WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
SECRETARIAT

WHO FCTC Implementation Review in Pacific Island countries

Prepared for the Secretariat of the WHO FCTC under the FCTC 2030 project

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EXECUTIVE SUMMARY

An evidence-based rapid review to inform ongoing implementation support

The WHO Framework Convention for Tobacco Control (WHO FCTC)is an evidence-based treaty developed in response to the globalisation of the tobacco epidemic. It came into force in 2005 and reaffirms the right of all people to the highest standard of health.

The Convention Secretariat oversees global implementation of the WHO FCTC. As part of the broader FCTC2030 project to assist with strengthening implementation of the treaty, the Convention Secretariat commissioned *Allen + Clarke* to undertake an overarching review of the status of implementation by the 14 Pacific Island country parties to the WHO FCTC: Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

The review did not set out to be a comprehensive assessment of progress in implementing the FCTC, but rather to reveal some practical ways to best target further implementation support.

We agreed with the Convention Secretariat a set of core study questions to inform an assessment of the status of implementation and options for support. We used these questions as a basis for desk-based document analysis and stakeholder interviews, and then assessed and synthesised the information gathered. From this process, we developed and recommend a framework that offers a systematic approach for supporting implementation of the WHO FCTC in Pacific Island countries. The review occurred between December 2018 and March 2019.

Status of WHO FCTC implementation in Pacific Island countries

An assessment of implementation of selected key Articles shows strong progress and widespread compliance for some articles, including Article 13 Advertising, promotion and sponsorship and Article 16 Sales to and by minors. For others, there is a demonstrated need for implementation support where progress has been challenging or compliance low: Article 5.1 multisectoral strategies, Article 5.3 tobacco industry interference, and Article 15 Illicit trade in tobacco products. Section 2.1 discusses this further.

Certain countries – the Cook Islands, Fiji, Palau and Samoa – show sustained implementation progress. The Marshall Islands, Niue, the Solomon Islands and Tonga appear on track for similar steady progress. Fiji, Palau and Vanuatu have taken innovative approaches in some areas that could be used as models for other countries. Section 2.2 discusses this further.

The importance of regional support for tobacco control policies was a strong theme; technical assistance from the WHO FCTC, the WHO Western Pacific Regional Office, New Zealand and Australian government funding, and support from the Framework Convention Alliance (FCA), were acknowledged and welcomed. Embedding tobacco control policies and goals in whole-of-government approaches or country development strategies was also seen as important, but not consistent across countries or constant across time periods. Section 2.3 discusses this further.

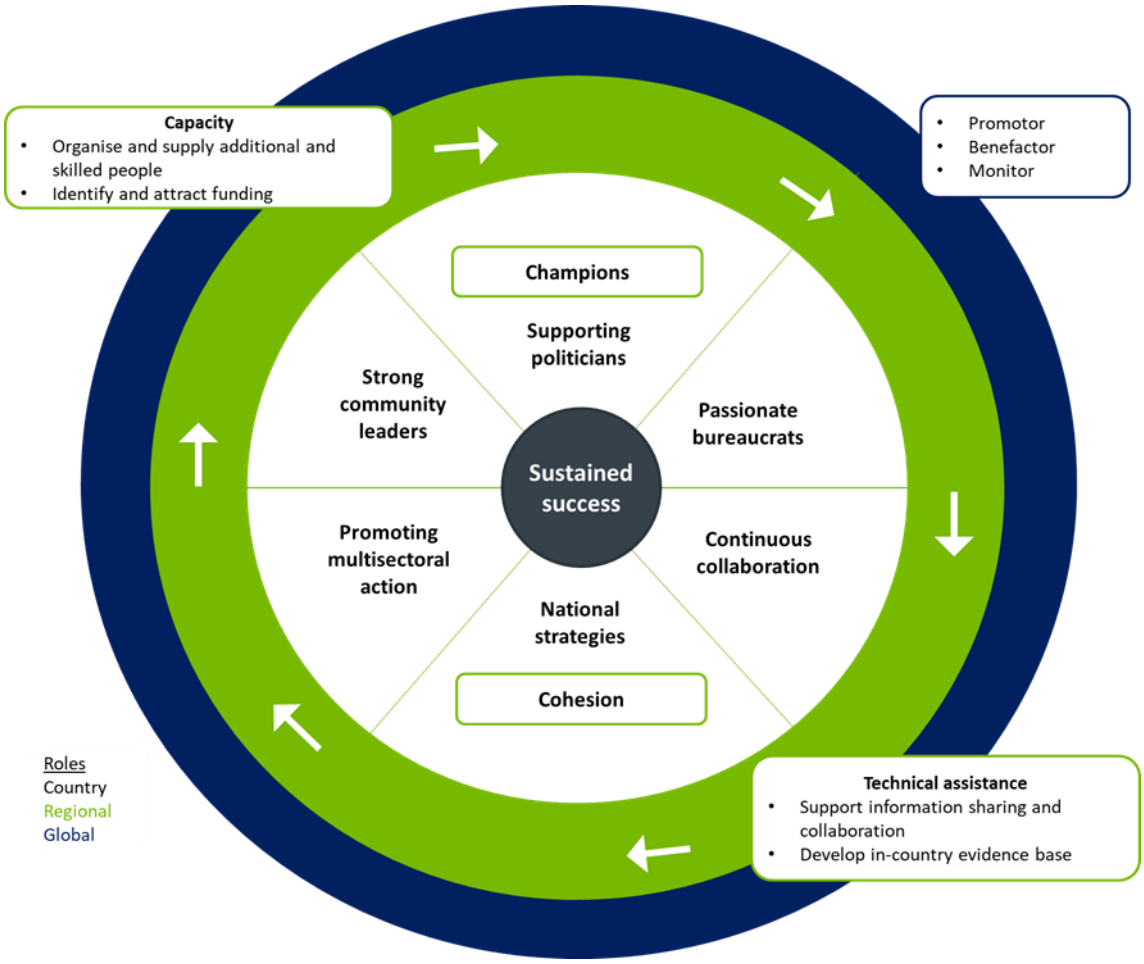
Factors in the wider 'macro' environment obviously have an impact on implementation; politics, economic constraints and cultural norms have variously been stimulators or inhibitors of implementation. At a 'micro' level of the tobacco control domain, funding, technical assistance, and political and bureaucratic champions have supported implementation – and unsurprisingly, their absence has tended to hinder implementation. Section 3 discusses this further.

Systematic approach to support Pacific Island countries' FCTC implementation

Drawing on the available evidence about what works, and in thinking about how to leverage opportunities and mitigate against threats in this operating environment, we offer a framework for successful WHO FCTC implementation in Pacific Island countries.

This framework articulates the essential practical elements to support a successful tobacco control movement, at various levels. Its elements are described in Section 4, and in summary:

- In-country, a mix of political, bureaucratic and civil society champions is optimal; and efforts must be made to bring a common cohesive focus across government on tobacco control, with a view to future generations.
- Two forms of regional support are critical: capacity and capability; and technical assistance.
- Global entities must promote efforts, raise awareness, provide funding and effectively track progress.



This framework brings into focus the key elements required to make implementation happen well, to accelerate it, and to sustain it. It demonstrates that there are parts to play at all levels to progress and accelerate implementation of the WHO FCTC in Pacific Island countries.

1. INTRODUCTION

1.1. Purpose of the review

The WHO Framework Convention for Tobacco Control (WHO FCTC) is an evidence-based treaty reaffirming the right of all people to the highest standard of health. It was developed in response to the globalisation of the tobacco epidemic and came into force in 2005. Its Articles cover demand-and supply-side reduction measures, environmental protection, liability, cooperation and communication, institutional arrangements and financial resources, and dispute settlement.

As part of the broader FCTC2030 project to assist with strengthening implementation of the treaty in low- and middle-income countries (LMICs), the Convention Secretariat commissioned an overarching review of the status of implementation by the 14 Pacific Island country parties to the WHO FCTC (Cook Islands, Fiji, Kiribati, the Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu[1]).

The scope of this review was to:

- examine progress with implementation of the WHO FCTC in the 14 Pacific Island countries, and
- provide an overarching assessment of implementation status for the Pacific Island countries and consider ways to accelerate implementation of the WHO FCTC.

The review's recommendations are designed to support targeted investment of resources to progress implementation of the WHO FCTC, by providing a framework for successful implementation domestically, regionally and internationally. This report may be useful to actors at each of these levels.

1.2. Structure of this report

This introductory section sets out the purpose of the review and describes its methodology and core study questions and acknowledges the review's limitations.

The second section aims to describe the status of implementation of the WHO FCTC in these 14 Pacific Island countries. It discusses implementation with reference to particular Articles of interest, and also looks at country and programme successes and their likely determinants.

The third section steps back to consider holistically and analytically the environment for WHO FCTC implementation in Pacific Island countries, with the intention of understanding the suite of internal and external factors influencing implementation, in terms of both constraints and opportunities.

The final section presents a recommended framework for supporting WHO FCTC implementation in Pacific island countries in future. Recommendations are informed by the status and environmental analysis, and reflect ideas generated in the course of the review.

[1]French and American territories in the Pacific and Tokelau were not within the scope of this review.

1.3. Methodology

This review used the core study questions and sub-questions in Table 1 to inform an assessment of current status of implementation and options for support.

Table 1: Study questions to inform the review

Study question	Sub-questions
1. To what extent have Pacific Island countries given effect to the WHO FCTC?	• What is the level of compliance by Pacific Island countries with various WHO FCTC Articles (with a particular focus on Articles 5, 6, 8, 11, 13, 15 and 16)?
2. What are the positive and negative influences on WHO FCTC implementation in Pacific Island countries?	• What are the key challenges / barriers facing Pacific Island countries in implementing the WHO FCTC (weaknesses/threats)? • What are the opportunities for enhanced WHO FCTC implementation in Pacific Island countries (strengths/opportunities, including enablers)?
3. What lessons can be learned from past efforts supporting WHO FCTC implementation in Pacific Island countries?	• What regional or bilateral tobacco control support programmes are or have been in operation? Do they link to country development strategies? Which programmes have delivered sustained outcomes (in terms of WHO FCTC implementation), and why/why not? • Are there any Pacific Island countries who are exemplars generally, or in relation to specific areas of the WHO FCTC implementation? What has made them successful? • What lessons can be taken from other (non-tobacco control) regional or bilateral programmes in supporting Pacific Island countries to implement treaty-based obligations or discrete, policy-specific and legislative interventions?
4. How could we enhance WHO FCTC implementation by Pacific island Parties to the WHO FCTC?	• What forms of support or encouragement (including cultural beliefs), delivered in what ways, would be most effective in improving implementation of the WHO FCTC by Pacific Island countries? • What opportunities exist for South-South and Triangular Cooperation to accelerate WHO FCTC implementation in Pacific Island countries?

The project team used these questions as a basis for desk-based document analysis and stakeholder interviews, described further in Table 2.

Inputs were selected in consultation with the Convention Secretariat as well as on the recommendation of some key regional stakeholders.

Table 2: Inputs to the review

Input	Description
Document review	• The document review sourced information on the current state of implementation of the WHO FCTC in Pacific Island countries, including contextualising Pacific experience within global tobacco trends. Review occurred between December 2018 and March 2019. • Documents ranged from being focused at a global, regional and country level, the latter focussing on specific countries' implementation of the WHO FCTC. They included Conference of the Parties reports, WHO FCTC implementation database country reports and country needs assessments (see Appendix 1 for full list).
Stakeholder interviews	• The project team interviewed seven key informants, including the WHO technical officer supporting tobacco control in the Pacific, an FCA Pacific Island countries coordinator, former regional intergovernmental officials, and country NGO representatives. • The interviews were semi-structured, based on a guide tailored to the review, and occurred in February 2019. (See Appendix 2 for an example of the interview guide.)

1.4. Limits of the review

The review's limitations are described below. While they are not thought to weaken the review's findings or recommendations, they are important to acknowledge.

- *Scope*: It was beyond the scope of this review to produce a comprehensive or quantitative in-depth assessment of the status of implementation and progress of all Parties since ratifying the WHO FCTC. This would be an ambitious task requiring more resources, for potentially a similar result.
- *Breadth*: Data from all countries was sought from publicly available sites and regional technical assistance sources (although no readily available data was sourced for Nauru or Tuvalu), however it was not possible under the scope of the project to contact all countries directly to participate in the research phase of the review. Interviews with holders of political office or Pacific public servants was out of scope so as not to introduce (potential) political bias. The reviewers considered and ultimately discounted a country survey targeted to Ministries of Health, given the expected challenges of collecting meaningful information remotely in a short period of time. (This could be undertaken subsequently in a targeted way.)

- *Information quality*: The review relied on (relatively) readily available data, much of which has a time lag, or is self-reported and potentially biased.
- *Selection bias*: The review was informed by qualitative interviews that reflect the perspectives of those interviewees, which are not necessarily those of all WHO FCTC stakeholders. Pacific Island countries are not homogenous, and circumstances and experiences vary sometimes significantly from one to another.

2. WHO FCTC IMPLEMENTATION STATUS

2.1. Assessment of selected articles

Based on document and stakeholder input, the review has assessed, at a summary level, compliance by Pacific Island countries with the WHO FCTC, focussing on selected Articles (5, 6, 8, 11, 13, 15 and 16). Table 3 shows these findings and offers an indicative rating of a high, medium or low priority for support required to progress or accelerate implementation. This assessment was based primarily on the country profile reports (Appendix 1).

Table 3: FCTC implementation assessment by selected Articles

Assessment	Priority for support
Article 5 – General obligations *Article 5.1 requires that countries develop and implement comprehensive multisectoral national tobacco control strategies, plans and programs.*	
• Evidence suggests that multisectoral strategies remain a challenge and that whole of government actions or programs are not commonplace. Countries such as the Cook Islands and Palau have demonstrated concerted efforts. Portfolio areas like taxation and illicit tobacco control are good tests of successful implementation of this sub-article because they necessitate multiple actors collaborating. • Many countries report they are compliant with Article 5.1 given that they have enacted tobacco legislation and established a governing body tasked with monitoring adherence to the WHO FCTC. However, there is wide variation in how comprehensive legislation is, the level of detail in monitoring, and how legislation is enforced. • As well as cross-portfolio, "multisectoral" can mean government-NGO partnerships, with an expectation that a balance of or representative socio-political groups achieve better results (e.g. Cook Islands or Palau above). However, there are some notable instances of successful implementation in the absence of a united government and NGO sector. For example, Fiji has struggled to find an NGO to support tobacco control, with success driven by government to enforce legislation; while in Vanuatu there is no agency established to deal specifically with tobacco control, yet it has the largest graphic warnings in the Pacific covering 90 percent of the display area (designed by a focus groups). Yet another variation is that the Republic of the Marshall Islands (RMI) has a strong NGO community which implements programmes and policies designed by the Ministry of Health.	High

Assessment	Priority for support
Article 5.2 requires that countries use a national coordinating mechanism or focal point for tobacco control; and that they adopt legislation and policies to prevent and reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke.	
• 13 of the countries subject to this review have tobacco control legislation in place; some are now at the point of amending existing legislation (e.g. the Marshall Islands and Palau both have tobacco-related amendments awaiting legislative approval). Niue's legislation is the newest, passed in December 2018. The exception is the Federated States of Micronesia (FSM) which has state-level legislation but not a single national piece of legislation; achieving this is hard politically as the individual four states have autonomy, including in relation to setting tobacco taxes and smoking restrictions. • Most countries have national coordinating mechanisms or focal points. Focal points change often, and their capacity can be compromised by other demands outside tobacco control.	Low
Article 5.3 requires that countries protect their tobacco control public health policies from tobacco industry interference.	
• The commercial interests of the tobacco industry continue to be a concern in Pacific Island countries. Tobacco industry interference remains a challenge particularly in countries such as Fiji, Samoa and the Solomon Islands where there are tobacco factories. For example, in Fiji a water borehole project was sponsored by British American Tobacco during the 2018 Fiji election. • Information regarding progress against minimising tobacco industry interference is scarce. The most detailed information sourced was from the Cook Islands country report stating that its Ministry of Health does not participate in or support any agreement with tobacco importers. Samoa has reported 'minimal progress' in the area, while others such as Vanuatu have not commented on the topic. Niue's Tobacco Control Act 2018 has specific sections (Part 6) targeted at preventing tobacco industry interference.	High
Article 6 – Taxation and prices *Article 6 encourages countries to incorporate national health objectives relating to tobacco control when implementing tax and price policies on tobacco products, and to prohibit or restrict sales and/or importations by international travellers of tax- and duty-free tobacco products.*	
• Most Pacific Island countries have implemented a tobacco tax, with 11 reporting that they have increased and continue to increase prices. For example, the Cook Islands saw prices increasing 33 percent in 2012, 2013 and 2014, and 5 percent each year since 2014. • Palau has legislation which sets aside 10 percent of tobacco and alcohol tax revenue for non-communicable disease prevention activities. • However, others struggle: for instance, Papua New Guinea has an excise tax of 37 percent, but implementation has been challenging as it was not endorsed by the Department of Finance.	Medium (and linked to 5.1)

Assessment	Priority for support
Article 8 – Protection from exposure to tobacco smoke *Article 8 requires that countries adopt legislation and policies to protect from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places*	
• Many countries have successfully implemented some smoke-free areas, with 12 having some form of partial ban in place. • However, it varies as to where and how common these spaces are. Countries such as the Solomon Islands, Samoa and Tonga prohibit smoking in schools, indoor workplaces, and hospitals, while in PNG smoke-free areas exist but it is largely up to local employers to implement. • Further, while there are legislated smoking bans, they are not always enforced: the Cook Islands country (self) report notes that smoking is prohibited in many places including public transport but "enforcement and monitoring is still a challenge."	Medium
Article 11 – Packaging and labelling of tobacco products *Article 11 requires that countries ensure that tobacco product packaging or labelling do not promote a tobacco product by false, misleading or deceptive means; that each packet or package carries health warnings about the harmful effects that is large, clear, visible and legible, making up at least 50% of the main display area and no less than 30%.*	
• The article is relatively well adhered to. Health warnings are a common requirement across Pacific Island countries, albeit there remains variation on packaging display areas between countries. For example, picture health warning in Vanuatu are required to cover 90 percent of the display area, both front and back. Nevertheless, most Pacific Island countries are not this extensive, and only four of the 14 Pacific Island countries reported in 2018 that health warnings occupy 50 percent or more of the display area.	Medium
Article 13 – Advertising, promotion and sponsorship *Article 13 requires that countries comprehensively ban (or if not possible for constitutional reasons, restrict) all tobacco advertising, promotion and sponsorship, including cross-border advertising.*	
• Tobacco advertising and sponsorship is banned in most Pacific Island countries. Fiji and several other Pacific Island countries have implemented legislation to prohibit advertising and promotion of tobacco products to varying degrees. The Marshall Islands, Palau and Samoa do not allow point of sale display or advertising of tobacco.	Low

Assessment	Priority for support
Article 15 – Illicit trade in tobacco products *Article 15 requires that countries take steps toward eliminating illicit trade in tobacco (including smuggling, illicit manufacturing and counterfeiting), including legislation measures and policies, ensuring statements on domestic products about final destination, considering practical tracking and tracing regimes, and collecting data on cross-border trade to exchange with customs, tax and other authorities.*	
• Reporting on illicit trade is limited. Fiji is one of the few countries that has reported on its compliance with Article 15; it has a strong illicit trade enforcement regime with officers stationed at all points of entry into Fiji. Samoa and the Solomon Islands report that enforcement is challenging but there are some peer learning programmes with Fiji that are gaining traction. • This is a challenging area. Most Pacific Island countries are not parties to the Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol), Fiji and Samoa being the exceptions. However, if done well this is a good vehicle for multisectoral engagement, given cooperation required between customs, health and finance government functions.	High (and linked to 5.1)
Article 16 – Sales to and by minors *Article 16 requires that countries establish legislative or other measures to prohibit sales of tobacco products to under-age persons (including bans or restrictions, including on tobacco vending machines), and encourages prohibition of the sale of cigarettes individually or in small packets which increase the affordability of such products to minors.*	
• There has been strong progress in this area. All countries ban sales to minors under 18 (under 21 for Niue, Palau, and Samoa). Palau, Tuvalu and Tonga also ban the sale of tobacco by minors. • Half of the 14 countries reported in 2018 that the sale of cigarettes individually or in small packets was prohibited; three of the six countries who did not provide a report in 2018 had previously reported these sales were prohibited in 2016. Papua New Guinea was the only country in 2018 to report 'no' to this provision in Article 16. • Further challenges remain around enforcement. For example, PNG prohibits sales to minors but there is no ability for the seller to request that the buyer shows proof of age or for the seller to advertise the age limit.	Low

2.2. Country successes and their determinants

Some Pacific Island countries have demonstrated steady and sustained progress in implementing the WHO FCTC; several are showing signs of being on track for steady progress. Table 4 highlights these country successes, as reported via document review and stakeholder interviews.

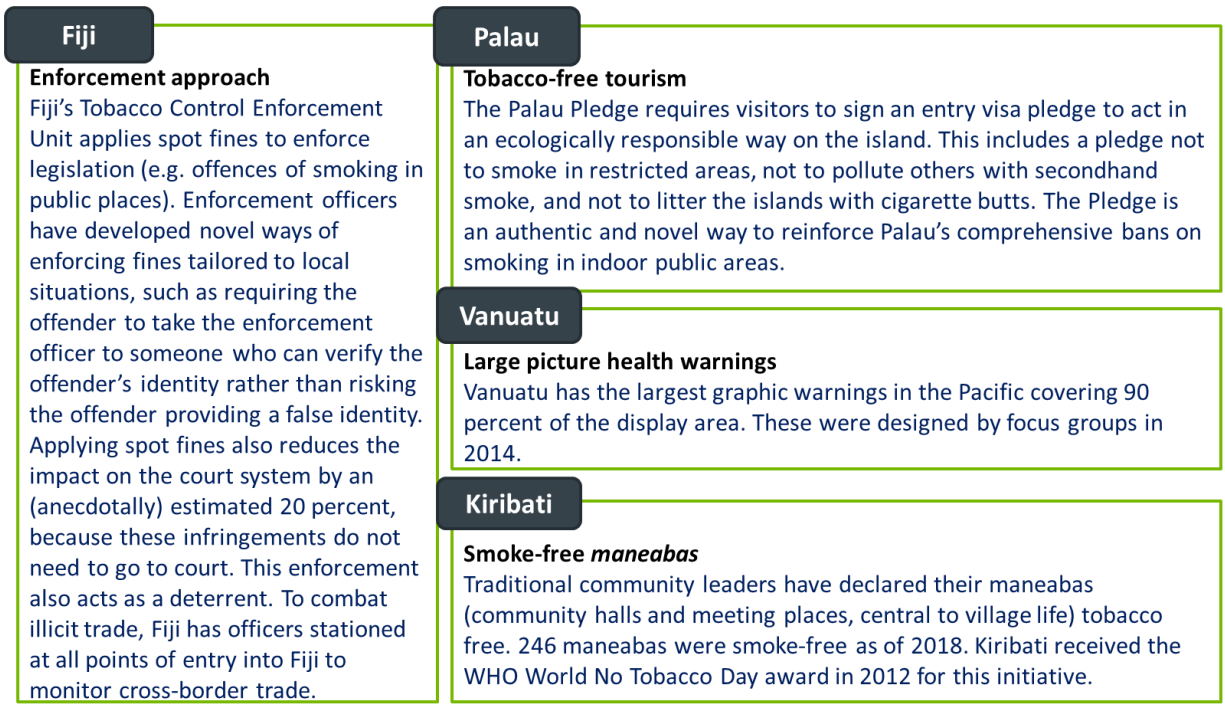
Table 4: Pacific FCTC exemplars

PIC	Exemplar because…
Steady and sustained progress	
Cook Islands	• Taxation (finance/health cross-sector partnership). The Finance Minister has increased taxes on tobacco by 33 percent in 2012, 2013 and 2014, and 5 percent every year since 2014. Revenue goes directly to the Ministry of Health budget for tobacco awareness and cessation programmes. • This is not an isolated instance of strong implementation here: the taxation approach is reinforced by smoking being prohibited in many public places; tobacco products having extensive requirements around labelling; and the introduction of tobacco cessation counselling with specifically trained primary health workers.
Fiji	• Fiji's success is driven not only by innovation but by other strong implementation measures, including leading the way on legislation to ban second-hand smoking on public transport; continuing to update tobacco control legislation to align with the requirements of the WHO FCTC; increasing tobacco tax; banning smoking in many public places; introducing packaging requirements and prohibiting promotion of tobacco products.
Palau	• Palau prohibits the sale of duty-free tobacco to passengers leaving the country and there is a strict limit on duty-free import allowances (only one open packet of cigarette sticks or loose tobacco). • Palau has strong leadership by NGOs, who work closely with government. • To control and monitor sales to youth, Palau's Ministry of Health conducts random unannounced inspection of tobacco vendors to provide a snapshot of compliance with sales to minors legislation (a practice also carried out in the Marshall Islands and the FSM). • In addition, Palau has legislation which sets aside 10 percent of tobacco tax revenue for non-communicable disease prevention activities.
Samoa	• Samoa has demonstrated progress in almost all areas. It has a tobacco tax, extensive smoking bans in place, and bans on promotion and sponsorship of tobacco. Samoa was one of the first countries with graphic health warnings on tobacco products. Samoa has strong NGO leadership characterised by accountability and transparency measures, which works in close partnership with government. • Samoa is a partner country in the WHO FCTC Secretariat's FCTC 2030 project, which aims to accelerate the implementation of the WHO FCTC in LMICs. • The Director-General of the Samoan Ministry of Health is a member of the Bureau of the Meeting of Parties for the Protocol.
"Ones to watch": on track for steady progress	

PIC	Exemplar because…
Marshall Islands	• Sales to minors: the Marshall Islands have reduced sale of tobacco sticks and tobacco sales to minors. • To control and monitor sales to youth, the Marshall Islands conduct unannounced inspections of tobacco vendors to provide a snapshot of compliance with sales to minors legislation (a practice also carried out in Palau and the FSM). • The Marshall Islands have a strong NGO community, playing the role of on-the-ground implementers while the Ministry of Health is the policymaker. • The Marshall Islands also have a tobacco tax, smoke-free public places, and requires health warnings on tobacco products. However, tobacco advertising is not completely banned.
Tonga	• Health policies and programs: Tonga's Quitline was implemented from financial and technical support received. They have also had successful mass media campaigns. • Tonga is active in enforcement of tobacco control provisions and has a tobacco taxation regime operating. Collaboration among responsible actors over the past few years has resulted in the identification of a few cases of illicit trade.

Certain countries are notable for their particular innovations. Figure 1 displays examples of pockets of change, showing the potential for learnings to be shared regionally, provoke discussion and inspiration, and be adapted for individual country environments.

Figure 1: Innovative implementation approaches



2.3. Programme successes and their determinants

The review considered whether there were lessons to be learned from regional and bilateral tobacco control support programmes and from non-tobacco control approaches.

Broad regional programmes of support are recognised as significant contributors to Pacific Island countries being able to implement the WHO FCTC and ways to nurture relationships, including:

- global-level support: government-sponsored support of specialist and dedicated technical assistance offered by the WHO Division of Pacific Technical Support (DPS) and WHO country offices in the Pacific; and funding programmes from the New Zealand and Australian governments
- regional-level support: the intergovernmental Pacific Community[2] (SPC); NGO-led assistance from the Framework Convention Alliance and regional partnerships to develop the Non-Communicable Diseases (NCD) Roadmap in 2014, supported by the WHO, SPC and World Bank.

The level of support from governments in-country is an important factor in WHO FCTC implementation. Article 5 is intended to encourage integration and prioritisation of tobacco control policies within a whole-of-government policy and implementation framework. A key place for tobacco control goals to feature is in country development strategies – but development plans in Pacific Island countries tend to focus more on economic development and providing secure, high quality health care services than specific tobacco control activities, even though:

- implementation is specifically included in the Sustainable Development Goals at SDG3.a, and
- the implementation of the WHO FCTC can positively contribute to the attainment of many SDGs (SDGs relating to health and SDGs in areas beyond health)

In summary (see Table 5 for further detail):

- country development plans for FSM and Tuvalu both refer explicitly to implementing the WHO FCTC, and Nauru makes numerous references to its intended tobacco plans
- available country development strategies for a further seven countries do not include specific reference to how tobacco control will be implemented (there are references to non-communicable diseases, but these focus on the impact of diabetes and heart disease).

Specific countries' development strategy documents are listed at Appendix 1 under the heading 'country resources'.

[2] Now known as Pacific Community, but with the acronym SPC.

Table 5: Tobacco control references in Country Development Strategies

PIC	Country Development Strategy
Cook Islands	There is no reference to tobacco/smoking in the Cook Islands National Sustainable Development Plan 2016-2020. The non-communicable diseases section refers to diabetes and heart disease, but not tobacco control.
FSM	The FSM Strategic Development Plan refers explicitly to the WHO FCTC. As part of the development plan for FSM, there is a plan to ratify the framework so that there are legal interventions established to prevent the spread of tobacco and other similar substances. The harms of tobacco are continually recognised.
Fiji	Fiji's plan refers to non-communicable diseases: 'more emphasis will be placed on preventive health care by promoting healthy eating habits, physical activity and other lifestyle changes to reduce Non-Communicable Diseases.'
Marshall Islands	The National Strategic Plan 2015-2017 mentions NCDs but not tobacco control.
Nauru	Part of Nauru's short-term priorities includes an active prevention health programme which explicitly refers to passing a draft tobacco control law, implementing cessation programmes, and working with police on taxes and control.
Niue	Niue's National Strategic Plan (2016-2026) does not reference tobacco control.
Palau	No current development strategy was identified. However, FCTC implementation was well-referenced in Palau's Voluntary National Review (VNR) in 2019.
PNG	PNG's national development plan does not reference tobacco control.
Samoa	One of the key outcomes in the Strategy for the Development of Samoa 2016/17 – 2019/2- is 'a Healthy Samoa'. As part of this, the impact of tobacco, alcohol and sugar/salty foods is to be considered and duties exercised to help reduce Non-Communicable Disease incidence amongst Samoans. No Tobacco Day is to be promoted by sporting activities. No other specific tobacco action is referenced.
Solomon Islands	The National Development Strategy 2016-2035 includes a plan to develop a national preventive programme for tobacco control and refers to the WHO FCTC.
Tonga	There is no reference to tobacco control as part of development framework 2015-2025.
Tuvalu	There are plans to introduce alcohol and tobacco taxes, and to promote awareness on smoking and drinking health impacts. Direct reference to strengthening implementation of WHO FCTC.
Vanuatu	Vanuatu 2030 refers to non-communicable diseases but no reference to tobacco control.

Other policy areas in Pacific Island countries face similar challenges with implementation, such as the wider non-communicable diseases area, and non-health areas such as climate change.

Stakeholders subject to this review noted that to manage limited resources in the diabetes policy area, there was often a combination of resources (e.g. "diabacco" projects in the Marshall Islands and a wellness and NCD alliance in Solomon Islands). Others identified ways for tobacco control to "piggyback" on higher profile issues such as climate by highlighting tobacco's effects on the environment and the role of tobacco control within climate change policy – as shown at Figure 2.

Figure 2: Anti-tobacco advertising

3. ENVIRONMENTAL INFLUENCES ON IMPLEMENTATION

Multiple environmental factors have a positive impact on WHO FCTC implementation. This section analyses the key external influences on implementation of the WHO FCTC in Pacific island countries by using a PESTLE (political, economic, social, technological, legal and environmental) analysis. It then pairs the key opportunities and threats arising from this PESTLE analysis with strengths and weaknesses that are more internal factors of the operating environment for Pacific island countries.

3.1. External influences

Figure 3: A PESTLE lens on WHO FCTC implementation in Pacific island countries

Political

- Government intervention can be a positive influence. Ministerial champions can support and drive the making and implementation of multisectoral strategies for WHO FCTC implementation, influencing cohesive tax and customs policies – e.g. advocating for a tobacco control bill to multiple parliamentary houses. The absence of political support – or plain opposition – can heavily reduce the ability to implement the WHO FCTC and the effectiveness of implementation.
- Political stability can also be a positive or negative driver of implementation, depending on the actions taken – or not taken – by that government.
- International political expectations and agreements, such as the Sustainable Development Goals, also contribute weight to implementation. SDG3.a requires countries to strengthen implementation of the WHO FCTC.

Economic

- The availability of a mechanism for incentivising tobacco control (i.e. taxation) and redirecting funds to policy measures has been a positive influence, when countries have been able to put this in place.
- Implementation is hindered where tobacco remains cheap and accessible, for example where manufacturers continue to seek to package and sell tobacco in small amounts (e.g. "kiddie packs"); and importantly, where the tobacco industry has manufacturing operations and is a source of employment for local people (e.g. in Fiji, Samoa and the Solomon Islands).
- For PICs transitioning from 'Least Developed' to 'Middle Income' classifications, there is also a perverse economic incentive in that as they rise in income, they are unable to access the levels of funding support available for lower income countries, such as support to attend regional or global meetings on WHO FCTC implementation. This barrier reduces motivation for implementation and PICs' absence weakens the Pacific voice at such meetings.

Social

- Cultural norms are an important influence on implementation. Smoke-free spaces are mostly now legislated for and are becoming normalised, as has been the trend internationally. Typically, educational information on the rationale for smokefree changes supports embedding of new cultural norms and changes in practice.
- Anecdotally it was noted that while many of the older generation are less willing to change their ways, they are concerned about the younger generation and supportive of change to create healthy and wealthy future generations. Health promotion initiatives at a village and church level include a physical activity focus.

Technological

- Innovation can be a negative influence on implementation, for example, as the tobacco industry brings new technology tobacco and/or nicotine delivery products to market. E-cigarettes and vaping do not appear to have a high prevalence of use in the Pacific but could follow trends in other countries.
- Technology also increases connectivity and the impact of social media for a younger generation is likely to provide greater opportunities for reach of health promotion initiatives.

Legal

- All but one of the PICs now have tobacco control legislation in place, positively influencing implementation by setting unambiguous rules and arrangements for enforcement.
- The legal framework of the WHO FCTC's Article 5.3 provides a solid basis for governments to protect against commercial influences of the tobacco industry on public health policies.
- With tobacco legislation in place, the focus must be on support for effective implementation and enforcement to minimise the risk of regulatory failure. Cross-border trade in the Pacific among sovereign nations adds another layer of complexity, but is also an opportunity for collaboration, legal capability building, and information sharing about lessons learned.

Environmental

- As the global and regional profile of climate change threats have risen in the last decade, a positive influence on implementation is an emerging understanding of, and greater discussion about, the wider effects of tobacco growing and use of tobacco products on the environment. However, environmental issues such as climate change and sea level rises can also draw attention away from tobacco control, given limited resources and political attention span, which is why it is important to understand the magnitude of impact that tobacco has on the environment.

3.2. A cohesive view

The SWOT (strengths, weaknesses, opportunities and threats) analysis at Figure 4 provides a cohesive picture of what has impacted positively and negatively on WHO FCTC implementation in Pacific Island countries. It combines key external influences (opportunities and threats) from the above PESTLE analysis with internal influences on WHO FCTC implementation (strengths and weaknesses).

Figure 4: SWOT analysis of WHO FCTC Implementation in Pacific island countries

Strengths

- Regional technical assistance capability has been a critical positive factor in supporting implementation – both from the Fiji office and in pockets across the region (e.g. FCA presence in the Pacific Islands)
- Funding for WHO FCTC implementation at a global level (e.g. the UK government-funded FCTC 2030 project) and regional support (NZ and Australian governments) to enable continued technical assistance vital
- NGO sector support has been a positive driver in some countries (e.g. Samoa, RMI, Solomon Islands, Palau)
- Political champions have been crucial to implementation in some countries (e.g. Cook Islands, Palau)
- Agency or bureaucratic champions have been instrumental in implementation in some countries (e.g. Palau)

Weaknesses

- Successful implementation relies on individual champions at all levels (political, bureaucratic, civil society), and their alignment at a point in time – not systematic
- Self-interests, driven by cultural norms and economic needs, can inhibit leadership at a country or regional level (e.g. political leaders being financially invested in tobacco import, growing own tobacco)
- General (but not blanket across the region) lack of capacity to do what's required for implementation, including detailed planning and coordination (constancy of support, and competing priorities for same regional resources)
- General (but not blanket across the region) lack of capacity to do what's required for implementation at a country level (e.g. legal expertise, research)
- General (but not blanket across the region) challenges in achieving whole-of-government approaches to tobacco control, involving more than only health ministries

Opportunities

- Acknowledge and capitalise on the links between tobacco control and other high(er) profile issues (e.g. climate change, obesity)
- Systematise regional "South-South" and triangular collaboration, including regular regional meetings, peer support and learning opportunities, with a concerted focus on a regional and best practice whole of government approaches to managing tobacco industry interference
- Ensure best use of existing funding available regionally and globally (e.g. WHO country budget, NZ and Australian government funding), and build the case for more as needed
- Identify and tailor implementation support to different countries or groups of countries (e.g. some may need to build country evidence base, others to strengthen civil society, others to copy approaches from neighbours)
- Reviewing reporting needs to better match the phase of implementation (e.g. reporting on how effective legislation has been once implemented, as opposed to the fact that it has been passed)
- Reaching (e.g. via social media, church or village groups, promotional campaigns) and building youth champions, who are more health literate and urbanised than older generations and will set cultural norms for the next generation around improved implementation

Threats

- Tobacco industry interference continuing and getting more sophisticated
- Tobacco control issues becoming "old news", surpassed by climate change and other higher profile issues, with flow-on effects of insufficient capacity and reduced political interest to implement
- Low interest from philanthropic funds to invest in implementation support in the Pacific given small population size (given a choice of global issues and impact/return on investment)
- Implementation support (and associated reporting) does not match in country needs as countries transition from initial phase of establishment to enforcement
- Lack of resourcing (capacity and capability) to maintain and/or accelerate WHO FCTC implementation

4. ENHANCING SUPPORT FOR WHO FCTC IMPLEMENTATION IN PACIFIC ISLAND COUNTRIES

4.1. Options for enhanced implementation

A number of suggestions for enhanced implementation were put forward by stakeholders or extracted from document review. The common theme of suggestions was for enabling functions or mechanisms between rather than within countries.

- *Technical assistance (capability and duration):* More longer-term assistance that is sustained and repeated over time rather than being fly-in, fly-out; person-to-person capability building in country (such as through organisations like McCabe).
- *Technical assistance (form):* Having a small dedicated regional group that can act as an intermediary between global, regional and domestic actors, coordinating regional expertise and identifying and sourcing external funding (e.g. via grants); and better targeting those resources' time (e.g. leveraging specialist legal expertise to review legislation and/or providing that support in country, rather than from a regional office).
- *Regional cooperation:* Development of a sector specific South–South cooperation model and mechanisms supporting collaboration and ongoing communication across the region, including peer support programmes spreading knowledge about successful approaches, better use of Pacific Ministers of Health meeting opportunities, and enabling a more consolidated Pacific Island country voice via regional conferences and intersessional meetings.

  > *"Using our own people, who have had, or are offered the opportunity to learn and train in everything FCTC, to deliver the programmes, and implore political will against the tobacco industry, would be far more effective."* – Shelley Burich, CEO Samoa Cancer Society

- *Civil society support*: leveraging networks such as PIANGO, and the Pacific Conference of Churches.

  > *"By acknowledging and utilising NGOs in their respective countries, who work in the health sector and are actively advocating for improved tobacco control, governments will see increased and improved education, awareness and advocacy. Working together is very important to help a country be fully compliant to the FCTC."* – Shelley Burich, CEO Samoa Cancer Society

- *Funding for tobacco control:* Countries should be encouraged and supported to raise domestic funds to invest in the accelerated implementation of the WHO FCTC. Raising tobacco taxes can generate new revenues for governments that could be used for tobacco control and other work to promote sustainable development. In addition, countries might consider specifically including WHO FCTC implementation in their national sustainable development plans and then engaging in fundraising to support this work with development donors.

4.2. Recommended framework for a systematic approach

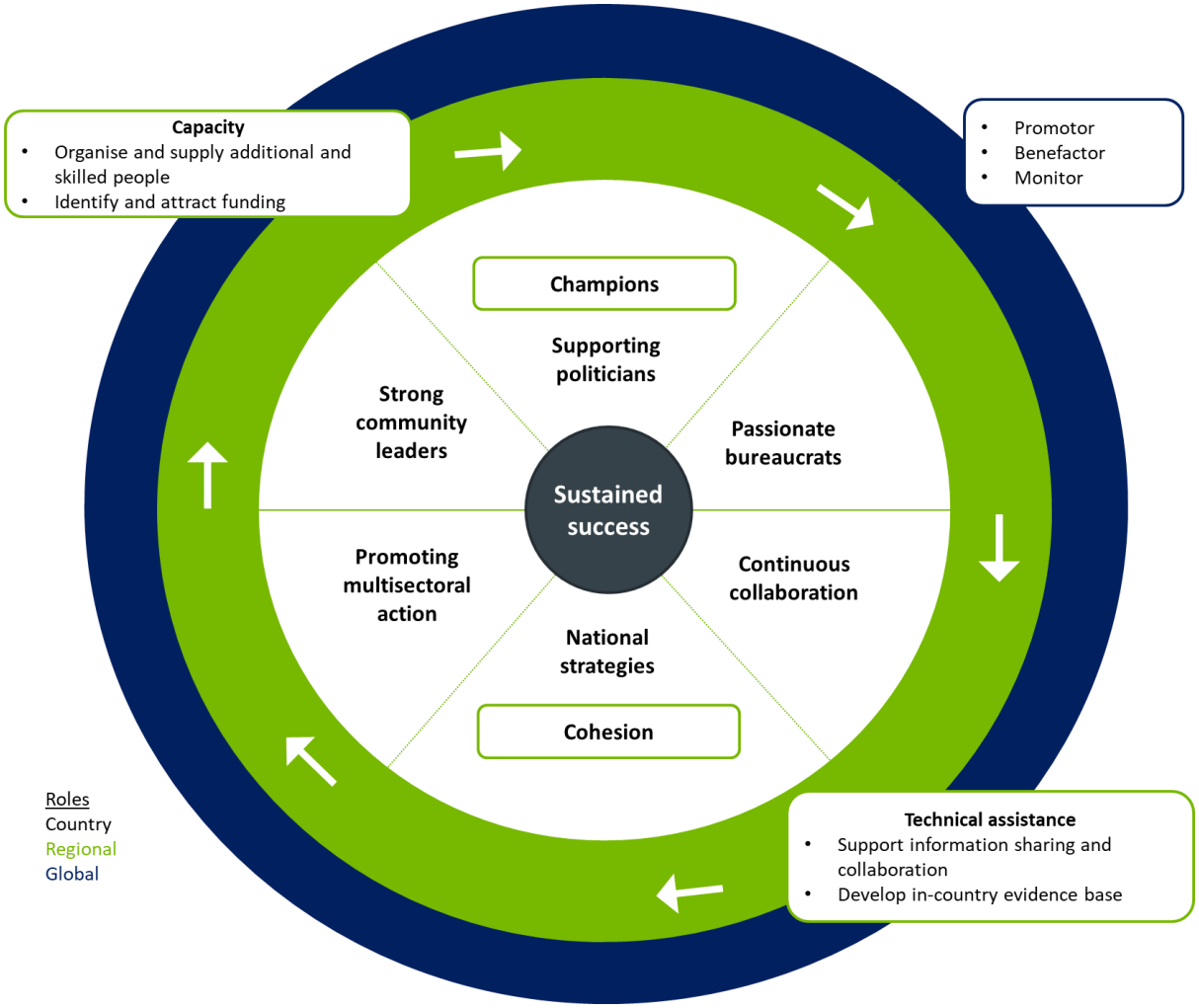
Based on the input from stakeholders participating in this review, it seems that Pacific Island countries are doing some WHO FCTC implementation well some of the time. A few of them are doing a lot of implementation well for a lot of the time. Nevertheless, few to none are doing all implementation well all the time.

Figure 5 offers a systematic approach for supporting implementation of the WHO FCTC in Pacific Island countries.

It has been developed drawing on findings from the review in relation to high priorities for implementation support and opportunities to leverage country innovations and successes, as well as knowledge of the region and the WHO FCTC.

A systematic approach is important at this time, given the risk of slower progress now that earlier 'wins' have been achieved, and given the implementation environment in which Pacific Island countries are operating.

Figure 5: Framework for progressing and accelerating systematic implementation of the FCTC in Pacific Island countries



This framework draws together the elements considered essential to support, in a practical way, a successful tobacco control movement, at various levels.

- *In-country, for optimal implementation, there is a mix of champions across different parts of society*: politicians that support tobacco control, strong leaders in the community, and passionate bureaucrats to follow change through.
- *At a country level, a common cohesive focus will support implementation*. The whole government must understand its part to play in tobacco control measures, this should be clarified in national strategic plans and documents, and there is a need for constant and continuous collaboration on issues. An important unifying focus could be on the next generation and preventing young people from taking up tobacco use; countries could adopt a vision for a smoke-free generation.
- *Regional actors can support countries to progress and accelerate implementation by supplying capacity and capability, and by identifying funding* to support initiatives both regionally and domestically (e.g. grant application writing support).
- *Regional support in the form of technical assistance is also critical*, as a mechanism to collectively harness against tobacco industry interference, to support information sharing and collaboration between countries, as well as to support development of research and evidence relevant to Pacific Island countries for tobacco control measures.
- *Globally, implementation can be supported through awareness raising* of the harms that tobacco cause to health and wider sustainable development, for current and future generations. This is necessary so that tobacco use continues to be seen as a priority issue for governments to tackle.

5. CONCLUSION

There has been much progress in implementation since countries signed up to the WHO FCTC. It is now a new era as many face not just establishment, but now enforcement, challenges.

Implementation success is determined by the right set of circumstances at a particular point in time. The question is how can we more reliably implement well, given what we know about what works and when?

Now is the time to be smarter and more systematic in targeting resources, particularly as tobacco control competes with other, newer issues. Meanwhile public health must continue to be protected from the vested and commercial interests of the tobacco industry.

The recommended framework is not ground-breaking, but it does bring into focus the key elements required to make implementation happen well, to accelerate it, and to sustain it. It demonstrates that there are parts to play at all levels to progress and accelerate implementation of the WHO FCTC in Pacific Island countries.

APPENDIX 1: LIST OF DOCUMENTS REVIEWED

International resources

World Health Organization. (2007) *Nauru*. WHO Framework Convention on Tobacco Control. [Online] Available from: https://untobaccocontrol.org/impldb/nauru/[Accessed on 27/03/19].

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Country resources

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APPENDIX 2: INTERVIEW GUIDE EXAMPLE

Introduction

Allen + Clarke has been engaged by the WHO Convention Secretariat in Geneva to review the status of implementation of the 14 Pacific Island country parties to the WHO FCTC[3]. The review will focus efforts on answering four core study questions, and based on those answers, provide insights into future support to assist Pacific countries with their implementation of the WHO FCTC. The report will be delivered to the Convention Secretariat by the end of March 2019.

The review will be informed by a mix of document review and stakeholder interviews. Stakeholders have been selected based on their prior experience in the region and their involvement with the WHO FCTC. As well as a regional perspective we are interested in NGOs experience of implementation.

Questions for interviewee

Question	Interviewee's response
Personal details	
1. What is your name and current role?	
2. What is your current and/or past involvement in FCTC implementation in the Pacific?	
Section 1: Extent of implementation of the WHO FCTC in the Pacific	
3. In your opinion, to what extent have Pacific countries given effect to the WHO FCTC? *You may want to answer this question generally (i.e. taking the region as a whole), or by talking about individual countries.* *You may also want to consider FCTC implementation holistically or by particular Articles. We are particularly interested in the level of compliance with Articles 5, 6, 8, 11, 13, 15 and 16[4].*	
Section 2: Environmental factors influencing implementation in the Pacific	

[3] Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. French and American territories in the Pacific and Tokelau are excluded from the review.

[4] Art 5: General obligations; Art 6: price and tax; Art 8: protection from exposure to tobacco smoke; Art 11: packaging and labelling; Art 13: advertising, promotion and sponsorship; Art 15: illicit trade; Art 16: sales to/by minors.

Question	Interviewee's response
4. What do you think are the positive influences on WHO FCTC implementation in the Pacific? *i.e. what are the strengths and/or opportunities for enhanced WHO FCTC implementation, including key enablers?*	
5. What do you think are the negative influences on WHO FCTC implementation in the Pacific? *i.e. what are the key challenges or barriers faced?*	
Section 3: Lessons from experience	
• Can you think about any regional or bilateral tobacco control support programmes over the last 10+ years that can offer lessons for future implementation? *Did the programmes link to country development strategies?* *Have they delivered sustained outcomes in terms of FCTC implementation? Why/why not?*	
• Are there any Pacific countries who are exemplars generally, or in relation to specific areas of the WHO FCTC implementation? *If there are any, think about what has made them successful?*	
• Are there lessons to take from other (non-tobacco control) regional or bilateral programmes? *Could be ways to support Pacific parties to implement either treaty-based obligations, or discrete policy-specific and legislative interventions*	
Section 4: Options for enhanced support for implementation	
• What forms of support or encouragement (including cultural beliefs) would be most effective in improving implementation of the WHO FCTC by Pacific countries? *Think about who would need to deliver the support and in what ways*	
Any other comments	

Question	Interviewee's response
• Is there anyone else you'd recommend we speak with to inform this review?	
• Are there any particular documents you'd recommend we use to inform this review? *We have included recent COP meeting materials, global reports, and some (less recent) country-specific needs assessments*	
• Would you like to be kept informed about the outcome of the review?	

Next steps

We will be conducting stakeholder interviews and continuing desk-based document analysis throughout February 2019, to inform drafting and delivery of the report to the Convention Secretariat in Geneva at the end of March 2019.

For any further questions or thoughts, please feel free to get in touch with May Guise, Senior Consultant and Project Manager for this review.

m +64 21 872 998

e mguise@allenandclarke.co.nz

w www.allenandclarke.co.nz

a PO Box 10730, Wellington 6143

Level 2, The Woolstore, 262 Thorndon Quay, Pipitea, Wellington 6130

New Zealand

The Secretariat of the WHO Framework Convention on Tobacco Control

Hosted by: World Health Organization

Avenue Appia 20, 1211 Geneva 27,

Switzerland Tel: +41 22 791 50 43

Fax: +41 22 791 58 30

Mail: fctcsecretariat@who.int

Web: www.who.int/fctc

9789240012035