

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

**Convention Secretariat
February 2012**

Executive summary

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of the World Health Organization (WHO) and was adopted by the World Health Assembly in May 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 174 Parties (173 State Parties and the European Union) to date.

Fiji ratified the WHO FCTC on 3 October 2003, the third country and the first developing country to do so. The Convention entered into force on 27 February 2005 once there had been 40 ratifications, and therefore entered into force for Fiji on that date as well.

This executive summary provides an overview of the joint needs assessment exercise, and highlights key findings and recommendations.

An assessment of the needs concerning implementation of the WHO FCTC by Fiji was conducted jointly by the Convention Secretariat and the Government of Fiji in September–October 2011, including the mission to Fiji of an international team, comprised of representatives of the Convention Secretariat, the WHO Regional Office for the Western Pacific and the WHO South Pacific Office (based in Fiji), from 26 September to 3 October 2011. The assessment involved relevant Fijian ministries and agencies, and also included a meeting with the UN Resident Coordinator for the UN System's Operational Activities, also based in Fiji.

The key elements that need to be put in place to enable Fiji to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Fiji is obliged to implement its provisions through appropriate legislative, executive, administrative or other measures.

Second, Fiji has made notable progress in implementing the requirements of the WHO FCTC in the recent years, particularly through the adoption of the Tobacco Control Decree 2010 and the development of the Non-Communicable Diseases (NCD) Prevention and Control Strategic Plan 2010–2014, and by conducting of the 1st and 2nd rounds of the national NCD STEPS survey,¹ becoming the first Pacific island country to do so.

Third, the stakeholder meeting on 30 September 2011 demonstrated the commitment of various Government agencies to work together to decrease tobacco-related harm in Fiji and to meet Fiji's obligations under the Convention. The meeting also identified the need for a forum for information exchange and coordination of treaty implementation at the level of the Government, as required under Article 5.2(a) of the Convention. This could be achieved by setting up a separate national intersectoral committee on tobacco control to monitor implementation of the Convention or mandating the existing tobacco control subcommittee of the national NCD committee to coordinate interministerial work. The

¹ More information on the STEPwise approach to chronic disease risk factor surveillance is available at <http://www.who.int/chp/steps/riskfactor/>

Tobacco Control Enforcement Unit of the Ministry of Health should be reinforced and financed to ensure compliance with Article 5.2(a) of the Convention.

Fourth, the adoption of Decree No. 63 – Tobacco Control Decree 2010² has made a great contribution to the alignment of Fiji’s tobacco control regulatory framework with the requirements of the WHO FCTC. While the majority of the measures required under the Convention have already been transposed into national legislation, further attention is needed to ensure full compliance with the time-bound measures contained in Article 11 (e.g. the three-year deadline for the implementation of pictorial health warnings; in Fiji’s case the deadline was 27 February 2008) and the guidelines for implementation of Article 8 (e.g. the five-year deadline to achieve 100% smoke-free settings, which was 27 February 2010 for Fiji). Fiji’s “Tobacco-Free Villages” initiative obtained the WHO World No Tobacco Day Award in 2006. It is a good example of community-based efforts aimed at achieving protection from environmental tobacco smoke.

Fifth, participants in the stakeholder consultation of 30 September 2011 called for further strengthening of communication with and awareness raising within local communities and their representative organizations and interest groups, including religious organizations, as required under Article 12 of the Convention, to ensure that communities are fully aware of and involved in the implementation of measures under the Tobacco Control Decree 2010.

Sixth, in Article 5.6, the Convention also calls for Parties to cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms and key development partners, such as the Australian Agency for International Development (AusAID) and WHO. Fiji is also encouraged to coordinate with the UN country team to bring implementation of the Convention under the next United Nations Development Assistance Framework (UNDAF), currently under development for the years 2013 to 2017.

Seventh, due to the fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests, the Government of Fiji is required to take action to prevent any interference by the tobacco industry with tobacco control policy development, thus ensuring full compliance with Article 5.3 of the Convention and the corresponding guidelines.

These items, Fiji’s accomplishments under other treaty requirements, and the needs identified, are considered in detail in the report, which has been finalized in collaboration with the Ministry of Health of Fiji.

As Fiji will be addressing the needs identified in the report, the Convention Secretariat and the WHO South Pacific Office are committed to supporting the process of engaging potential partners and identifying internationally available resources for implementation of the Convention. The report can serve as the basis for any proposal(s) that may be presented to such partners. In the short term, the Convention Secretariat can assist, upon request, with information sharing and coordination of the provision of immediate technical assistance in areas such as Article 6 (*Price and tax measures to reduce the*

² Available at

http://www.fiji.gov.fj/index.php?option=com_docman&task=doc_details&gid=405&Itemid=165

demand for tobacco), Article 8 (Protection from exposure to tobacco smoke), Article 11 (Packaging and labelling of tobacco products), Article 12 (Education, communication, training and public awareness) and Article 14 (Demand reduction measures concerning tobacco dependence and cessation).

Introduction

The WHO FCTC is the first international treaty negotiated under the auspices of the World Health Organization (WHO). Fiji ratified the WHO FCTC on 3 October 2003 and was among the first 40 countries to do so, the number required for the Convention to enter into force. The Convention entered into force on 27 February 2005, and Fiji therefore became a Party to the Convention on the same day.

The Convention recognizes the need to generate global action so that all countries are able to implement its provisions effectively. Article 21 of the WHO FCTC requires Parties to regularly submit to the Conference of Parties (COP) reports on their implementation of the Convention, including any challenges they may face in this regard. Article 26 of the Convention recognizes the importance that financial resources play in achieving the objectives of the treaty. The COP further requested that detailed needs assessments be undertaken at country level, especially in developing countries and countries with economies in transition, to ensure that lower-resource Parties receive the necessary support to fully meet their obligations under the treaty.

At its first session (February 2006), the COP called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition (decision FCTC/COP1(13)). The COP also called upon the developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners. The Convention Secretariat was further requested to assist Parties, upon request, with the conduct of needs assessments, to advise them on existing mechanisms of funding and technical assistance, and to provide information to development partners on the needs identified.

At its second session (July 2007), the COP requested the Convention Secretariat (in decision FCTC/COP2(10)) to actively seek extrabudgetary contributions specifically for the purpose of assisting Parties in need to carry out needs assessments and develop project and programme proposals for financial assistance from all available funding sources.

At its third and fourth sessions (November 2008 and November 2010), the COP adopted the workplan and budget for the bienniums 2010–2011 and 2012–2013, respectively. The workplan, inter alia, re-emphasized the importance of assisting developing country Parties and Parties with economies in transition, strengthening coordination with international organizations, and aligning tobacco control policies at country level to promote the implementation of the Convention. Needs assessments, combined with the promotion of access to available resources, the promotion of treaty tools at country level, the transfer of expertise and technology, international cooperation and South-South cooperation were outlined as major components of this work.

The assessment of needs is necessary to identify the objectives to be accomplished under the WHO FCTC, resources available to a Party for implementation, and any gaps in that regard. Such assessment should therefore be comprehensive and based on all substantive articles of the WHO FCTC with a view to establishing a baseline of needs. The needs assessment is also expected to serve as a basis for assistance in programme and project

development, particularly to lower-resource countries, as part of efforts to promote and accelerate access to relevant internationally available resources.

The needs assessments are carried out in three phases:

- (a) initial analysis of the status, challenges and potential needs deriving from the latest implementation report of the Party and other sources of information;
- (b) visit of an international team to the country for a joint review with government representatives of both the health and other relevant sectors; and
- (c) follow up with country representatives to obtain further details and clarifications, review additional materials jointly identified, and develop and finalize the needs assessment report in cooperation with the government focal point(s).

With the above objectives and process in view, a joint assessment of the needs concerning implementation of the WHO FCTC was conducted by the Government of Fiji and the Convention Secretariat, with the participation of the WHO Regional Office for the Western Pacific and the WHO South Pacific Office in Fiji, including a mission to Fiji by an international team of experts from 26 September to 3 October 2011. The detailed assessment involved relevant ministries and agencies in Fiji, as well as the UN Resident Coordinator for the UN System's Operational Activities based in Fiji.³ The following report is based on the findings of the joint needs assessment exercise described above.

This report contains a detailed overview of the status of implementation of substantive articles of the treaty. The report identifies gaps and areas where further actions are needed to ensure full compliance with the requirements of the treaty, also taking into account the guidance provided by implementation guidelines adopted by the COP where relevant. This is followed by specific recommendations concerning that particular area.

³ The list of agencies contacted during the mission is provided in the Annex of this document.

Status of implementation, gaps and recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, reviews the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Fiji. Finally, it provides recommendations on how to address the gaps so identified during the joint needs assessment mission, with a view to supporting the country in meeting its obligations under the Convention.

Relationship between this Convention with other agreements and legal instruments (Article 2)

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

Status: There are two areas, both covered by Fiji’s Tobacco Control Decree 2010, which go beyond the requirements of the Convention, as follows:

Prohibition on chewing tobacco

- section 18.–(1) of the Decree prohibits *“the sale of any product containing chewing tobacco or labelled as containing tobacco which is marked as suitable for chewing or for any other oral use”*;

Prohibition on sale of tobacco via vending machines

- section 14.–(1) of the Decree prohibits the placement of *“a vending machine for sale of tobacco products or use by members of the public in any place within Fiji”*.

Fiji may identify other areas, such as the introduction of plain packaging, in which it can implement measures beyond those required by the Convention.

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

Status/gap: No such information has been provided so far by Fiji.

The Ministry of Foreign Affairs, in consultation with other relevant ministries, including the Ministry of Economic Affairs, should identify the pertinent agreements and report them as appropriate. If there is a lack of awareness of this obligation, the Ministry of Health should take a proactive role to ensure that all relevant Ministries are informed and invited to report.

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

Guiding Principles (Article 4)

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

Article 4.7 recognizes that “the participation of civil society is essential in achieving the objective of the Convention and its protocols”.

Status: There are no nongovernmental organizations specifically working in the area of tobacco control in Fiji. The Cancer Society of Fiji contributes, though rather irregularly, to the tobacco control efforts of the Ministry of Health, especially in association with events such as World No Tobacco Day. It also runs public awareness campaigns related to other themes, including cancer prevention and early diagnosis (e.g. a breast cancer awareness campaign on television, which ran during the mission of the international team in Fiji). The Cancer Society also participated in the stakeholder meeting organized on the occasion of the mission and seems to be willing to contribute not only to tobacco control activities but also in drawing up future tobacco control policies in the country.

It is yet to be defined if identification and strengthening of civil society organizations to cover tobacco control is a feasible strategy in the short and medium term for Fiji, taking into account the fact that Government resources available for tobacco control projects are limited anyway. Based on the experiences of other countries concerning the involvement of cancer organizations in tobacco control, there could be two areas in which a stronger contribution from the Fijian Cancer Society may be desirable: (1) raising awareness on tobacco matters and specifically on the need for complete implementation of the WHO FCTC by Fiji among health professionals; and (2) identifying champions among oncologists who may be willing to lead the process of developing guidelines on tobacco use cessation targeted at health professionals, in collaboration with other relevant specialists (e.g. cardiologists or chest physicians), in a process to be coordinated by the Ministry of Health (see further reference later, under Article 14 of the Convention).

Gap: low level of involvement and initiative from civil society in promoting implementation of the Convention.

It is recommended that the Tobacco Control Enforcement Unit of the Ministry of Health undertake an analysis of civil society stakeholders and other relevant community actors that may play a role in advancing tobacco control in the country, especially in mobilizing community support for the adopted policies. The assessment will also need to identify the scope, level and appropriate mechanism for the participation of civil society in policy implementation.

General obligations (Article 5)

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

Status: Fiji has developed a Non-Communicable Diseases (NCD) Prevention and Control Strategic Plan⁴ for the years 2010 to 2014, tobacco control being one of its components.

The NCD Strategic Plan has two priority areas: (1) NCD risk factor intervention; and (2) NCD medical intervention. There are a further four priority areas under each (smoking, nutrition, alcohol, and physical activity; and diabetes mellitus, cardiovascular diseases, cancers, and accidents and injuries).

The intervention strategies employed in the Plan include environmental, lifestyle and clinical interventions, as well as advocacy and surveillance, monitoring and evaluation.

With respect to tobacco control, the NCD Strategic Plan aims at reducing the prevalence of tobacco use by 5% from the most recent prevalence baseline in both adults and young people by 2014. It also envisages further strengthening tobacco control capacity in the country by establishing a national NCD project officer post and three NCD project officer posts in the administrative divisions.⁵ There are two strategic activities identified: increasing the number of smoke-free public places in Fiji and mainstreaming tobacco control in nursing stations and health care centre activities.

Further reference to the content of the Plan is made when discussing achievements under specific treaty articles.

Gap: None. Fiji has met its obligation under Article 5.1.

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

Status: The Ministry of Health set up the ***Tobacco Control Enforcement Unit*** in 2004 to serve as the Government’s focal point on tobacco control issues. The core business of the Unit is the enforcement of tobacco control laws and regulations. The Unit has offices in three of the four administrative divisions and maintains working arrangements with most stakeholders involved in tobacco control.

The Unit currently has 13 staff planning and performing tobacco control activities as well as all enforcement-related activities mandated by the tobacco control regulations in force. The Unit operates through annual operational plans, based on the tobacco components of the NCD Strategic Plan.

The Unit’s vision for the future envisages an expansion, with further development of capacities in the following areas:

⁴ See <http://www.health.gov.fj/PDFs/ncd%20moh.pdf>

⁵ There are four political divisions in Fiji: Central; Eastern; Northern and Western.

- recruitment of new enforcement officers;
- establishment of a legal unit to cover all legal matters;
- establishment of a research/surveillance and a training/promotions team; and
- upgrading of testing facilities/equipment.

Fiji also has a ***tobacco control focal point***, who is the contact for international tobacco control matters, including those related to implementation of the WHO FCTC (e.g. reporting on implementation of the Convention).

To ensure a rational use of existing resources available for tobacco control, the Tobacco Control Enforcement Unit works in partnership with other departments of the Ministry of Health, as well as with the National Centre for Health Promotion and the Fiji Cancer Society in various outreach programmes.

Gap: Fiji does not have yet an intersectoral, interministerial tobacco control committee/board, which could monitor and plan the implementation of the treaty and coordinate the involvement of different ministries. The NCD Strategic Plan, however, foresees the establishment of a Tobacco Control Committee to perform advocacy work. Furthermore, there is an operational tobacco control subcommittee of the national NCD committee, which coordinates interministerial work in relation to the Plan.

Fiji has therefore partly met its obligations under Article 5.2(a) of the Convention.

It is recommended therefore that a separate national intersectoral committee on tobacco control be established to monitor implementation of the Convention. Alternatively, the existing tobacco control subcommittee of the national NCD committee should be mandated to coordinate interministerial work concerning implementation of the Convention.

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

Status: As part of the NCD Strategic Plan (2010–2014), Fiji has strengthened its regulatory framework concerning tobacco control, by adopting the ***Tobacco Control Decree 2010*** (published in the Government Gazette on 13 December 2010), which repeals and replaces the Tobacco Control Act 1998 and some sections of the accompanying Tobacco Control Regulations 2000. Remaining sections of the 2000 regulations will only be replaced when the respective regulations are drawn up to provide guidance for the implementation of the Tobacco Control Decree 2010.

The adoption of the 2010 Decree has made a great contribution to the alignment of Fiji’s tobacco control regulatory framework with the requirements of the WHO FCTC.

Gap: While the majority of measures required under the Convention are reflected in the 2010 Decree, further attention is needed to ensure full compliance with time-bound measures as contained in Article 11 (e.g. the three-year deadline given for the implementation of pictorial health warnings, which for Fiji is 27 February 2008) and the

guidelines for implementation of Article 8 (e.g. the five-year deadline given to achieve 100% smoke-free settings; for Fiji this is 27 February 2010).

It is recommended that the regulations aimed at operationalizing the 2010 Decree be completed as soon as possible with special regard to Fiji's obligations under Articles 8 and 11 of the Convention.

Article 5.3 and related guidelines⁶ call for and provide guidance on how to protect public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.

Status: The mission did not identify any specific activity implemented so far that would fit within the scope of this article of the Convention.

The only transnational tobacco company maintaining manufacturing capacity in Fiji is British American Tobacco (BAT). The company, as in many other countries worldwide, initiated in Fiji a “social dialogue” with various stakeholders as part of its efforts falling under “corporate social responsibility”; the dialogue resulted in the BAT Social Report 2002/2003. The process was then repeated in 2005, the year of the 50th anniversary of BAT as the first and only tobacco manufacturer in Fiji. The report states that in 2004, BAT was rewarded with the “Achievement in Fiji Business Excellence through Quality Management” award in 2004 and that its products have a market share of 99.5% in Fiji.

Furthermore, the mission was informed that the Fiji Revenue and Customs Authority (FRCA) concluded a Memorandum of Understanding with BAT on collaborating on matters concerning illicit trade in tobacco products. This is also a recurrent practice of the company in countries around the world. While the mission was not presented with details concerning this agreement, such agreements are, by definition, non-binding and non-enforceable, and therefore discouraged under the guidelines on Article 5.3.⁷

Gap: there seem to be a lack of awareness of Article 5.3 of the Convention and its guidelines among civil servants. The Memorandum of Understanding mentioned above is not in compliance with the guidelines on Article 5.3.

It is recommended that Fiji raise awareness among civil servants and Government officials on treaty requirements concerning Article 5.3 of the Convention and on the need to prevent interference by the tobacco industry with any policy aimed at controlling tobacco, due to an irreconcilable conflict between the tobacco industry's interests and public health policy interests. The guidelines on Article 5.3 of the Convention provide further guidance on implementing such measures. This can be done by disseminating information on the tobacco industry's efforts to undermine or subvert tobacco control efforts, and on tobacco industry activities that have a negative impact on tobacco control efforts (in line with the Preamble of the Convention and the

⁶ See http://www.who.int/fctc/guidelines/article_5_3.pdf

⁷ On 15 July 2010 BAT and the European Union and its member states concluded a binding agreement on collaboration in the area of illicit trade in tobacco products. According to this agreement, BAT agreed to pay, over 20 years, a total of US\$ 200 000 000 for activities under the scope of the agreement. In addition to the above payment, the company is also made financially liable in the case of seizure in the Member States of cigarettes belonging to its portfolio. The agreement can be downloaded at http://ec.europa.eu/commission_2010-2014/semeta/headlines/news/2010/07/bat_main_agreement_final.pdf

guidelines on Article 5.3 of the Convention). These may include introducing a code of conduct for Government officials and other civil servants concerning their dealings with the tobacco industry. Fiji is also encouraged to reconsider the Memorandum of Understanding between FRCA and BAT and to transform it into a binding agreement, which would make the company liable in the case of the appearance of any illicit BAT product on the Fijian market.

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

Status: Fiji participated in the working groups tasked with the development of guidelines for implementation of articles 5.3, 8, 11 and 13 of the Convention. Fiji has also participated in the negotiations on a protocol on illicit trade in tobacco products (represented at the first three sessions of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products).

Gap: None. Fiji has met its obligation under Article 5.4.

Further cooperation and participation in intergovernmental processes in this regard will be highly appreciated.

Article 5.5 calls on Parties to “*cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties*”.

There are a number of examples of cooperation between Fiji and the WHO Regional Office for the Western Pacific and the WHO South Pacific Office, which is hosted in the Fijian capital, Suva.

The UN System has three Sub-regional Offices in the Pacific located in Fiji, Samoa and Papua New Guinea, led by UN Resident Coordinators (UNRC). The UN Office in Fiji covers 10 Pacific island countries.⁸

The mission met the UNRC in Fiji. Further details on international cooperation are given under Article 22.

Article 5.6 calls on Parties “*within means and resources at their disposal, [to] cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms*”. Also in this regard, according to Article 26.2 of the Convention, “*each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes*”.

Status: The Ministry of Health provides for a separate line in its budget for the funding of the Tobacco Control Enforcement Unit (approximately FJD 170 000 per year, or

⁸ Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau, the Solomon Islands, Tonga, Tuvalu, and Vanuatu.

US\$ 100 000). However, these resources seem to cover staff costs only, and specific activities should be financed from external sources.

Such resources are regularly provided from various external sources, including the WHO South Pacific Office, which assists in the implementation of tobacco control activities through bilateral biennial action plans and other direct, theme-based allocations provided upon request. In addition, the Secretariat of the Pacific Community has provided Fiji with a grant of AUD 450 000 for three years for implementation of activities related to NCD control, including tobacco control.

The mission also learned that fines related to non-compliance with the requirements of the Tobacco Control Decree 2010, applied by the Tobacco Control Enforcement Unit, enter the general budget of the Ministry of Health and are not directly allocated to programme funding administered by the Unit. These fines amounted to approximately FJD 18 000 (US\$ 11 000) in the first half of 2011.

Gap: there is lack of secured budget for tobacco control activities per se in the budget of the Tobacco Control Enforcement Unit.

It is therefore recommended that, as a minimum, the fines collected through regular check-ups carried out by the Unit be channelled into programme financing administered by the same office, thus maintaining minimal, but secure and sustainable, funding for tobacco control efforts.

Price and tax measures to reduce the demand for tobacco (Article 6)

In Article 6.1, the Parties recognize that “*price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons*”. Article 6.2(a) stipulates that each Party should “*take account of its national health objectives concerning tobacco control and ... [implement] tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption*”.

Taxation of tobacco products

Status: The mission was presented with the rates of taxation of various tobacco products, including cigarettes, for the years 2007 to 2011. The changes in taxation rates over that period are shown in the table below.

<i>Tobacco product</i>	<i>Year/inflation</i>	<i>Fiscal duty (specific excise)</i>	<i>Excise (ad valorem excise)</i>	<i>VAT</i>
Cigarettes	2007/NA	FJD 140.71 per kg or 1000 cigarettes, whichever is the greater	FJD 132.73 per kg	12.5%
Cigarettes	2008/6.6%, 2009/6.8%, 2010/4.0%	FJD 144.93 per kg or 1000 cigarettes,	FJD 132.73 per kg	12.5%

	(forecast)	whichever is the greater		
Cigarettes	2011/3.0% (forecast)	FJD 149.28 per kg or 1000 cigarettes, whichever is the greater	FJD 132.73 per kg	15%
Cigars, cheroots and cigarillos, containing tobacco	2007	FJD 85.45 per kg	15%	12.5%
Cigars, cheroots and cigarillos, containing tobacco	2008, 2009, 2010	FJD 88.01 per kg	15%	12.5%
Cigars, cheroots and cigarillos, containing tobacco	2011	FJD 90.65 per kg	15%	15%

This table indicates that:

- Fiji applies a combination of (excise) taxes and also value-added-tax;
- different tobacco products attract different tax levels; manufactured cigarettes attract higher taxes than cigars and cigarillos;
- Fiji implemented tobacco tax increases in 2008 and 2011 (tax rates remaining unchanged in 2009 and 2010); but these increases were exceeded by the combined inflation rates for the period 2007 to 2011; and
- the tax increase has been applied to all tobacco products, but the difference between tax levels has been sustained.

Gap: Tobacco taxes are not raised regularly, and even if this happens, the overall increases in rates are well below the actual rate of inflation. This practice indicates that a net increase in tobacco taxes is perhaps never reached, thus this policy does not take into account the achievement of health objectives as required by Article 6.2 of the Convention.

It is recommended therefore that Fiji revisit its tobacco taxation policy to ensure that regular tax increases not only offset an increase in CPI, but also exceed that level. It should also be ensured that all tobacco products attract the same tax level to prevent “downgrading” to cheaper forms of smoking tobacco.

The mission also learned that all stakeholders are allowed to submit proposals concerning tobacco taxation increases, including the Ministry of Health and the tobacco industry. Currently, the Ministry of Health suggests an annual increase in tobacco taxes of 3%, which is below the consumer price index (CPI) of previous years.

To ensure a more substantial tax increase, the Ministry of Health can elaborate, for consideration by the Cabinet, a “cabinet paper” requesting higher increases in tobacco taxation. The move can be justified by the need to achieve health objectives via reduced tobacco consumption that results from increased taxes. The Convention Secretariat can coordinate with the World Bank, which is an observer to the Conference of the Parties, and which can provide technical assistance on this matter to Fiji, if required. It would also

be advisable therefore that, in the support of such a cabinet paper, two studies be produced:

- an analysis of the economic impact of tobacco use (including direct and indirect costs imposed on society) in Fiji; and
- an analysis of the impact on health (and Government revenues) of higher tobacco taxes.

Prices of tobacco products

In 2007, the tax inclusive retail price of the two lowest-cost brands of cigarettes was FJD 4.00 for a pack of 20 pieces of Pall Mall filter and FJD 4.35 for a pack of Benson and Hedges.

In 2011, the tax inclusive price of the two lowest-cost brand of cigarettes was FJD 5.90 for a pack of Pall Mall and FJD 6.30 for a pack of Benson and Hedges (20 pieces filter).

Gap: While prices of cigarettes have increased in recent years in Fiji, prices of tobacco products are still relatively low compared with neighbouring Australia and New Zealand. Moreover, cigarette prices in Papua New Guinea, for example, are also almost twice as high as in Fiji, in spite of the fact that only 35% of the retail prices there consist of tax.

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

Status: Fiji does not ban duty-free sales of tobacco products and does not ban or limit sales of tobacco products to international travellers leaving the country. On the other hand, there is a limit of tobacco products that can be introduced tax-free into the country by returning travellers: 250 pieces of cigarettes and 500 grams of cut tobacco.

Gap: No prohibition or restriction of sales of tobacco products to international travellers. Limits on imports of tobacco products exist.

Fiji has partially met this obligation under the Convention.

The Ministry of Health should advise the Government to review its policy concerning duty-free sales of tobacco products to bring it line with the requirements of the treaty.

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

Fiji has provided this information in its first (two-year) and second (five-year) implementation reports, meeting its obligations under Article 6.3.

Protection from exposure to tobacco smoke (Article 8)

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

indoor workplaces, public transport, indoor public places and, as appropriate, other public places”.

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

Status: The 2010 Decree, in section 19.–(1), provides a list of public places where smoking is forbidden or restricted, as follows:

- amusement centre, theatre or sports stand;
- hospital or clinic;
- lifts;
- public service vehicle (within the meaning of the Land Transport Act 1998);
- prescribed smoke-free building or prescribed smoke-free area;
- eating-houses;
- bus stations except for a designated smoking area;
- internet shops;
- any water transport including ships, ferries or any other means which transports passengers by sea or river;
- any other public place to which the public has access as the Minister may designate by way or a *gazette*⁹ notice.

According to section 20 of the Decree, “*the Minister may by regulations and subject to any conditions he thinks fit, prescribe any class of buildings or any part thereof to which members of the public have access to be places in which smoking is prohibited*”. The prescribing of a public place to be a smoke-free place by the Minister may be permanent or may be applied for a determined period of time.

In Fiji the community initiative “Tobacco-Free Villages” ensures that some communities (villages) go beyond the scope of the national regulation, including the requirements of the 2010 Decree. The first Tobacco-Free Village in Fiji, Nabila, received the WHO World No Tobacco Day Award in 2006. Since then, four other villages have decided to become smoke-free. Villagers do not smoke anywhere in the village, including their homes; they are also required not to smoke outside the village.

Initial experiences with the enforcement of the 2010 Decree are positive, but there are also challenges. In outdoor areas, such as municipal markets and sports stadiums, signboards have been set up and regular checks are planned for the future. Enforcement is difficult in smaller islands and in remote areas that seem to be out of reach of the authorized officers, who, in line with requirements of section 27.–(1) of the Decree, carry out inspections and investigations and take enforcement actions against persons found to have violated any provision of the Decree. The Tobacco Control Enforcement Unit works with the police force and provincial officers based in rural areas and aims to undertake training to boost already existing capacities, for example enabling health inspectors working in these areas to become “authorized officers”.

Gaps: The following areas are only partially smoke-free, since the Decree allows exemptions in these cases:

⁹ Italics in the original.

- duty-free outlets and designated smoking areas in airport terminal buildings; and
- designated smoking areas in bus stations.

In addition, the definition of eating-houses, provided in section 2 of the Decree, does not cover bars and nightclubs; therefore these settings do not fall under the scope of the Decree.

The person who smokes in the listed settings commits an offence and is liable to a fixed penalty; the registered owner of the place, however, “must ensure that no person smokes” in the respective area and that a “no smoking” sign is clearly and conspicuously displayed at the place. The latter, however, is not financially liable for patrons not complying with the regulation.

In summary, a number of settings were made completely smoke-free through the 2010 Decree, but there are still public places that are only partially smoke-free (with smoking areas allowed) or which do not fall under the scope of the regulation (such as bars and nightclubs). Thus, Fiji missed its five-year deadline as recommended by the guidelines for implementation of Article 8, with respect to ensuring universal protection for all of its citizens from environmental tobacco smoke in all public places. The Tobacco-Free Village movement, established in 2006 when Nabila became smoke-free has since been extended to four other villages.

It is therefore recommended that the Minister of Health, as mandated by section 20 of the 2010 Decree, ensure that all enclosed public places are made smoke-free at all times. This also requires that bars and nightclubs be included in the scope of the ban and that partial bans be converted into complete bans.

It should also be ensured that the registered owners of public places be made financially liable for any non-compliance with the existing regulation in the public place that they own. Finally, it should be ensured that during the next revision of the 2010 Decree such content is included in the body of the Decree itself.



Billboard at Suva Hospital indicating that the facility is smoke-free.

Regulation of the contents of tobacco products (Article 9)

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

Status: Section 12.–(1) of the 2010 Decree outlines restrictions on the tar and nicotine content in cigarettes. Section 10.–(1) of the Decree also outlines obligations to print tar and nicotine content on every cigarette container. Manufacturers are required to “clearly and conspicuously” print the maximum level of tar and nicotine in mg per cigarette on every cigarette container, and to comply with any regulations established by the Minister regarding the size, placement, colour and style of the statement.

Section 12.–(2) of the Decree mandates the Minister to “*increase or decrease the maximum allowable levels of tar and nicotine*”.

Gap: The maximum levels of tar and nicotine, as required by the 2010 Decree, remained unchanged compared with the requirements of the 1998 Tobacco Control Act.

Furthermore, the Decree does not provide for testing and measuring of such content. During the stakeholder meeting the mission learned that while there is a Government facility that could test and measure content and emissions of tobacco products, resources are lacking for reagents for testing. Other options were considered by the participants in the stakeholder meeting. While testing facilities are available in the region in countries such as Australia, New Zealand and Singapore, the posting of samples would attract substantial costs. It was also pointed out that the costs of testing should be borne by the tobacco industry. In summary, further consideration should be given to measures ensuring full compliance with Article 9 of the Convention.

It is therefore recommended that the Minister use the mandate given by section 12.–(2) of the Decree and aim for a gradual decrease in the maximum allowable levels of tar and nicotine, while also developing a timeframe for the implementation of such a decrease. Options for testing and measuring the content and emissions of tobacco products should be considered, along with a cost analysis of implementing the measures. Such work should be coordinated by the Ministry of Health.

Regulation of tobacco product disclosures (Article 10)

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

Status: A statement of the level of tar and nicotine must be published on each cigarette pack in line with section 10.–(1) of the 2010 Decree.

Gap: Tobacco companies are not required to disclose to governmental authorities information about the content and emissions of tobacco products. Furthermore, there is no requirement for making such information public.

It is therefore recommended that the 2010 Decree be amended to take account of the requirements of Article 10 of the Convention, requiring tobacco manufacturers and/or importers of tobacco products to submit annually, to the Ministry of Health, information on the content and emissions of all brands they commercialize in the Fijian market. In addition, the health ministry should ensure that such information is made public, e.g. on the web site of the ministry.

Packaging and labelling of tobacco products (Article 11)

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The measures for which a deadline of three years from the date of entry into force of the Convention for the Party (27 February 2008 in the case of Fiji) applies are given in red in the following table.

Status: Sections 9.–(1) to (7), 10.–(1) to (4) and 11.–(1) to (3) of the Tobacco Control Decree 2010 refer to measures covered by Article 11 of the treaty.¹⁰

The table below provides a more detailed comparison of the treaty requirements and the actual stage of complying with these requirements in Fiji concerning measures on Article 11.

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”	Obligation met.	Reference: Section 11.–(1) of the Tobacco Control Decree 2010.
1(b)	each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may	Obligation met.	Reference: Section 9.–(1) of the Tobacco Control Decree 2010.

¹⁰ The guidelines for implementation of Article 11 of the Convention provide details assisting Parties in implementing requirements under Article 11 of the treaty. See http://www.who.int/fctc/protocol/guidelines/adopted/article_11/

	include other appropriate messages.		
1(b)(i)	[The warnings] shall be approved by the competent national authority	Obligation met.	Reference: Section 9.-(2) of the Tobacco Control Decree 2010 requires producers and importers to have printed below the health warning on all tobacco packages the following notice: FIJI GOVERNMENT HEALTH WARNING.
1(b)(ii)	[The warnings] shall be rotating	Obligation met.	Reference: Section 9.-(4) of the Tobacco Control Decree 2010. However, regulations are to be developed to ensure full compliance with the treaty.
1(b)(iii)	[The warnings] shall be large, clear, visible and legible	Obligation met.	Reference: Section 9.-(1) states that the warnings must be "clearly and conspicuously printed or otherwise marked on every container of a tobacco product..."
1(b)(iv)	[The warnings] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas	Obligation met.	Reference: Section 9.-(3) outlines that the warnings must be "30% of the front surface and 90% of the back surface of the packet".
1(b)(v)	[The warnings] may be in the form of or include pictures or pictograms	Not yet implemented.	Reference: Section 9.-(6) of the Tobacco Control Decree 2010 mandates the Minister of Health to develop regulations, ensuring inclusion of pictures and pictograms in the warnings.
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	Obligation met.	Reference: Section 10.-(1) of the Decree.
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.	Obligation met.	Section 7.1 of the 2000 regulations requires warnings to be written in English and Fijian.

Fiji complies with the majority of the time-bound requirements of Article 11 of the Convention.

Gap: Details of labelling of tobacco products, however, should be developed further in a regulation to be made by the Minister of Health (Section 9.-(6) of the Decree). Such a regulation has not been developed yet.

It is therefore recommended that the Ministry of Health complete regulations concerning implementation of “Part 3 – Labelling of tobacco containers” of the Tobacco Control Decree 2010, including implementation of pictorial health warnings.

Education, communication, training and public awareness (Article 12)

This area is not covered in the 2010 Decree. The National NCD Strategic Plan 2010–2014, in its tobacco action plan, articulates the importance of strengthening advocacy work in general, including communication between divisions on the content of the Plan. Furthermore, it emphasizes the need to strengthen the advocacy roles of the Tobacco Control Unit and the National Centre for Health Promotion, and to create a Tobacco Control Committee for Advocacy.

Details of educational programmes are given below, by specific treaty requirements.

Broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke; and 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 as specified in Article 14.2 (Articles 12(a) and 12(b) of the Convention).

Status: The mission learned about implementation of the following activities in this area:

- The National Centre for Health Promotion developed information materials and brochures aimed at the general public on matters such as:
 - “Tobacco or Health”
 - “Kick the Habit – For a Healthy Fiji Smile”; and
 - “Dealing with Stress: Smoking Doesn’t Help!”
- In addition, the National Centre for Health Promotion has been the leader in mass media campaigns such as “Winners don’t smoke” and ad hoc anti-smoking campaigns and enforcement messages on television and radio. Most of these campaigns are targeted at the general public, while there are plans to provide youth-specific programmes. In addition, Fiji reports that there are skill-building exercises targeted at health workers, community workers, media professionals, educators, decision-makers, and administrators.
- Fiji has also raised public awareness of tobacco through activities during World No Tobacco Day. The first village to become smoke-free in Fiji was Nabila village in Nadroga. Nabila was declared smoke-free in 2006 and won the World No Tobacco Day Award in the same year. Other Fijian villages followed suit: Nabukaluka was declared tobacco-free during World No Tobacco Day in 2010 and Naqumu in Vanua Levu during World No Tobacco Day 2011. The 2011 World No Tobacco Day (on the theme “The WHO Framework Convention on Tobacco Control”) was celebrated in Fiji mainly at the sub-divisional/town level instead of at the national level in order to be closer to communities.

- The Tobacco Control Enforcement Unit of the Ministry of Health conducts education and awareness-raising programmes in schools (sometimes in collaboration with the National Substance Abuse Council, see below), rural communities (in collaboration with Division Outreach teams), workplaces and religious denominations upon request.
- The Tobacco Control Enforcement Unit implemented a half-year media campaign after the adoption of the 2010 Decree in December 2010 to raise awareness among the population on its content. The campaign included radio and television advertising, media advocacy and other actions. The Tobacco Control Enforcement Unit also reported on other media advocacy work. Members of the Unit regularly participate in talk-shows on radio and television. They also regularly contribute to the “Mailife” magazine¹¹ with coverage of tobacco matters.
- The Ministry of Education’s National Substance Abuse Council implements training programmes for all teachers and students in collaboration with the National Centre for Health Promotion. These programmes target all addictive substances, including tobacco. They also implement awareness-raising programmes (workshops and intensive courses) in communities in villages and at district level.
- The Ministry of Education also indicated that tobacco use is covered as part of the substance abuse module of the “family life programme” in secondary schools.

During the stakeholder meeting, the Fiji Cancer Society indicated that it would like to collaborate further with the Ministry of Health and Ministry of Education on awareness-raising programmes. The College of Medicine also stated that it would like to strengthen its collaboration with the Ministry of Health in the area of tobacco control research, including research on the link between smoking and cancers or smoking and poverty. The mission learned that so far, no formal curricula provides information to medical, dental or pharmaceutical students in the area of tobacco use.

During the discussion, the representative of the Ministry of Finance pointed out that by including tobacco control in their annual corporate plan, the Ministry of Health could better promote tobacco control among other government departments.

The Ministry of Provincial Development has the largest network, offering the broadest reach for prospective educational programmes with its 14 provincial commissioners and representatives in 1171 villages. They indicated that very little information is available on achievements in tobacco control at international level and offered their local training programmes for the distribution of information on tobacco-related matters.

In summary, Government ministries implement various programmes to promote healthy, including smoke-free, lifestyles, but is unlikely that these projects have reached society as a whole. Less focus was found on cessation of tobacco use and treatment of tobacco dependence. Overall, the function of implementing such programmes seems to be scattered among different organizations. Therefore, they would greatly benefit from better coordination of efforts with the same scope. At the same time, representatives of various ministries and of civil society indicated during the stakeholder meeting that they wish to improve their participation in community-based awareness-raising programmes,

¹¹ Available at <http://www.mailife.com.fj/>

which may bring synergy and harmonization among these scattered efforts. ***It is recommended therefore that the Ministry of Health lead efforts to coordinate, monitor and evaluate projects aimed at raising public awareness on tobacco-related matters, such coordination also being likely to increase the cost-efficiency of these initiatives.***

Public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention (Article 12(c) of the Convention).

Gap: No such programmes were brought to the attention of the mission. ***It is recommended that this matter be reflected in the messages employed by various communication programmes, in conformity with the guidelines for implementation of Articles 5.3 and 12 of the Convention.***

Effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons (Article 12(d) of the Convention).

Status: Awareness programmes on the Convention were addressed to decision-makers with a view to having Fiji ratify the Convention. Such programmes are currently conducted in schools with educators present. During declarations of tobacco-free hospitals and villages, awareness-raising programmes are conducted in the presence of health workers, social workers, media professionals and decision-makers at provincial level (village chiefs). The latest examples of such programmes include those run during the declaration of Vunisea Tobacco-Free Hospital in Kadavu in November 2011, the month dedicated to raising awareness of NCDs.

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 (Article 12(e) of the Convention).

Status: There are very few agencies with an interest in tobacco control, including nongovernmental organizations. At the stakeholder dialogue organized during the needs assessment mission, the same participant represented the Fiji Cancer Society and the College of Medicine. The Cancer Society participates and works together with the Ministry of Health on the occasion of special events, such as World Health Day. It also edits brochures aimed at raising awareness about various cancers.

It is recommended that the Ministry of Health identify and establish contact with a broader range of organizations and agencies that may have an interest in tobacco control and that are not affiliated with the tobacco industry, including nongovernmental organizations. Creating synergy and complementarities in functions should be the principles underlying such collaboration. To ensure synergy, such organizations need also to be represented in the intersectoral tobacco control committee discussed above under Article 5.2(a).

It is also important to note that, as with passing tobacco control legislation, communication and awareness-raising programmes are interventions that demand a lot of

resources. It is understood that insufficient financial support for tobacco control programmes, in general, has a negative impact on the implementation of these resource-demanding programmes. ***Therefore, a mechanism providing secure and sustainable funding for such programmes should be identified and pursued (see also under the discussion on Article 26.2 of the Convention, below).***

Public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption (Article 12(f) of the Convention)

Status: Previous communication efforts were primarily focused on the health effects of tobacco use and stressed the importance of quitting. Lately (after the adoption of the 2010 Decree) communication has been focused on raising awareness of the content of the Decree.

Since no local research on the economic and environmental consequences of tobacco use and production has been performed so far, these messages are missing from tobacco-related communication.

The challenge is also that public awareness programmes run through any media are quite expensive. Currently there is no free media time provided for tobacco control advocacy.

Gap: Economic and environmental aspects of tobacco use, and especially of tobacco production are missing.

It is therefore recommended that, as a minimum and until the knowledge base on the items listed above is created, all information falling under the scope of Article 12 of the Convention and available locally, be published on a specific webpage dedicated to tobacco control and hosted on the web site of the Ministry of Health. Such a webpage can be regularly updated as new information becomes available. Relevant international data may also be published on the page until local data are available. Links to international pages with relevant information may also be published.

Tobacco advertising, promotion and sponsorship (Article 13)

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

Status: Fiji's Tobacco Control Decree of 2010 (Part 2, section 3.–(1)) introduces a complete domestic ban on tobacco advertising, promotion and sponsorship, with a few exemptions. Such exemptions include:

- inserts in or on a container containing a tobacco product;

- in materials intended only for the use of employees “*on the manufacturer’s premises or for distribution only to employees of the manufacturer*”;
- tobacco control advertising originating outside Fiji if it is not intended for sale, distribution or exhibition primarily in Fiji or the principal purpose of the respective product is not the promotion of the use of a tobacco product;
- incidental tobacco advertisements in a film, video recording, broadcast or telecast.

The Decree also bans:

- indirect advertising and sponsorship by the tobacco industry;
- competitions connected with the sale of tobacco products;
- brand stretching and reverse brand stretching.¹²

Gaps:

- There is no requirement in the Decree that appropriate warnings or messages must accompany all remaining tobacco advertising, promotion and sponsorship until they are completely banned (Article 13.4(b) of the Convention);
- Tobacco companies are not required to disclose to relevant governmental authorities their expenditures on tobacco advertising, promotion and sponsorship (Article 13.4(d));
- Article 13.7 of the Convention mandates Parties “*to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory*”. Elimination of exemptions provided in the Decree for cross-border advertising should be considered.

It is therefore recommended that Fiji close the above gaps either in the regulation detailing implementation of the 2010 Decree or during the next revision of the Decree.

Measures concerning tobacco dependence and cessation (Article 14)

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

Status: No such national guidelines have been developed so far in Fiji. However, the tobacco component of the NCD Prevention and Control National Strategic Plan 2010–2014 plans to strengthen interventions aimed at assisting smokers to quit.

The following interventions are being considered in line with the objectives of the Plan:

- increasing the proportion of smokers who quit smoking in the 15–64 years age range through the NCD toolkit programme in nursing stations and health centres;
- building capacity in nursing stations and health centres by training staff on the NCD toolkit programme;
- building capacity of staff at health centre and subdivisional levels with regard to smoking cessation, including the engagement of professional counsellors;

¹² Referred to as “brand sharing” in the guidelines for implementation of Article 13. See paragraph 23 in the following document: http://www.who.int/fctc/guidelines/article_13.pdf

- establishing quit smoking clinics in 30% of health centres and 30% of subdivisional hospitals in Fiji by 2014; and
- setting up a quitline.

The following activities concerning implementation of Article 14 of the Convention were also identified during the stakeholder dialogue:

- a handbook and pamphlets on smoking cessation (“Kick the habit – for a healthy Fiji smile”) were produced by the National Centre for Health Promotion, in collaboration with the Fiji School of Medicine and the Fiji Dental Association, to assist medical professionals during counselling;
- nicotine replacement therapy (NRT) is available over the counter in pharmacies but the cost of a treatment is very high;¹³ the Tobacco Control Unit is currently engaged in discussions with a reputable pharmaceutical manufacturer for the supply of NRTs.

Gaps:

- No national guidelines concerning tobacco dependence and cessation have been developed so far in Fiji.¹⁴
- No activities planned in the 2010-2014 Strategic Plan have been started so far.
- No detailed roadmap of activities has been developed yet; such a roadmap should cover all obligations under Article 14 of the Convention and should take into account the detailed requirements for reaching these objectives as set out in the guidelines for implementation of Article 14 of the Convention.¹⁵

It is recommended that Fiji make full use of the guidelines for implementation of Article 14 of the Convention adopted by the fourth session of the Conference of the Parties in designing and developing its own national guidelines concerning tobacco dependence and cessation and implementing the programmes foreseen in the 2010–2014 Strategic Plan. A cost estimate including identification of a budget for such activities should be performed. The Ministry of Health may wish to establish a working group involving all interested actors (including relevant organizations of health and medical professionals) to develop a roadmap of activities and follow up their implementation.

When developing such a roadmap, the following activities should be included as they are required to be implemented under Article 14.2 of the Convention:

¹³ The price of a pack of seven 7 mg patches is around FJD 30; seven 14 mg patches cost around FJD 40 and fourteen 21 mg patches cost around FJD 80. For comparison, a pack of 20 Pall Mall cigarettes costs FJD 4.

¹⁴ Two neighbouring countries (Australia and New Zealand) have included links to their national smoking cessation guidelines in their reports on implementation of the WHO FCTC submitted to the Conference of the Parties (Australia’s guidelines are available at http://www.who.int/fctc/reporting/Australia_annex8_smoking_cessation_guidelines.pdf; New Zealand’s guidelines are available at <http://www.moh.govt.nz/moh.nsf/indexmh/nz-smoking-cessation-guidelines>)

¹⁵ The guidelines are available at http://www.who.int/fctc/protocol/guidelines/adopted/article_14/ or <http://www.who.int/fctc/Guidelines.pdf>.

(a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;

(b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;

(c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and

(d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate. ”

An important element in building the country’s capacity concerning tobacco dependence and cessation would be the use of existing systems and resources to ensure the greatest access to services. Integrating cessation interventions (e.g. brief advice) into primary health care services is cost-efficient and would make cessation support widely accessible.

Training of health professionals to provide brief cessation advice would ensure the necessary capacity, while recording tobacco use in medical notes is a means of establishing the basis for following up with individual smokers on the outcome of their cessation attempts.

A quitline can be used as an important component of cessation infrastructure and should ideally be free of charge and offer a proactive service.

Illicit trade in tobacco products (Article 15)

In Article 15 of the Convention the *"Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control"*. Seen in conjunction with Article 6 of the treaty, adequate control of illicit trade in tobacco products will ensure that tax increases fulfil their role as an effective tool to decrease consumption. On the other hand, if cheaper smuggled products become available on the market, the impact of tax measures (and of other measures under this Convention) is jeopardized.

Status: The stakeholder meeting organized during the mission identified a number of activities concerning illicit trade.

Measures to prevent illicit trade in tobacco products have also been identified. All individual passengers arriving in Fiji are issued with arrival cards by pilots of aircraft or airline agents and masters of vessels or their shipping agents. Individual passengers should complete a form on arrival and declare any goods that exceed the prescribed personal allowance. (See the section on Article 6 of this report.)

In addition to the control of goods imported by arriving passengers, there is a system of notification covering any means of transport or cargo arriving in Fiji.¹⁶ Customs officers ensure that the above-mentioned provisions of the Customs Act are efficiently administered, while risk management and profiling have greatly assisted customs in identifying illegal activities and enhancing the facilitation of trade. The Fiji Revenue and Customs Authority (FRCA) analyses information contained in advance notifications and acts as necessary, including searching vessels and imposing fines if there is proof beyond doubt that provisions of the customs legislation have been contravened.

¹⁶ Under section 11A-(1) of the Customs Act 1986 the pilot, commanding officer or agent of an aircraft, whether laden or in ballast, shall, not less than 9 hours or less than the actual flight time from the airport of departure outside Fiji to any airport in Fiji, but before arrival at a Fiji airport, or at any other place especially allowed by the proper officer, notify the proper officer (in the prescribed form or by means of an electronic message and in the prescribed manner)—

- (a) of the aircraft;
- (b) of its passengers and crew;
- (c) of its cargo and stores; and
- (d) of any package for which there is no airway bill.

Under Section 11A-(2) of the Customs Act 1986 the master or agent of a ship, whether laden or in ballast shall, not less than 2 days before arrival from outside Fiji to any port in Fiji, or at any other place especially allowed by the proper officer, notify the proper officer (in the prescribed form or by means of an electronic message and in the prescribed manner)—

- (a) of such ship;
- (b) of its passengers and crew;
- (c) of its cargo and stores; and
- (d) of any package for which there is no bill of lading.

(3) The proper officer may permit the master or agent of an aircraft or ship to amend any obvious error in the notification, or to supply any omission, which in the opinion of the proper officer results from accident or inadvertence, by providing an amended or supplementary notification in the prescribed manner.

(4) The provisions of subsection (1) and subsection (2) shall not apply in relation to an aircraft or ship which is compelled by accident, stress of weather or other unavoidable cause to call at a place other than an airport or port, but the master of any such aircraft or ship shall in those circumstances—

- (a) without any unnecessary delay report to an officer the circumstances which caused the aircraft or ship to call at such place and on demand produce to him the documents relating to the aircraft or ship, its cargo and passengers;
- (b) not, without the consent of a proper officer or, in his absence, of a police officer, permit any goods to be unloaded or loaded, or any of the crew or passengers to land from the aircraft or ship; and
- (c) comply with any directions given by a proper officer or, in his absence, of a police officer with respect to any such goods, and no passenger or member of the crew shall, without the consent of a proper officer or police officer, as the case may be, leave the aircraft or ship

Provided that nothing in this subsection shall prohibit the landing or unloading of passengers, crew or goods from an aircraft or ship where that landing or unloading is necessary for reasons of health, safety or the preservation of life or property. (Inserted by Decree No.9 of 2010 s.11A (a))

(5) A master, pilot, commanding officer or agent of an aircraft or ship who—

- (a) fails to make a notification under subsection (1) or (2); or
- (b) makes a notification in which any of the material particulars contained are false; or
- (c) fails to comply with any direction given by the Comptroller for the purpose of this Part; commits an offence, and is liable to a fine not exceeding \$10,000.

If products that are felt to contain illicit tobacco are detained after examination by customs a seizure report is written by the customs inspection officer. After the customs management has processed the seizure report the illicit tobacco is forwarded to the Tobacco Unit of the Ministry of Health, which carries out an analysis of the product, after which the illicit tobacco product is destroyed (by being burnt). The Tobacco Control Decree 2010 (33.–(1)) also covers destruction of tobacco products in relation to non-compliance with packaging and labelling regulations and of products in which the nicotine and tar levels exceed the allowed maximum limits. In such cases, the authorized officer confiscates the product and arranges for its destruction. The costs incurred in confiscating and destroying the product are paid by the importer or person convicted of the offence.

Furthermore, FRCA controls the transfer of tobacco products manufactured by BAT from the point of loading to their approved destinations, such as bonded warehouses, shipping stores, aircraft stores, normal export and local disposals.

Tobacco products transferred to a bonded warehouse upon approval by customs and BAT are delivered under a cart note and removal certificate, transported on licenced vehicles and received by the warehouse officer at the intended bonded warehouse. A copy of the cart note and removal certificate is returned to the resident customs officer based at BAT. This is to ensure that the goods are received by the warehouse officers.

For shipping stores the tobacco products are delivered from BAT under cart notes and removal certificates, transported on licensed vehicles and received by the boarding officer to be placed on board outbound vessels by customs officers before departure. After being placed on board, the tobacco products are sealed with customs seals. The seals are checked by customs officers immediately before departure of the vessels for foreign ports. Copies of the cart notes and removal certificates are sent back to the BAT customs office to ensure the tobacco products were received by the boarding officer and that the necessary action has been carried out.

Tobacco products for export upon approval by customs and BAT are delivered with the customs entry certificate, removal certificate and cart note to the export officer at the export station. The export officer physically verifies the quantity of the tobacco products with the said documents before granting approval for the goods to be loaded on to the exporting vessels. Investigations are forthcoming if there are deficiencies identified by the export officer.

Concerning local disposals, upon payment of excise duty to customs and prior to approval for delivery by BAT and customs, the tobacco products may be transported from the excise factory to local outlets.

In addition, all tobacco imports are subject to examination.

The FRCA monitors and collects data on cross-border trade in tobacco products, including illicit trade, and exchanges such information with customs and other authorities from other countries through the Regional Intelligence Liaison Office (RILO). The FRCA also informed the mission about the challenges it faces with respect to illicit trade in tobacco products. Such challenges include the use of languages that are not widely understood by customs officers on packaging, and the fact that the geographical

conditions of the country (many small islands and a large surface of surrounding high seas), make checking of all suspect vessels very resource intensive.

Finally, the FRCA informed the mission about the Memorandum of Understanding it concluded with BAT Fiji. (For more details see the section on Article 5.3 of this report.)

An overview of the measures taken against illicit trade in tobacco products, with identified gaps/needs is given in the table below.

Table 2

Paragraph in Art. 15	Content	Level of compliance	Comments and identified gaps
2	Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products	Not yet implemented	
2(a) and 3	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “ <i>Sales only allowed in (insert name of the country, subnational, regional or federal unit)</i> ” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market	Not yet implemented	
2(b) and 3	consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade	Partial compliance	The Tobacco Control Decree 2010 (section 23: registration of sellers; section 24: notification of changes; section 25: licensing of manufacturers, importers, distributors and suki vendors) requires all sellers to register with the Ministry of Health. The registration period ends in December 2011.
4(a)	monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements	Obligation met	Through activities run by the Fiji Revenue and Customs Authority.
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in	Obligation met	Through activities run by the Fiji Revenue and Customs Authority.

	tobacco products, including counterfeit and contraband cigarettes		
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law	Obligation met	Through activities run by the Fiji Revenue and Customs Authority.
4(d)	adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction	Obligation met	Through activities run by the Fiji Revenue and Customs Authority.
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products	Obligation met.	Through activities run by the Fiji Revenue and Customs Authority.
5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the Conference of the Parties, in accordance with Article 21.	Obligation met	
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.	Obligation met	
7	Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.	Obligation met	Reference: Sections 23 to 25 of the Tobacco Control Decree 2010.

It is recommended that the FRCA develop a plan to address all remaining items that need further strengthening, in order to ensure full compliance with Article 15 of the Convention. This can be done during the next revision of the Tobacco Control Decree 2010 by adding a section on measures concerning illicit trade in tobacco products. In addition, the FRCA should monitor and regularly collect data on illicit trade in tobacco products to enable a better understanding of the problem and provide those data to the

Ministry of Health so that they can be reported in Fiji's regular reports on implementation of the WHO FCTC.

Sales to and by minors (Article 16)

Article 16.1 requires “*measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen*”.

Status: Section 13.-(1) of the 2010 Decree prohibits the sale of tobacco products to people aged less than 18 years. It is also forbidden for a person to purchase a tobacco product for the use of a person less than 18 years of age.

Gap: None. Fiji has met its obligation under Article 16.1.

Article 16.1(a) calls upon Parties to require “*that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, request that each tobacco purchaser provide appropriate evidence of having reached full legal age*”.

Status: Section 13.-(2) covers these requirements of the Convention. Section 13.-(3) refers to the “documents of identification” that can be accepted as proof of age. This section also foresees penalties against sellers who breach this requirement of the Decree in line with Article 16.6 of the Convention.

Gap: None. Fiji has met its obligations under Articles 16.1(a) and 16.6 of the Convention.

Article 16.1(b) calls upon Parties to ban “*the sale of tobacco products in any manner by which they are directly accessible, such as store shelves*”.

Status: Part 2 of the 2000 Regulations (aimed at supporting implementation of the 1998 Tobacco Control Act) refers to the conditions for display of tobacco product advertisements in shops and retail places. The 2010 Decree does not explicitly cover this matter, but the mission was informed that tobacco products are placed outside the reach of children in all points of sale, and tobacco cannot be purchased through any impersonal means.

Gap: None. Fiji has met its obligation under Article 16.1(b).

Article 16.1(c) calls upon Parties to prohibit “*the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors*”.

Status: Section 17.-(1) covers this requirement.

Gap: None. Fiji has met its obligation under Article 16.1(c).

Article 16.1(d) calls upon Parties to “*ensure that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors*”.

Status: Section 14.-(1) of the 2010 Decree explicitly prohibits any vending machines for sale of tobacco products in Fiji.

Gap: None. Furthermore, with respect to implementing Article 16.1(d) Fiji goes beyond the requirements of the treaty and imposes a stricter requirement. Taking such a step is consistent with Article 2.1 of the treaty.

Article 16.2 calls upon Parties to “*prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors*”.

Status: This requirement is covered in the Tobacco Control Decree 2010 in section 2.4.-(1) which prohibits the giving or distributing of free samples of tobacco products.

Gap: None.

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

Status: Section 15.-(1)(a) and (b) of the 2010 Decree prohibits the sale of cigarettes in a package containing fewer than 10 cigarettes or portions of the product. Furthermore, sections 16.-(1)(a) and (b) prohibit the sale of loose cigarette sticks or cigarette rolls or loose tobacco in a package that contain less than 20 grams of tobacco.

Gap: Fiji has partially met its obligation under Article 16.3. It should be ensured that no “kiddie packs” of less than 20 cigarettes can be sold, when the 2010 Decree is next revised.

Article 16.7 calls upon Parties to “*prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen*”.

Gap: The prohibition of sales of tobacco products **by minors** is not covered in the 2010 Decree. Fiji is still to meet its obligation under Article 16.7.

In summary, Fiji has fulfilled the majority of its obligations under Article 16 of the Convention, with some requirements still to be implemented.

It is therefore recommended that Fiji take steps to include the remaining items listed above in the next revised version of the 2010 Decree to ensure full compliance with the requirements of Article 16 of the Convention.

Provision of support for economically viable alternative activities (Article 17)

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

Status: About 350–400 farmers grow tobacco in Fiji, the majority of whom are contracted by BAT. There is also an uncontrolled segment of growers that supply suki tobacco.

In October 2010, the Ministry of Agriculture organized a consultation with respect to shifting to alternative crops, and discussions between the Tobacco Control Unit and the Ministry of Agriculture on this matter are still ongoing.

Gap: There is no policy and mechanism in place to support tobacco farmers shifting to alternative livelihoods.

It is recommended that the Ministry of Agriculture take the lead in developing a formal project to promote economically viable alternatives for tobacco farmers, including a mechanism to support such a transition, and to integrate this support into the Government's overall food and agriculture programme. An investigation should also be undertaken to ascertain whether support for such activities may be implemented under the UNDAF. In addition, the Ministry of Agriculture should monitor and regularly collect data on tobacco growing as part of the project outlined above and also share those data with the Ministry of Health so that they can be reported in Fiji's regular reports on implementation of the WHO FCTC.

Protection of the environment and the health of persons (Articles 18)

In Articles 18, Parties agree to “have due regard to the protection of the environment and the health of persons in respect of the environment in respect of tobacco cultivation and manufacture”.

Status/gap: There are no measures reported by Fiji in meeting this obligation.

It is recommended that the Ministry of Health identify responsible authorities within the Government and initiate discussion on this matter. Also with regard to Article 17 of the Convention, Fiji should follow the work of the working group on Articles 17 and 18 of the Convention, mandated by the Conference of the Parties at its third and fourth sessions to develop guidelines to assist implementation of these articles. As in the case of Article 17, the possibility of integrating such efforts within UNDAF should also be considered.

Liability (Article 19)

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

Status/gap: No activities have been implemented in relation to this article of the Convention. The mission was not informed of any court cases seeking compensation in relation to any adverse health effects caused by tobacco use, including any action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use.

Article 19 will be included in the agenda of the next (fifth) session of the Conference of the Parties (COP5) to be held in November 2012.

It is therefore recommended that Fiji actively participate in the discussion at COP5 and consider developing policies to suit its circumstances afterwards, as appropriate.

Research, surveillance and exchange of information (Article 20)

Article 20.1 requires Parties to “develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control.”

Status: Fiji has implemented a few studies concerning tobacco use prevalence in the past 12 years.

Fiji conducted the 1st round of the national NCD STEPS survey, coordinated by WHO, in 2002.¹⁷ This survey has a section on tobacco use and provides information on tobacco use prevalence among 15–64 year-olds. According to the 2002 STEPS report, daily smoking prevalence was 26.9% for males (53% reported being current smokers) and 4.8% for females (18% current smokers); overall, 36.6% of the population reported being current smokers.

WHO provided financial and technical support for training on STEPS surveys to Fiji and the country is currently working on the implementation of the 2nd round of the survey. Data collection was completed in October 2011. This will make Fiji the first Pacific island country to repeat STEPS.

Fiji conducted the Global Youth Tobacco Survey (GYTS) twice, in 1999 and 2005, obtaining information on tobacco use and exposure to tobacco smoke among school children aged 13–15 years. GYTS 2005 shows that 11.5% of students currently use any form of tobacco products; this was a slight increase from the 1999 GYTS.¹⁸ In addition, 47% of students live in homes where others smoke in their presence.

Fiji also implemented the Global School Personnel Survey (GSPS) in 2005.

A group of researchers under the coordination of Fiji School of Medicine, in cooperation with the Japan International Cooperation Agency (JICA), collected data and knowledge on tobacco use and on sources of information concerning tobacco matters. A representative sample of 457 individuals (aged 12–82 years) from the central division of Viti Levu were surveyed. Results of the study were published in the Pacific Health Dialogue in 1999.¹⁹

The main partner of the Government of Fiji in performing these studies has been the WHO Regional Office for the Western Pacific.

¹⁷ See <http://www.who.int/chp/steps/fiji/>

¹⁸ Centers for Disease Control (1999 and 2005). Global Youth Tobacco Survey (GYTS), Fiji (Ages 13–15) Fact Sheet. Available from <http://apps.nccd.cdc.gov/GTSSData/default/default.aspx>.

¹⁹ See <http://www.pacifichealthdialog.org.fj/Volume%206/No%20Health%20of%20Tongans%20and%20other%20Pacificans/Original%20Papers/Prevalence%20of%20tobacco%20use%20in%20Fiji.pdf>

Gap: Lack of research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research to identify alternative crops (Article 20.1(a)).

Article 20.1(b) of the Convention requires Parties to “*promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies, training and support for all those engaged in tobacco control activities, including research, implementation and evaluation*”.

Status: The WHO Regional Office for the Western Pacific provides regular training on tobacco matters to Pacific island countries. The latest such effort focused on tobacco and alcohol action plans in the Pacific island countries at the end of September 2011. The meeting was organized in Nadi, Fiji. The Secretariat of the WHO FCTC provided an update on global progress in implementation of the Convention and also trained and provided support to participants on reporting under the Convention.

Members of the Tobacco Control Unit of the Ministry of Health of Fiji also attended a number of meetings organized under the auspices of the Convention (such as meetings of the working groups to develop guidelines for implementation of Articles 5.3 and 13); meetings and training events organized by the WHO Regional Office (on subjects such as: ensuring sustainable action in regard to the WHO FCTC; tobacco control policies and programmes; taxation; the GYTS; and indicators for tobacco control). Attendance at these meetings contributed to developing and strengthening local capacity for tobacco control.

Article 20.2 of the Convention requires Parties to “*establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the 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 levels...*” In addition, Article 20.3(a) calls for the establishment of “*a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators*”.²⁰ Article 20.4 of the Convention further elaborates on areas in which collection and exchange of information are required under the treaty (thus broadening the scope of the “traditional” epidemiological approach to tobacco surveillance programmes), such as: practices of the tobacco industry; cultivation of tobacco; development of a database of laws and regulations on tobacco control as well as pertinent jurisprudence; and tobacco production (growing) and manufacture. Article 6.3 (with reference to rates of tobacco taxation and trends in tobacco consumption) and Article 15.5 (with reference to cross-border trade, including illicit trade in tobacco products and storage and distribution of tobacco products held or moving under suspension of taxes or duties) should also be reflected in tobacco surveillance programmes.

²⁰ WHO recommends that specific surveys on the listed matters be conducted regularly so that their repetition contributes to the creation of tobacco-related national surveillance systems as envisaged in Article 20.3(a) of the Convention. Apart from the repeatability and frequency of the survey there are other criteria that characterize a good national surveillance system, including: comparability; validity and reliability; mechanisms to translate findings into action; and sustainability (of financial and human resources).

Status: Fiji has implemented a few surveys in the past (see under Article 20.1, above), but these do not constitute a state-of-the-art system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators.

Gap: Monitoring and collection of tobacco-related data should be extended to cover the following areas:

- studies on knowledge, attitudes and beliefs concerning tobacco use, its health impact and views on/support for various tobacco control measures (Articles 20.2 and 20.3(a));
- morbidity and mortality related to tobacco use (Articles 20.2 and 20.3(a));
- direct and indirect costs of tobacco use imposed on Fijian society (economic/social costs of tobacco use) (Article 20.3(a));
- cultivation of tobacco, manufacture of tobacco products (Article 20.4);
- laws and regulations on tobacco control as well as pertinent jurisprudence (Article 20.4(a));
- activities and practices of the tobacco industry (Article 20.4 and 20.4(c));
- database of laws and regulations on tobacco control as well as pertinent jurisprudence (Article 20.4(a));
- tobacco taxation rates (Article 6.3) and trends in tobacco consumption (Article 6.3 and 20.2);
- cross-border trade in tobacco, including illicit trade (Article 15.4(a)) and tobacco products held or moving under suspension of taxes or duties (Article 15.4(d)).

The majority of the above-mentioned data are available from various Government departments. Regular provision of data to the Ministry of Health (responsible for making proposals concerning future tobacco control policies and also coordinating, among others, the process of reporting of such data to the Conference of the Parties) needs to be planned and implemented. This activity may be coordinated by the Tobacco Control Unit.

For the missing data, additional effort is needed. A research plan needs to be developed and responsibilities for such data collection shared with respective portfolios within the Government.

The Government of Fiji is therefore urged to:

- 1. Strengthen national research capacity, including through extending cooperation with competent international and regional organizations. Wherever possible, the new efforts should be based on existing and functional mechanisms of data collection and of reporting within the Government, by improving communication between the sectors. Such a system in Fiji should also be integrated into regional and global health surveillance programmes. The input generated by such a surveillance system would better guide Fiji's efforts in implementing the Convention and fulfilling the reporting requirements.***
- 2. Strengthen the development of training programmes and support for all those engaged in tobacco control activities.***
- 3. Promote and facilitate the exchange of publicly available scientific, technical, socioeconomic and legal information. The web site of the Ministry of Health should be upgraded to include the information listed above.***

Reporting and exchange of information (Article 21)

Article 21 requires each Party to “*submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention,*” which should include all relevant obligations as contained in the reporting instrument.

Status: Fiji has provided its two-year (first) report on the implementation of the Convention on 2 May 2007.

Gap: None. Fiji needs to submit any implementation report in the 2012 reporting period (1 January to 30 April 2012) to meet its obligation under Article 21 of the Convention.

After establishing mechanisms allowing non-health ministries to regularly provide data to the focal point in the Ministry of Health responsible for preparation and submission of WHO FCTC implementation reports, it is likely that Fiji will be able to prepare and submit its reports on time in the future.

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

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

Status: Fiji receives support from international and regional agencies for its tobacco control programmes as detailed below.

Assistance provided to Fiji for tobacco control programmes

WHO provides support to tobacco control activities in Fiji. The Government of Fiji received support from the WHO Regional Office for the Western Pacific for training programmes and for conducting advocacy campaigns.

The WHO South Pacific Office provided technical assistance and support to the country in the process of development of the National NCD Strategic Plan 2010–2014.

Fiji also received support from the WHO Regional Office for the Western Pacific and the Centers for Disease Control and Prevention (USA) for various surveys under the Global Tobacco Surveillance System.

As part of its “2-1-22 Pacific NCD programme”²¹ the Secretariat of the Pacific Community, a regional intergovernmental organization, supports 22 Pacific island countries in implementing their national NCD strategic plans. As part of this project, each country, including Fiji, receives technical assistance as well as a grant of AUD 450 000 over three years for related projects, including tobacco control.

Gap: Broader international cooperation on implementing the Convention is yet to be utilized.²² The current United Nations Development Assistance Framework (UNDAF) for 2008–2012 has not given due consideration to supporting Fiji in meeting the obligations under the Convention.

Integration of WHO FCTC implementation with UNDAF

The UNDAF is the strategic programme framework for the UN Country Team (UNCT) to collectively respond to the priorities in national development. The current UNDAF is a regional one, covering 14 Pacific island countries. It covers the period 2008–2012²³ and does not directly include work related to the implementation of the Convention.

In the context of bringing the issue of implementation of the WHO FCTC under the UNDAF, the mission took the opportunity to meet the UN Resident Coordinator. During the discussion that followed, the UNRC provided an overview of the process of development of the next UNDAF (for the years 2013–2017). Following the practice of the previous plan, it is expected to be a combined document for 14 Pacific island countries. The UNRC explained that the process of developing the new UNDAF started in 2010, followed by extensive consultations within the countries; the actual drafting of country matrices is currently under way, and the process is expected to be completed by the end of 2011 or early 2012.

After reviewing the current situation, a discussion was held on the inclusion of treaty implementation within the next UNDAF, and also on the need to strengthen the involvement of the WHO South Pacific Office in the process. During the meeting, the UNRC welcomed the suggestion to bring implementation of the Convention under "One UN" and indicated that the initiative should be driven by the needs and priorities of the country. Thus, arrangements were made to sensitize, via the Ministry of Health, the

²¹ The 2-1-22 programme, introduced in 2008, is implemented in collaboration with WHO and is supported financially by Australia and New Zealand.

²² The documents governing this process include:

- Decision FCTC/COP4(17) of the fourth session of the Conference of the Parties, http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_DIV6-en.pdf;
- Reports of the Secretary-General to the ECOSOC, http://www.who.int/tobacco/global_interaction/un_taskforce/SG_UNTF_ECOSOC_6.pdf (corrigendum: http://www.who.int/tobacco/global_interaction/un_taskforce/en_tfi_corrigendum_e_2010_55.pdf);
- ECOSOC Resolution: Tobacco and maternal and child health, http://www.who.int/tobacco/global_interaction/un_taskforce/ECOSOC_resolution_tobmat_chdhea_lth.pdf;
- Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, 18 September 2011, http://www.un.org/ga/search/view_doc.asp?symbol=A%2F66%2FL.1&Lang=E

²³ See http://www.undp.org/fj/pdf/UNDAF_2008-2012.pdf?phpMyAdmin=3ostG19FSapc4CB4dqs5BA2cWt9

Government agency responsible for coordinating the input of the Government of Fiji to the process of drafting the country matrix to be included in the next UNDAF.

It is recommended that the Government of Fiji proactively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country. In addition, potential contribution of the United Nations system, particularly through UNDAFs, should be utilized and WHO should assist the country in integrating priorities such as NCD prevention and control in general, and implementation of the WHO FCTC in particular, into the next UNDAF.

Financial resources (Article 26)

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

In relation to resources available for tobacco control programmes in Fiji, please see details under Article 5.6 of the Convention above, including recommendations concerning strengthening financial security of tobacco control programmes in the country.

Article 26.3 requires Parties to “promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition. Accordingly, economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development [emphasis added].”

Gap: While there are ongoing discussions on this matter within the Government, implementation of Article 17 of the Convention (*Provision of support for economically viable alternatives*) is not yet included in any national strategy of sustainable development.

It is recommended that, in the spirit of Article 26.3 of the Convention, the Government of Fiji take advantage of the presence of international development partners in the country to promote the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans worked out with these agencies, with special regard to the implementation of recommendations of this report and the implementation of the national NCD Strategic Plan 2010-2014. It is recommended that the Ministry of Health play a leading role in coordinating with development partners to mobilize sufficient resources to help the country to meet its obligations under the Convention. In addition, implementation of Article 17 of the Convention should be seen as a strategy of sustainable development.

ANNEX

List of participating agencies and members of the international team performing the needs assessment in Fiji

Fijian Government and Government-based agencies

- Central and Eastern Health services
- Department of Agriculture
- Fiji Islands Trade and Investment Bureau (Investment Fiji)
- Fiji Police Force
- Fiji Retailers Association
- Fiji Revenue and Customs Authority (FRCA)
- Judicial Department of Fiji
- Land Transport Authority
- Lautoka City Council
- Ministry of Finance
- Ministry of Health Tobacco Control Enforcement Unit
- Ministry of Industry and Trade
- Ministry of Labour
- Ministry of iTaukei Affairs (previously known as Ministry of Indigenous Affairs)
- National Substance Abuse Advisory Council
- National Centre for Health Promotion

Nongovernmental and professional organizations

- Fiji Cancer Society
- College of Medicine, Nursing and Health Sciences

Representatives of Fiji

- Dr Neil Sharma, Minister for Health
- Ifereimi Corerega, National Adviser, National Centre for Health Promotion
- Elenoa Sagone, Tobacco Control Focal Point, Tobacco Control Enforcement Unit
- Naibuka Waqa, Tobacco Control Enforcement Officer, Tobacco Control Enforcement Unit
- Akuila Waqanisau, Tobacco Control Enforcement Officer, Tobacco Control Enforcement Unit
- Asivurusi T. Tuiqila, Tobacco Control Enforcement Officer, Tobacco Control Enforcement Unit
- Sitiveni Taginatoakula, Tobacco Control Enforcement Officer, Tobacco Control Enforcement Unit
- Jone Radanive, Tobacco Control Enforcement Officer, Tobacco Control Enforcement Unit
- Nemaia Loga, Health Promotion Officer, National Centre for Health Promotion
- Michael Bonnar, Assistant Enforcement Officer, Tobacco Control Enforcement Unit

- Nacanieli Tovila, Assistant Enforcement Officer, Tobacco Control Enforcement Unit

United Nations Development Programme

- Knut Ostby, Resident Coordinator and UNDP Representative

Convention Secretariat

- Guangyuan Liu, Technical Officer, Implementation Assistance and Partnerships, Geneva, Switzerland
- Dr Tibor Szilagyi, Technical Officer, Implementation Assistance and Partnerships, Geneva, Switzerland

WHO Regional Office

- Kim Kinam, Technical Officer, TFI, Regional Office for the Western Pacific, Manila, Philippines

WHO South Pacific Office in Fiji

- Dr Li Dan, Medical Officer, WHO South Pacific Office, Suva, Fiji
- Shalvindra Raj, Data Management Assistant, WHO South Pacific Office, Suva, Fiji