in determining the origin of the product and whether the product is legally for sale on the domestic market; requiring that packaging marking is in legible form and/or appears in the Party’s principal language or languages; enabling the confiscation of proceeds derived from the illicit trade; and licensing or other actions to control or regulate production. It should be noted, however, that fewer Parties (54%) have measures enacting or strengthening legislation against illicit trade in tobacco products.

Sales to and by minors

23. Parties reporting on measures regarding the prohibition of sales to and by minors specified legal ages of minority within a range of 15 to 21 years of age; 18 Parties specified the legal age as 18 years old. The majority of Parties have measures that prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors, and provide penalties against the sellers and distributors. Fewer Parties have measures prohibiting the sale of cigarettes individually or in small packets, which Article 16.3 of the WHO Framework Convention indicates increases the affordability of such products to minors. Only 12 Parties report having measures prohibiting the sale of tobacco products by minors.

Liability

24. Only nine Parties have adopted and implemented measures dealing with criminal and civil liability relating to tobacco control, including compensation where appropriate.

2. Optional questions

Regulation of the contents of tobacco products

25. Responses to all four questions in this section indicate that the majority of Parties do not have measures requiring the testing and measuring of tobacco product emissions and regulating the contents of tobacco products. Additionally, only 10 Parties reported having measures regulating the emissions of tobacco products. The Conference of the Parties may wish to be mindful of the progress report of the working group convened to develop guidelines pursuant to Articles 9 and 10 of the WHO

¹ See document A/FCTC/COP/2/7.

Framework Convention¹ when considering a revision of Party reporting obligations on the emissions and contents of tobacco products.

Packaging and labelling of tobacco products

26. Twenty reporting Parties have adopted and implemented measures requiring that packaging and labelling carry health warnings describing the harmful effects of tobacco use; ensuring that the health warnings are approved by the competent national authority; ensuring that the health warnings are large, clear, visible and legible; and requiring that the warnings and other textual information appear on each unit package and on any outside packaging and labelling in the principal language or languages of the Party. Eighteen Parties require that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression. Fewer Parties (15) require that health warnings be periodically rotated and 13 Parties require that packaging and labelling contain information on relevant constituents and emissions of tobacco products.

27. A large number of Parties (19) reported having measures that ensure health warnings occupy no less than 30% of the principal display areas of packaging, whereas, only six Parties ensure that health warnings occupy 50% or more of the principal display areas. Only nine Parties ensure that the health warnings are in the form of, or include, pictures or pictograms.

Tobacco advertising, promotion and sponsorship

28. Sixteen Parties reported adopting and implementing measures instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship. However, only seven Parties reported instituting a comprehensive ban that includes cross-border advertising, promotion and sponsorship originating from its territory. Ten Parties reported applying restrictions, in the absence of a comprehensive ban, on all tobacco advertising, promotion and sponsorship, but only four Parties reported restricting cross-border advertising, promotion and sponsorship originating from its territory. Nineteen Parties reported adopting and implementing measures restricting tobacco advertising, promotion and sponsorship on radio, television, print media and other media, such as the Internet, and 17 reported measures prohibiting all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression. However, only two Parties require the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship, highlighting an area of weak implementation among Parties.

29. Under Article 13 of the WHO Framework Convention, Parties are required to undertake a comprehensive ban on all tobacco advertising, promotion and sponsorship within five years of the Convention's entry into force, or, if a Party is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles, it is required to apply restrictions on all tobacco advertising, promotion and sponsorship. Article 13.4 requires Parties, at a minimum:

- (a) to prohibit all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about the product's characteristics, health effects, hazards or emissions;
- (b) to require that health or other appropriate warnings or messages accompany all tobacco advertising and, as appropriate, promotion and sponsorship;

¹ See document A/FCTC/COP/2/8.

- (c) to restrict the use of direct or indirect incentives that encourage the purchase of tobacco products by the public;
- (d) to require, if a Party does not have a comprehensive ban, the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited;
- (e) to undertake a comprehensive ban, or, in the case of a Party that is not in a position to undertake a comprehensive ban, to restrict tobacco advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the Internet, within a period of five years;
- (f) to prohibit, or in the case of a Party that is not in a position to prohibit, to restrict tobacco sponsorship of international events, activities and/or participants therein.

30. The Conference of the Parties may wish to refer to the report of the expert group on cross-border advertising, promotion and sponsorship¹ and be mindful of Article 7 of the WHO Framework Convention, which includes Article 13 in the guideline development process, when considering Party obligations to report on tobacco advertising, promotion and sponsorship. The Conference of the Parties may wish to consider a revision of the format of the questionnaire in this section, to help Parties avoid confusion when completing the instrument. Two separate sets of questions that may be useful for the Parties in this regard are whether a Party has undertaken a comprehensive ban, and, if it has not, which restrictions it has applied as required by Article 13. Parties may also wish to be mindful that a comprehensive ban on tobacco advertising, promotion and sponsorship has not yet been defined by the Conference of the Parties.

Programmes and plans (Section 6)

31. As outlined in the reporting instrument, data provided under this heading relate to the obligations under the WHO Framework Convention to establish plans, policies or research initiatives or to otherwise engage in tobacco control-related programmes or projects.

32. Twenty-three Parties reported having developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes. The remaining five Parties all reported having developed and implemented partial strategies, plans and programmes.

1. Core questions

General obligations

33. The majority of Parties (23) reported having a national coordinating mechanism or focal point for tobacco control. Only 10 Parties reported having protection of policies from the commercial and other vested interests of the tobacco industry.

Education, communication, training and public awareness

34. High numbers of Parties (20 or more) reported strategies, plans and programmes covering: broad access to effective and comprehensive educational and public awareness programmes on the

¹ See document A/FCTC/COP/2/10.

health risks of tobacco products targeted both at adults and/or the general public, and at children and youth; public awareness about the health risks of tobacco consumption and exposure to tobacco smoke and about the benefits of the cessation of tobacco use and tobacco-free lifestyles; and awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control. Fourteen Parties reported strategies, plans and programmes covering public access to a wide range of information on the tobacco industry.

Demand reduction measures concerning tobacco dependence and cessation

35. Just over half of all Parties reported strategies, plans and programmes that cover comprehensive and integrated guidelines, based on scientific evidence and best practices, to promote cessation of tobacco use and adequate treatment for tobacco dependence; a little over half also reported coverage in the facilitation of accessibility and affordability for treatment of tobacco dependence, including pharmaceutical products.

Provision of support for economically viable alternative activities

36. Only seven Parties reported strategies, plans or programmes covering the promotion of economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers. However, not all of the reporting Parties currently grow tobacco in their territory.

Research, surveillance and exchange of information

37. More than half of all Parties reported strategies, plans and programmes covering research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke, as well as research for identification of alternative crops; likewise, more than half reported coverage that included updated data from national surveillance programmes.

2. Optional questions

Education, communication, training and public awareness

38. The majority of Parties (21) answered that their strategies, plans and programmes cover education, communication, training and public awareness.

Demand reduction measures concerning tobacco dependence and cessation

39. Just over half of reporting Parties indicated having strategies, plans and programmes that cover demand reduction measures; these measures relate to tobacco dependence and cessation in the areas of design and implementation of programmes for diagnosis and treatment. However, fewer than half of reporting Parties (12) indicated strategies, plans and programmes that cover the establishment of programmes for diagnosing, counselling, preventing and treating tobacco dependence in health care facilities and rehabilitation centres.

Protection of the environment and the health of persons

40. A minority of Parties (10) reported strategies, plans and programmes that cover due regard for the protection of the environment and for the health of persons in relation to the environment, in respect of tobacco cultivation and manufacture within their territory. As noted earlier, however, not all reporting Parties cultivate and manufacture tobacco.

Research, surveillance and exchange of information

41. Many Parties have strategies, plans and programmes covering training and support for all those engaged in tobacco control activities, including research, implementation and evaluation. More than half of all reporting Parties also responded affirmatively to having programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Half of all reporting Parties have adopted and implemented measures concerning a national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators, as well as measures relating to the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information and information regarding practices of the tobacco industry and the cultivation of tobacco. Thirteen Parties reported having an updated database of laws and regulations on tobacco control and information about their enforcement, as well as pertinent jurisprudence.

Technical and financial assistance (Section 7)

42. As indicated in the reporting instrument, the goal of this section is to assist the Secretariat in facilitating the coordination of available skills and resources with identified needs. Parties reported on the provision or receipt of financial or technical assistance for the development and strengthening of multisectoral comprehensive tobacco control programmes in developing country Parties and Parties with economies in transition. Five Parties reported having provided assistance to support developing country Parties and Parties with economies in transition in meeting reporting obligations, four Parties reported having received this type of assistance.

43. The majority of developed countries reported having provided some type of assistance. However, only three developed country Parties provided assistance in the area of the promotion of research to increase the affordability of comprehensive treatment of nicotine addiction. One developed country Party reported having received assistance in the area of the development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control and in the provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes.

44. A small number of developing country Parties also reported providing some type of assistance. In addition, 10 developing country Parties reported receiving assistance in the area of the development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control. Thirteen received assistance in the provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes. Nine received assistance in the provision of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes. Six reported having received assistance in the appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12 of the WHO Framework Convention and in the identification of methods for tobacco control, including comprehensive treatment of nicotine addiction. Only two Parties received assistance in the promotion of research to increase the affordability of comprehensive treatment of nicotine addiction.

45. A total of 11 Parties reported identifying specific gaps between the resources available and the needs assessed, with regard to the financial and technical assistance provided or received. Specific gaps identified by Parties included lacks in the areas of: technical and financial capacity, human resources, sustainable funding mechanisms, legislation implementation (particularly enforcement), surveys on tobacco control issues, expanded databases on tobacco, smoking cessation clinic equipment and training for staff, support for anti-tobacco advertisements and research on alternative crops.

Priorities for implementation of the WHO Framework Convention on Tobacco Control

46. Common priority areas for implementation of the WHO Framework Convention that were identified by Parties included: public awareness of tobacco and its health effects; training and education of health and tobacco control professionals; increased access to cessation services and programmes; drafting, revision and enforcement of tobacco control legislation; development and implementation of national tobacco control policies; protection from exposure to tobacco smoke; labelling of tobacco products; health warnings of tobacco products; and the increased implementation of tobacco-use surveys.

47. Parties also identified different priority areas for implementation of the Convention across regions. Parties in the WHO South-East Asia Region reported as priority areas an increase in capacity building and a closer focus on testing and regulation of tobacco products. Priority areas for implementation that were identified by Parties in the WHO Western Pacific Region included the prevention of uptake of smoking, particularly in minors; the establishment of sustainable funding mechanisms for tobacco control; regular surveys on prevalence; and improvement in the exchange of information and enforcement of tobacco control legislation. WHO European Region Parties noted as their priority areas of implementation an increased focus on pregnant smokers, addressing social inequalities in health, prevention of uptake of tobacco use and the adoption of smoking bans in public places. One WHO Eastern Mediterranean Region Party identified the provision of legal measures to identify legal accountability and compensation as a priority area. Parties in the WHO Region of the Americas and Eastern Mediterranean Region identified research into alternative crops to tobacco as a priority area. Other priority areas included the creation of a focal point for tobacco control for Parties in the WHO African and Americas Regions, and the provision of technical and financial assistance to developing countries, implementation of 100% tobacco-free areas, a ban on tobacco advertising and the implementation of tax policies to control tobacco for the WHO Region of the Americas.

48. The main constraints or barriers that Parties reported encountering in implementation of the Convention was a lack of adequate financial and human resources, technical expertise, and training and education of health and tobacco control professionals. Other noted constraints included slow drafting and implementation of tobacco control legislation, a lack of testing facilities for tobacco products and little or no enforcement of some tobacco control laws. One WHO South-East Asia Region Party made reference to a number of domestic court cases challenging the provisions of the tobacco control legislation, hindering its effective implementation.

Questionnaire feedback

49. Feedback on the questionnaire is important in order to identify problems Parties experienced when completing the questionnaire and, thus, to assist the Conference of the Parties in reviewing the questionnaire with a view to introducing improvements.

50. Feedback from Parties regarding improvement of the Group 1 questionnaire included: shortening the reporting instrument, improving the format and layout of the instrument, providing clearer instructions to accompany the reporting instrument, providing examples and a more detailed explanation as to what data is being sought in the questionnaire, improving the clarity of the questions, creating more space in the instrument for the provision of additional information, addressing issues of the applicability of certain questions to some Parties, addressing overlaps among questions in Section 6 (Programmes and plans) and the addition of questions regarding the area of land used for tobacco cultivation and the quantity of raw tobacco produced domestically.

51. Input provided by Parties for the future development of the Group 2 questionnaire included: incorporating interrelated issues into the same question, reducing the number of questions and adding

new areas of reporting, such as Party-level situational analysis on tobacco use and tobacco control, the establishment of a monitoring and evaluation system and capacity building in electronic media use.

52. Six Parties noted they had experienced technical difficulties in the use of the Word-based reporting instrument. Technical difficulties reported included difficulties in inserting numbers and words into the same answer box. This issue was addressed immediately by the interim secretariat and has now been rectified. Another reported difficulty was the inability to correct errors made when creating age groups in the Word-based form. The interim secretariat will investigate ways to enable such errors to be easily corrected.

ASSESSMENT AND CHALLENGES

Significance of the reporting process

53. The data provided by the reporting instrument have proven very useful in assessing treaty implementation, but they have also highlighted key challenges for the Conference of the Parties. In this respect, there are three important conclusions to be drawn from the analysis presented here.

Challenges related to the questionnaire

54. The first important conclusion that can be drawn is that the reporting instrument can be improved in order to provide more accurate and consistent indicators of treaty implementation. It can also be more adaptable to the specific situations of Parties and be made simpler.

1. Comparability of data

55. The format and layout of the reporting instrument were at times confusing to reporting Parties and resulted in essential information being provided in a non-comparable fashion. Questions on prevalence, for example, required Parties to provide answers by age groups, although the questionnaire did not present a clear format for that data. The Word-based tool developed by the interim secretariat addressed some of these issues by creating additional tables based on the age groups listed in the “Demographics” section. This, however, often precluded displaying prevalence of tobacco use for the adult population as a whole, hence many Parties did not provide important prevalence indicators, such as overall adult smoking by gender. Another difficulty was the fact that standardized indicators were not used, which means that the provided data are not comparable. For example, in the section on prevalence, Parties were asked to provide their own definitions of age groups and of key terms such as “daily smokers” and “occasional smokers”.

56. Given these difficulties, the Conference of the Parties may wish to consider introducing standardized indicators into the questionnaire in order to obtain comparable data in the future. Parties are required under Article 21.1(d) of the WHO Framework Convention to report on surveillance and research information as specified in Article 20 of the Convention. Article 20.2 states that Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international level, as appropriate. The Conference of the Parties may wish to highlight the issue of comparable data as an area in which Parties may need technical assistance. Article 20.3(c) provides that Parties shall endeavour to cooperate with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of tobacco-related surveillance data. The standardization of all tobacco-related surveys, and the definitions they contain, would assist in the area of comparable data collection methods.

2. User-friendliness

57. Other topics covered by the reporting instrument created confusion, such as those that presented a combination of certain topics. The table for responses to questions on “Legislative, executive, administrative and other measures”, for example, starts with a “Yes/No” format, then requires answers in terms of a “Full/Partial/None” format, then reverts to a “Yes/No” format. This table also covers many topics, as is the case for many other tables in the reporting instrument. Another potentially unclear element was that sections of the reporting instrument correspond to Articles of the treaty and not to question numbers, resulting in Parties finding it difficult to clearly identify the different parts of the reporting instrument. Overall, restructuring the reporting instrument with clearly identified and numbered questions and a more accurate template for responses would be essential in order to reduce confusion. Clearer instructions on what data to provide and in how much detail should also be developed. The Conference of the Parties may wish to consider revising the questionnaire in this manner.

3. Level of detail of information requested

58. The level of detail requested for the different questions varied greatly and resulted in considerable amounts of information on some topics and not enough on others. For example, few Parties were in a position to provide recent prevalence figures by gender and age group for the various tobacco products listed. Parties thus rightly provided the data that were available, but it became clear that the reporting instrument did not provide a breakdown that would improve data comparability, despite highly detailed requested prevalence figures. Other questions were too vague to ascertain that Parties were actually referring to comparable measures, especially with regard to Section 6 (Programmes and plans), where the nature of policies remained difficult to assess without additional supporting documentation. The Conference of the Parties may wish to consider the introduction of clear instructions on the level of detail to be provided in response to each question.

4. Lack of clear definitions of terms used in the questionnaire

59. In a similar fashion, some terms are too vague and yield similar answers for widely different realities. Inconsistencies in the report of smoking bans as “Full”, “Partial”, or “None” resulted in some Parties reporting very stringent bans with a few exceptions as “Partial” bans, while others with much less stringent bans reported “Full” bans. This situation is even more complex in the presence of multiple subnational bans. Other terms that require definition include the different types of public places where smoking is prohibited. The introduction of clear definitions of key terms is thus crucial to ascertain that treaty obligations are met and that policy data are comparable. The Conference of the Parties may wish to consider the development of relevant definitions.

5. Supporting documentation

60. Provision of supporting documents and additional explanations varied greatly between Parties and could be expanded and standardized. Providing a separate and explicit checklist of supporting documents that should accompany the reporting instrument would considerably reduce this inconsistency problem. A similar improvement could be introduced regarding the brief policy descriptions that are often required. In addition, supporting documents could be provided for more questions, in order to improve shared learning between the Parties, as well as enhance comparability, especially regarding programmes. The Conference of the Parties may wish to consider revising the questionnaire in this manner.

Challenges related to data collection

61. The second important conclusion to be drawn from the present analysis is that as global tobacco control gains momentum and requires an increasingly detailed assessment of national contexts, the value of the data collected through the reporting instrument will increase accordingly, especially in an environment where data is scarce and can address the needs of many other stakeholders in tobacco control. The reporting instrument highlighted the need for tobacco control information and the usefulness of better coordination with other data collection initiatives. Increasing synergies with other data collection initiatives would reduce the burden of data collection and increase data quality, as well as answer an important need of policy-makers, and provide useful hints regarding the format of questions. It also appears that regular reporting would contribute to shared learning among Parties. As much of this learning has to do with the dynamics of implementing policies as well as meeting treaty obligations, the detailed responses and accompanying information provided by some Parties, which will be made available on the web site of the interim secretariat, can facilitate this shared learning. Information provided by Parties for a specific area of tobacco control can be accessed by those seeking possible models for their own efforts in the relevant area.

Challenges related to Party-level capacity

62. The final major conclusion to be drawn from the data collected is the key role of Party-level capacity in implementing treaty obligations, hence the necessity to monitor more closely such capacity and its evolution. Reporting tobacco control information and implementing policy measures included in the WHO Framework Convention require strong Party-level capacity, as acknowledged by the Convention and the reporting instrument. Although Parties have agreed to support one another's Party-level capacity, the current state of that capacity is not fully described by the reporting instrument, resulting in a great deal of difficulty in assessing whether international efforts actually meet their targets. In this respect, specific measures of existing Party-level capacity would provide clear guidance regarding necessary support and increase the impact of international initiatives provided for by the WHO Framework Convention.

Challenges related to the reporting process

63. Some Parties contacted the interim secretariat for advice and assistance with technical difficulties encountered during the reporting process. Key questions posed to the interim secretariat concerned the use of the Word-based tool; the method for submission of reports; how much, and more specifically, which information to include when the question required the attachment of a brief summary or relevant documentation; how to submit the additional information; who should sign and submit the report; and the method for the provision of definitions. Some Parties experienced difficulties using the "Create Age Group" button in the Word-based tool. These difficulties have been noted by the interim secretariat, and the interim secretariat is exploring ways to improve the use of the tool.

64. As an instrument adopted by the first session of the Conference of the Parties, the interim secretariat could not change the format of the questionnaire, which was used as the basis of the development of the Word-based tool. The creation of additional or alternative data-entry boxes and space in the instrument to provide requested information may have reduced some of the confusion among Parties, especially for Parties wishing to add comments, references or footnotes (for example, when requested to provide their own definitions). The Conference of the Parties, in revising the questionnaire, may wish to consider this issue.

65. Good examples of use of the Word-based tool may allow Parties to learn from each other's experiences in the reporting process. In the spirit of shared learning, good examples of use of the Word-based tool submitted by Parties will be available upon request of the Secretariat.

ISSUES TO BE CONSIDERED BY THE CONFERENCE OF THE PARTIES

66. Reporting by all Parties is imperative to the process of monitoring the progress being made internationally in implementation of the WHO Framework Convention. Analysis of the progress being made regionally and globally could only be based on those national reports that were received and could be analysed by the Secretariat. In consideration of this, the Conference of the Parties may wish to strongly encourage all Parties to submit their reports on time. Specifically, it may wish to encourage those Parties who have not submitted their initial reports on the Group 1 questions by the agreed deadline to do so as soon as possible.

67. In addition, taking into account the findings of the analysis as set out in the present document, the Conference of the Parties may wish to consider the following issues.

Revision of the questionnaire

68. In accordance with decision FCTC/COP1(14), the Conference of the Parties may wish to reconsider the provisionally adopted reporting format, given the experience gained during the first period of reporting. In the reconsideration, the Conference of the Parties may wish to take into account:

- (a) making the design and layout more user-friendly;
- (b) clearly identifying and numbering the questions;
- (c) revising the templates that facilitate answering the questions;
- (d) providing clearer instructions on completion of the questionnaire and clearer explanations on exactly what data should be provided;
- (e) improving the clarity of the questions and avoiding overlaps between questions;
- (f) rephrasing the questions in a way that makes a meaningful comparison of the answers possible (for example, through the use of questions that have "Yes/No" responses rather than descriptive ones).

Standardization of data collection

69. As indicated above, some of the data submitted by Parties by means of the current questionnaire are not comparable because they do not follow a standardized format and because standardized definitions of key terms are not used in the questionnaire. This significantly limits the usefulness of such data. The Conference of the Parties may therefore wish to consider the elaboration of standard definitions of key terms, rather than providing for the use of individual definitions given by each reporting Party. Consideration may also be given to the harmonization of the reporting format with existing reporting systems on tobacco-related issues.

Establishment of a working group to undertake relevant tasks

70. To increase the efficiency of its deliberations relating to national reporting, the Conference of the Parties may wish to consider establishing a working group for the duration of its second session, with the mandate of preparing: a decision on revision of the provisionally adopted format for the submission of national reports, as set out in Annex 1 of decision FCTC/COP1(14), in accordance with the outcome of the present analysis; options for data standardization; and an elaboration of reporting formats for Groups 2 and 3.

71. Updating and revising reporting tools and analysis of national reports is a challenging and time-consuming task that is difficult to carry out during meetings of the Conference of the Parties. In existing treaties that feature a system of national reporting and an assessment of reports by the treaty's Conference of the Parties, a subsidiary body is often tasked to undertake this work under the guidance of the Conference of the Parties, in preparation of the Conference of the Parties' deliberations on the relevant issues.¹ In the longer term, the Conference of the Parties to the WHO Framework Convention on Tobacco Control may wish to consider the establishment of a subsidiary body charged with this task.

¹ See document A/FCTC/COP/1/INF.DOC./2 (Reporting and exchange of information in accordance with Article 21 of the WHO Framework Convention on Tobacco Control).

ANNEX 1

PARTIES INCLUDED IN THE ANALYSIS OF THIS REPORT**(Party reports submitted by 27 February 2007)**

Parties	
1.	Armenia
2.	Australia
3.	Bangladesh
4.	Bhutan
5.	Canada
6.	Cook Islands
7.	Ghana
8.	India
9.	Japan
10.	Jordan
11.	Madagascar
12.	Maldives
13.	Mauritius
14.	Mexico
15.	Mongolia
16.	Myanmar
17.	Nepal
18.	New Zealand
19.	Norway
20.	Palau
21.	Qatar
22.	Slovakia
23.	Sri Lanka
24.	Syrian Arab Republic
25.	Thailand
26.	Timor-Leste
27.	United Kingdom of Great Britain and Northern Ireland
28.	Uruguay

ANNEX 2

PARTIES NOT INCLUDED IN THE ANALYSIS OF THIS REPORT

(Parties due to report by 27 February 2007 that did not submit by the deadline)

Parties	
1.	Brunei Darussalam
2.	Fiji
3.	France
4.	Hungary
5.	Iceland
6.	Kenya
7.	Malta
8.	Nauru
9.	Pakistan
10.	Panama
11.	San Marino
12.	Seychelles
13.	Singapore
14.	Solomon Islands
15.	Trinidad and Tobago

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