

**Needs assessment
for implementation of the
WHO Framework Convention on
Tobacco Control in the Islamic Republic
of Iran**

Convention Secretariat

April 2013

Executive summary

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of WHO and was adopted in 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 176 Parties to date. The Islamic Republic of Iran (hereinafter “I.R. Iran”) ratified the WHO FCTC on 6 November 2005. The Convention entered into force for I.R. Iran on 4 February 2006.

A needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of I.R. Iran and the Convention Secretariat from December 2012 to February 2013, including the initial analysis of the status, challenges and potential needs deriving from the country’s most recent implementation report and other sources of information, and the mission of an international team from the Convention Secretariat, the WHO Regional Office for the Eastern Mediterranean and the WHO Office in I.R. Iran to Tehran from 3 to 7 February 2013. The stakeholder meeting of the mission coincided with the celebration of the seventh anniversary of the entry into force of the Convention for I.R. Iran. The assessment involved relevant ministries and agencies of I.R. Iran, the Parliament of I.R. Iran (hereinafter “Iranian Parliament”) and representatives of nongovernmental organizations (NGOs). This needs assessment report presents an article-by-article analysis of the progress the country has made in implementation of the substantive articles of the Convention; any gaps that may exist; and the subsequent possible action that can be taken to fill those gaps.

The key elements that need to be put in place to enable I.R. Iran to 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, I.R. Iran is obliged to implement its provisions through national laws, regulations or other measures. There is therefore a need to analyse this report, identify all obligations in the substantive articles of the Convention including the achievements and gaps, link them with the relevant agencies, obtain the required resources and seek support internationally where appropriate.

Second, I.R. Iran adopted the Comprehensive Act on National Control and Campaign against Tobacco (the Act) in 2006 and the Executive Bylaw of the Comprehensive Act on National Control and Campaign against Tobacco (the Bylaw) in 2007. The Act and the Bylaw addressed the obligations under the Convention in a comprehensive way and cover the substantive articles of the Convention. The provisions on establishing and financing the national multisectoral coordination mechanism, banning tobacco consumption in public places, banning all kinds of direct or indirect tobacco advertising, promotion and sponsorship, integrating cessation and treatment of tobacco dependence into primary health care and banning sales to and by minors are mostly compliant with the obligations under the Convention, though certain areas still need some improvement, especially with regard to the implementation and enforcement of the Act. It is recommended that that I.R. Iran consider amending the Act and the Bylaw to exclude the I.R. Iran Tobacco Company from policy-making and the development of legislation, including the determination of the area of land for tobacco growing. Such an amendment would be in line with the requirements of Article 5.3 of the Convention.

Third, I.R. Iran established its tobacco control focal point even before it signed the Convention. According to the Act, the National Headquarters for Control and Campaign against Tobacco (hereinafter “the HQ”) was established as the multisectoral coordination mechanism to implement the Convention. The Ministry of Health and Medical Education serves as the Head of the HQ and has established effective coordination with other stakeholders, which have a reasonable understanding of the obligations under the Convention and their responsibilities. It is recommended that there be greater involvement of the Ministry of Foreign Affairs, given the fact that there is support for including WHO FCTC implementation under the UNDAF. Similarly, the inclusion of the Ministry of Finance in the HQ is also recommended, with respect to implementation of the price and tax measures to reduce the demand for tobacco.

Fourth, the Convention requires Parties to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes. Achieving the highest possible level of health is one of the main priorities in the Fifth Development Plan. Reducing tobacco consumption was mentioned in the annex of the document. The National Health Plan (2011–2015) set the objective of reducing the prevalence of water pipe (shisha) by 10% and tobacco consumption by 1%. The Ministry of Health and Medical Education has an annual work plan for implementation of the Convention. The Five Year National Tobacco Control Action Plan is in the process of development and finalization. It is recommended that I.R. Iran highlight implementation of the WHO FCTC in the Sixth Development Plan as an effective tool in prevention and control of noncommunicable diseases, in order to achieve its public health objectives. It is also recommended that I.R. Iran finalize a multisectoral National Tobacco Control Action Plan using this joint needs assessment report as an important reference.

Fifth, the Ministry of Finance and the HQ fully recognize the importance of price and tax measures to reduce tobacco consumption and achieve better health outcomes. However tobacco taxation and prices of tobacco products still remain low. I.R. Iran applies taxes of import duty (39% of CIF). Different types of taxes levied on domestic cigarette production are: 5% on manufacturing price, 12% VAT based on manufacturing price, and 3% of manufacturing price for municipalities’ duties. There is currently no tax on retail sales of tobacco products. The Ministry of Finance is developing the new taxation legislation and has requested for information on international best practices in this area. It is therefore recommended that the Ministry of Finance work together with the HQ to further increase the tobacco taxation and price above inflation, which will both contribute to better health outcomes and increase Government revenue. It is also recommended that the Government consider introducing tax on retail sale of tobacco products.

Sixth, the Iran Standard and Research Institute (ISRI) has issued a series of standards for tobacco product contents, mainly according to the ISO standards. The fourth and fifth sessions of the Conference of the Parties have adopted partial guidelines for implementation of Articles 9 and 10.¹ It is recommended that the ISRI review its current standards in accordance with these guidelines and amend them accordingly, with a view to better implementing the Convention. Due to the absence of laboratory facilities for

¹ All the guidelines adopted by the Conference of the Parties are available on the WHO FCTC web site at: <http://www.who.int/fctc/protocol/guidelines/adopted/en/index.html>.

testing tobacco products at the ISRI, the testing is now being conducted in the laboratory of the Iran Tobacco Company. The Bylaw in its Article 22 mandates the Ministry of Health and Medical Education to provide necessary facilities and laboratory equipment for assessing the materials and compounds emitted by tobacco products. It is recommended that the HQ and the ISRI work more closely together to assess the arrangements for testing, either by strengthening national testing capacity or using a competent regional testing facility, such as the Jordan Royal Scientific Society which is part of the WHO Tobacco Laboratory Network (TobLabNet). The tobacco company should bear the expenses of such testing.

Seventh, I.R. Iran has introduced four pictorial health warnings. The Bylaw requires the pictorial health warnings to cover 50% of both front and back of packaging. However, as regards implementation, most pictorial health warnings cover less than 50%, because the frame and other elements take up too much space. Some packaging includes quantitative statements about tobacco constituents and emissions, which imply that one brand is less harmful than another. Although the Act bans the use of misleading words, some brands still use misleading words on packaging. It is recommended that the HQ coordinate the efforts in enforcing the ban on quantitative statements about tobacco constituents and emissions and misleading words, and plan for the rotation of the pictorial health warnings. It is also recommended that I.R. Iran should consider introducing plain packaging. It is further recommended that pretesting and evaluation of the impact of the health warnings should be conducted to improve the effectiveness of the pictorial health warnings.

Eighth, various ministries, medical universities, government organizations and NGOs have conducted extensive education, communication, training and public awareness activities and a considerable amount of advocacy materials have been developed. A wide range of media, including radio, television, print and web sites, have been used to educate the public about tobacco control. I.R. Iran Broadcasting plays an important role in promoting implementation of the Convention. It is recommended that efforts be made to pretest and conduct rigorous research and evaluation of the impact of these activities to achieve better outcomes. Further, a greater synergy in the efforts of different media campaigns currently being carried out by different stakeholders would help increase their effectiveness.

Ninth, I.R. Iran developed its national guidelines on tobacco cessation and has successfully integrated free cessation services into the primary health care system. A total of 158 cessation centres have been established. Owing to the sanctions in place, nicotine replacement therapies have become more expensive and less affordable, while Bupropion and Varenicline are not available in the country. It is recommended that the experience of I.R. Iran in implementation of cessation services be widely shared with other developing country Parties and at the same time, the issue of non-availability of medicines due to the sanctions should be addressed.

Tenth, I.R. Iran has conducted a number of surveys on tobacco consumption both among young people and adults. I.R. Iran conducted the Global Youth Tobacco Survey in 2003 and 2007, the Global Health Professional Student Survey in 2007, and the Global School Personnel Survey in 2007, STEPs survey in 2004, 2006, 2007, 2008, 2009, 2010 and 2011. The STEPs surveys were conducted with the Government's own funds. The Cancer and Myocardial Infarction Registry also contains information on tobacco consumption. The Ministry of Health and Medical Education is working on estimating the disease

burden from risk factors, including tobacco consumption. The Statistical Centre of Iran (SCI) coordinates data collection and analysis in the country. The SCI conducts an annual household survey which includes information on expenditure on tobacco consumption. The SCI also works with the HQ to estimate the annual consumption of tobacco products in order for the HQ to be able to make an informed decision about the amount of tobacco that needs to be produced and imported. It is recommended that the HQ and the SCI work more closely together to strengthen national surveillance, collection of data and incorporate the analysis of data to meet the country's reporting obligations under the Convention into the routine data collection mechanism.

Eleventh, the United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government and the UN system, outlining priorities in national development. The current UNDAF (2012–2016) includes prevention and control of noncommunicable diseases as outcome 3. Implementation of the Convention is central to any effective outcome on noncommunicable diseases. The international team met the UN Resident Coordinator, a.i. (UNRC a.i.), UNDP Representative a.i., and representatives of the Ministry of Foreign Affairs and discussed the incorporation of implementation of the Convention in the UNDAF programming phase in 2013. It is therefore recommended that the HQ actively follow up with the UNRC and the Ministry of Foreign Affairs to include implementation of the prioritized areas of Convention under the UNDAF programming activities in 2013 and beyond and discuss appropriate programming activities during the upcoming meeting of the UNDAF steering committee in late February 2013. The activities may include priorities identified on the basis of this joint needs assessment report.

Twelfth, international sanctions against I.R. Iran have a crucial impact on the implementation of the Convention, especially on the provisions that depend on access to equipment and drugs, such as Articles 9 and 10, 14, and 15.

Addressing the issues raised in this report will make a substantial contribution to meeting the obligations under the WHO FCTC and improving the health status and quality of life in I.R. Iran. The needs identified in this report represent priority areas that require immediate attention. As I.R. Iran addresses these areas, the Convention Secretariat is available and committed to providing technical assistance in the above areas and to facilitate the process of engaging potential partners and identifying internationally available resources for implementation of the Convention.

The full report, which follows this summary, can also be the basis for any proposal(s) that may be presented to relevant partners to support I.R. Iran in meeting its obligations under the Convention.

This joint needs assessment mission was financially supported by the European Union.*The Ministry of Health and Medical Education provided resources and logistic support to the mission, including organizing the meetings during the mission.

*This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the Convention Secretariat and can in no way be taken to reflect the views of the European Union.

Introduction

The WHO FCTC is the first international treaty negotiated under the auspices of WHO. I.R. Iran ratified the WHO FCTC on 6 November 2005. The Convention entered into force for I.R. Iran on 4 February 2006.

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)).¹ 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))² 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, fourth and fifth sessions (held in November of 2008, 2010 and 2012), the COP adopted the workplans and budgets for the bienniums 2010–2011, 2012–2013 and 2014–2015, respectively. The workplans, 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 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.

¹ See COP/1/2006/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop1.htm.

² See COP/2/2007/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop2.htm.

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 I.R. Iran and the Convention Secretariat from December 2012 to February 2013, including a mission to I.R. Iran by an international team of experts from 3 to 13 March 2013. The detailed assessment involved relevant ministries and agencies of I.R. Iran. 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 (Articles 4.7, 5, 6, 8, 9 & 10, 11, 12, 13, 14, 15, 16, 17, 18, 21, 22 and 26). 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 each particular area.

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 I.R. Iran. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in meeting its obligations under the Convention.

Relationship between this Convention and 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*”.

I.R. Iran introduced two legislative measures through its national tobacco control legislation that go beyond the obligations of the Convention. The first one is a broader definition of public places to include outdoor public places and the banning of all tobacco consumption rather than merely exposure to tobacco smoke in public places. The second is that the Act allocates up to 2% of total tobacco taxation to the annual budgets of related public associations and organizations to support and boost their efforts to develop educational, research and cultural programmes to prevent and control tobacco consumption.

I.R. Iran has therefore met the obligations under Article 2.1 of the Convention.

It is therefore recommended that I.R. Iran continues to actively seek other areas in which it can exceed treaty requirements, with special regard to the recommendations of implementation guidelines.

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*”.

No such information has been provided so far by I.R. Iran. The Ministry of Foreign Affairs, in consultation with the relevant line ministries, should identify these agreements and report them as appropriate.

Gap – There is a lack of awareness of the obligation under this Article and the proactive role that all relevant ministries need to play in the reporting process.

It is recommended that the Ministry of Foreign Affairs and 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 I.R. Iran 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*”.

NGOs play a critical role in advancing tobacco control programmes and policy and are a driving force behind the creation of a broad-based popular health policy. The Government of I.R. Iran recognizes the importance of civil society’s role in achieving the objective of the Convention and has made it part of the Act. The Act in its Article 1 stipulates that a representative of one of the NGOs working in the field of tobacco control should be nominated by the Ministry of Health and Medical Education to be a member of the HQ. The Act in its Article 8 further allocates up to 2% of the total tobacco taxation to the annual budgets of related public associations and organizations to support and boost their efforts to develop educational, research and cultural programmes to prevent and control tobacco consumption.

There are two relevant active NGOs in I.R. Iran: the Iranian Tobacco Free Life Association and the Iranian Anti-Tobacco Association. NGOs play an active role in providing policy options, assisting HQ in drafting legislations, advocating and implementing key components of tobacco control interventions such as mass media public education campaigns, population-based smoking cessation programmes including establishing the Smokers’ Helpline, conducting tobacco surveys, etc.

The Iranian Parliament invited the representative of the NGOs to attend its meeting with the international team during the needs assessment mission, which shows strong political commitment to work with civil society in implementation of the Convention.

I.R. Iran has therefore not only met the obligations under Article 4.7 of the Convention and by earmarking tobacco taxation to support the NGOs, has gone beyond the obligations of the Convention. I.R. Iran’s experience in this regard should be promoted and shared among the Parties in the region and beyond.

However, it is recommended that the Government mobilize more civil society organizations to be active in supporting implementation of the Convention, particularly at the provincial and community levels to improve outreach to the general public.

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*”.

Achieving the highest possible level of health is one of the main priorities in the Fifth Development Plan, and reducing tobacco consumption is mentioned in the annex of the document. The National Health Plan (2011–2015) set the objective of reducing the prevalence of shisha use by 10% and tobacco consumption by 1%. Since 2007 the HQ has been working on a yearly multisectoral strategic plan in accordance with the Convention. Currently the HQ has drafted a new National Tobacco Control Strategy and Action Plan for a period of five year.

Gaps –

1. The objective of 1% reduction of tobacco consumption over five years in the National Health Plan (2011–2015) is insufficient and under-projected given the strong and comprehensive measures already in place for implementation of the Convention.
2. The National Strategy for Tobacco Control and the Action Plan are still in draft form and have not been finalized and adopted.

It is therefore recommended that I.R. Iran highlight implementation of the WHO FCTC in the sixth Development Plan as an effective tool in prevention and control of noncommunicable diseases in order to achieve its public health objectives. It is also recommended that the HQ together with all relevant stakeholders urgently finalize the multisectoral National Tobacco Control Strategy and Action Plan to implement the Convention. This needs assessment report can serve as a basis and a reference document in developing such a strategy and action plan. The objective of the national reduction of tobacco consumption should be better defined and reflected in the national action plan. It is further recommended that the HQ should organize a high-level workshop with the relevant stakeholders, including representatives from the provincial level, in order to launch and disseminate both the needs assessment report and the National Tobacco Control Strategy and the Action Plan once they are finalized and officially approved.

The Convention Secretariat is committed to facilitating provision of expertise and technical support for the development and implementation of the National Tobacco Control Strategy and Action Plan, including the convening of the national stakeholder meeting, upon request from the Ministry of Health and Medical Education.

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

The National Tobacco Control programme was established with full-time staff and budget even before I.R. Iran ratified the Convention. The Act establishes the National Headquarters of Controlling and Campaigning against Tobacco Products (the HQ). The HQ is chaired by the Minister of Health and Medical Education. Members include the Minister of Education, the Minister of Industry, Mine and Commerce, the Minister of Culture and Islamic Guidance, the Commander of Police, and a representative of one of

the NGOs working in the field of tobacco control nominated by the Ministry of Health and Medical Education. In addition, two representatives from the Health and Treatment Commission of the Iranian Parliament and the Head of the I. R. Iran Broadcasting are observers. The Centre for Environmental and Occupational Health in the Ministry of Health and Medical Education serves as the Secretariat of the HQ. Article 2 of the Act provides the HQ with the mandate to coordinate overall implementation of the Convention in I.R. Iran. The HQ meets at least twice a year. The Centre has a national tobacco control focal point and three permanent staff. At the provincial level, there are 51 tobacco control focal points, located mainly in the country's 51 medical universities that implement the national strategy. The HQ has a defined budget line within the budget of the Ministry of Health and Medical Education and the related ministries have allocated staff time and their own financial resources to implementation of the Act and the Convention.

I.R. Iran has met its obligations under Article 5.2(a). The Government is encouraged to put in place more full-time staff in the Secretariat of the HQ and increase the budget in the tobacco control programme to even better implement the Act, the Bylaw and the Convention, which will contribute to the overall health outcomes of I.R. Iran.

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”.

I.R. Iran adopted the Comprehensive Act on National Control and Campaign against Tobacco (the Act) in 2006 and the Executive Bylaw of Comprehensive Act on National Control and Campaign against Tobacco (the Bylaw) in 2007. The Act and the Bylaw address the obligations under the Convention in a comprehensive way. They cover almost all substantive Articles of the Convention. The provisions on establishing and financing the national multisectoral coordination mechanism, banning tobacco consumption in public places, banning all kinds of direct or indirect tobacco advertising, promotion and sponsorship, integrating cessation and treatment of tobacco dependence into the primary health care system and banning sales to and by minors are mostly compliant with the obligations under the Convention.

Certain areas still need some improvement, especially in the implementation and enforcement of the Act and the Bylaw. For example, the ban on point of sale displays and visibility of tobacco products has not been put in place, although the Act and the Bylaw ban all tobacco advertising. Regarding pictorial health warnings, the Act and the Bylaw have not been fully implemented as pictorial health warnings cover less than 50% of packaging of several brands, and misleading words are still used. Pictorial health warnings have also not been effectively used and the font of the text within the health warnings is very small. Although the legislation has provisions on penalties, enforcement remains a challenge.

The international team gave detailed comments on the existing legislation to the tobacco control focal point and other relevant government officials during the mission. Detailed comments of different provisions of the Act and the Bylaw are provided in the relevant parts of the report below. The Ministry of Justice expressed its readiness to cooperate with the HQ to review and amend the current tobacco control legislation.

Gaps –

1. Two provisions of the Act give the Iran Tobacco Company, previously a Government agent, a role in the legislation and policy development processes.
2. The Bylaw was developed with the Iran Tobacco Company.

It is therefore recommended that the Act be amended to reflect current efforts in excluding the Iran Tobacco Company from the legislation and policy-making processes to better implement Article 5.3 and its guidelines. It is also recommended that the HQ and other law enforcement agencies strengthen the law enforcement in order to implement the current legislation. It is further recommended that the Government review the current legislation and amend it or introduce administrative measures to close the gaps.

The Convention Secretariat is committed to facilitating the provision of expertise and technical support for the development and implementation of smoke-free legislation and improving the pictorial health warnings upon request from the Ministry of Health and Medical Education.

Article 5.3 stipulates that in setting “public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry”.

The guidelines for implementation of Article 5.3 recommend that “all branches of government ... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible”.

Iran Tobacco Company was previously a state monopoly involved policy-making and development of legislation. The Act in its Article 18 requires the Ministry of Health and Medical Education to prepare the Bylaw with the Iranian Tobacco Company. Several months ago, I.R. Iran privatized the Company, which should now prevent the involvement of the tobacco industry in tobacco control policy-making.

Article 18 of the Bylaw prohibits any subsidy for the cultivation, growth and harvest of tobacco, Article 3 in the Act prohibits any form of sponsorship. I.R Iran has a code of conduct for public officials. It bans any financial relations between Government officials and the private sector. The code could be further utilized to implement Article 5.3 of the Convention and its guidelines.

Gaps –

1. There is no law or policy that explicitly requires public officials to comply with the requirements of Article 5.3 and its guidelines.
2. There is no regulation to ban those activities described as “socially responsible” by the tobacco industry and importers.
3. There is a lack of awareness of Article 5.3 of the Convention and its guidelines among public officials.

It is therefore recommended that I.R. Iran raise awareness on protection of public health policy from the vested interests of the tobacco industry and importers among all government agencies and public officials. It is also recommended that I.R. Iran include the obligations under Article 5.3 and the recommendations of Article 5.3 in tobacco control legislation. The Act and Bylaw should be amended to remove Iran Tobacco Company from any role in tobacco control policy and development of legislation. It is further recommended that the Ministry of Industry, Mine and Trade exclude the Iran Tobacco Company from the Government system and treat it as tobacco industry.

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”.

I.R. Iran has actively cooperated with the Convention Secretariat and contributed in the development of the Convention and its implementation instruments. I.R. Iran participated in the working groups on Articles 5.3, 6, 9 and 10, 11, and 17 and 18 of the WHO FCTC, and was a Key Facilitator in the working group on Article 14. I.R. Iran also organized a regional workshop during the negotiations of the Protocol to Eliminate Illicit Trade in Tobacco Products in 2009.

I.R. Iran has met its obligations under Article 5.4. The continued cooperation and participation of I.R. Iran under Article 5.4 will contribute to the progressive development of the Convention.

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 has been increasing cooperation between I.R. Iran and WHO. The WHO Eastern Mediterranean Region Office has provided technical assistance and funding to the Global Tobacco Surveillance System. The Government has taken positive initiatives to enhance this cooperation.

I.R. Iran has met the obligations under Article 5.5 of the Convention.

Article 5.6 calls on Parties to “within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms”.

The Government of I.R. Iran has allocated financial towards the full implementation of the convention.

I.R. Iran has met its obligations under Article 5.6. Additional efforts to mobilize financial resources to undertake tobacco control measures and implement the Convention are encouraged.

Price and tax measures (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 in implementing “*tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption*”.

I.R. Iran applies a fixed ad-valorem tax-based system to tobacco products. Taxes are applied at import level for imported tobacco products, and at production level for locally produced tobacco products. For imported manufactured tobacco products imported (cigarettes, cigars, etc.), four types of duties are imposed on Cost, Insurance and Freight (CIF) values; these include 4% import duty, 20% revenue duty (commercial benefit), 12% value added tax (VAT), and 3% municipality duty. Cumulatively these amount to 39% ad-valorem to the CIF value for the imported products. For imported processed and unmanufactured tobacco leaves, fixed ad-valorem custom duty is imposed at 10% and 4%, respectively. For domestically manufactured tobacco products, 5% revenue duty, 12% VAT and 3% Municipality tax are applied, together constituting a cumulative ad-valorem of 20% at manufacturer price level.

I.R. Iran has taken into account its national health objectives concerning tobacco control in developing its tax policy on tobacco products. Increasing tobacco taxation and price is one of the most effective measures to reduce the demand for tobacco consumption, particularly among the young and the poor. The Ministry of Finance is developing new legislation on tobacco products and is keen to learn international best practices.

I.R. Iran allocates up to 2% of tax revenue from the tobacco products to the annual budgets of relevant public associations and organizations to develop educational, research and cultural programmes to combat tobacco consumption.

Gaps –

1. Currently the tobacco product taxation level is still very low.
2. Over the last five years, the revenue duty for domestic tobacco products was reduced from 10% to 5%.
3. There is no retail tax for tobacco products.

It is therefore recommended that the Ministry of Finance together with the HQ work together to increase tobacco taxation on a regular and progressively higher basis and take inflation into account to ensure a real increase in price and Government revenues in order to further reduce tobacco consumption. It is also recommended that the Government review its tobacco taxation structure and introduce tax on retail sales of tobacco products.

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*”.

The duty-free allowance for international travellers is 200 cigarettes.

I.R. Iran has met the requirements of the Convention in relation to Article 6.2(b). However it is recommended that consideration be given to further prohibiting or restricting, as appropriate, duty-free allowances of tobacco products by international travellers.

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*”.

I.R. Iran has provided this information in its two-year and five-year reports, and has therefore met the obligations under Article 6.3.

In support of the Government’s efforts to implement effective tax and price measures to reduce tobacco consumption, the Convention Secretariat is committed to facilitating provision of expertise and technical support.

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*”.

In the Act (Article 13) and the Bylaw 2008 (Articles 1, 7, 8 and 9), I.R. Iran prohibits consumption of tobacco in public places. The Bylaw gives a broad definition of public places as places used or visited by the public, including sacred and religious sites, hospitals, polyclinics, theatre halls, cinemas, public spaces in hotels, inns and guesthouses, restaurants, coffee shops and teashops, factories, museums, passenger terminals, large stores, cultural centres, sports facilities, public libraries, schools, universities and educational and research centres, public transport, governmental and public institutions and organizations, Islamic Revolution institutions, banks and municipalities and any other collective centre or place. The definition of public places in the Act and the banning of tobacco consumption rather than merely exposure to tobacco smoke in public places go beyond the obligations under Article 8.2 of the Convention.

Article 8 of the Bylaw obliges the managers or employers or those in charge of public places to be responsible for the enforcement of the ban on tobacco consumption in these places. Article 9 of the Bylaw further obliges the managers or employers to install warning signs concerning the ban.

Article 13 of the Act imposes fines on violations of the ban on consumption of tobacco in public places, and further requests the Cabinet to revise the minimum and maximum levels of fines every three years, on the basis of the official inflation rate.

In relation to enforcement of the legislation, Article 14 of the Bylaw assigns responsibility for coordination to the Law Enforcement Department (Police), the Ministry of Health and Medical Education, and the Ministry of Industry, Mine and Trade. In addition, the Ministry of the Interior has been supporting enforcement at provincial, district and municipality level through its administrative infrastructure.

The Ministry of Health and Medical Education operates a toll-free telephone complaint line, through which the public can report violations of the ban on tobacco consumption in public places among other environmental and occupational health issues, and the environmental health inspectors follow up with the necessary investigations.

Some cities, such as Tehran have been actively promoting tobacco-free cities with subnational legislation. Many medical universities and organizations have been working on implementing Article 8 and the guidelines for its implementation in I.R. Iran.

By implementing the Act since 2006 and the Bylaw since 2007, the five year deadline (4 February 2011) for I.R. Iran to provide universal protection as recommended in the guidelines for implementation of Article 8, has been met.

Gaps –

1. Shisha is commonly used in traditional tea houses, for which their owners obtained a licence before ratification of the Convention and adoption of the Act.
2. Enforcement of the Act and the Bylaw remains a challenge in tea houses.

It is therefore recommended that the Government implement the Act and ban shisha use in traditional tea houses. Licences granted before the adoption of the Act for shisha use in traditional tea houses should be deemed to be automatically terminated in line with the provision of the Act banning tobacco consumption in all public places. It is also recommended that the law enforcement infrastructure, strategy and capacity should be further enhanced with close collaboration among all relevant ministries and agencies.

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.

Article 18 of the Act requires the Iran Tobacco Company to comply with the national standards in production and supply of tobacco products. The Iran Standard and Research Institute (ISRI) developed 57 standards for tobacco products in accordance with the relevant ISO standards and required testing for tar, nicotine, carbon monoxide, alkaloids and nitrate. These tests have been agreed with Iran Tobacco Company. Due to lack of laboratory facilities for the testing of tobacco products in ISRI and the Ministry of Health and Medical Education, the testing of tobacco products is carried out either in the laboratory of the Iran Tobacco Company or in a foreign laboratory chosen by the industry.

The Bylaw in its Article 22 mandates the Ministry of Health and Medical Education to provide the necessary facilities and laboratory equipment for the assessment of the materials and compounds contained in and emitted by tobacco products. Due to the current sanctions against I.R. Iran, access to sophisticated laboratory equipment causes problems in equipping reference laboratories for the Ministry of Health and Medical Education.

The Conference of the Parties at its fourth and fifth sessions adopted partial guidelines for the implementation of Articles 9 and 10 of the Convention, which Parties can use to develop their own regulations and standards.

Gaps –

1. The partial guidelines for the implementation of Articles 9 and 10 adopted by the Conference of the Parties have not been used in the development of the national regulations and standards concerning contents, emissions and disclosures of tobacco products.
2. The national standards on tobacco products limit the scope of constituents to harmful constituents, such as tar, nicotine and carbon monoxide.
3. The competent authority does not have exclusive laboratory facilities for the testing of tobacco products.

It is recommended that the HQ should work closely together with the ISRI in reviewing current standards in accordance with the guidelines for the implementation of Articles 9 and 10 adopted by the Conference of the Parties and amend them accordingly to better implement the Convention. Relevant legislation and regulations should be developed that include testing and measurement of the contents and emissions of tobacco products in order to implement the guidelines on Articles 9 and 10. It is also recommended that the HQ and the ISRI assess the arrangements for testing, either by developing their own testing capacity or utilizing capable laboratories in the region through bilateral arrangements. The tobacco company should bear all the costs of such testing requirements.

The Convention Secretariat affirmed its commitment to facilitate exchanges of expertise and experiences from other Parties on regulation of the contents of tobacco products.

Regulation of tobacco product disclosures (Article 10)

Article 10 requires each Party 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. Each Party shall 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”.

The HQ requires Iran Tobacco Company to periodically submit report on tobacco contents and emissions.

Gap – The information required by the HQ has not been updated in accordance with the guidelines for implementation of Articles 9 and 10.

It is therefore recommended that the HQ take action to ensure that it updates the information that the tobacco company is required to disclose to Government authorities, concerning the contents and emissions of tobacco products.

The Convention Secretariat affirmed its commitment to facilitate exchanges of expertise and experiences from other Parties on regulation of tobacco products.

Packaging and labelling of tobacco products (Article 11)

Article 11 requires each Party “within a period of three years after entry into force of the Convention for the Party to adopt and implement ... effective measures” on packaging and labelling of tobacco products.

This is one of the articles of the Convention that contained a deadline of three years from entry into force for implementation of specific measures. For I.R. Iran, the deadline was 4 February 2009.

I.R. Iran applied major measures relevant to this article under the Act (Articles 2 and 5) and executive guidelines regarding the affixing of health warnings on tobacco product packaging were issued in July 2008, before the stipulated deadline. I.R. Iran currently implements four sets of pictorial health warnings out of the selected 13 sets. Upon request from the HQ, the Convention Secretariat facilitated the process of obtaining licence agreement from other Parties.

The table below provides status of regulations in I.R. Iran in relation to measures covered under Article 11 of the treaty.¹

Table 1. Comparison of the treaty requirements and level of compliance with these requirements in I.R. Iran, concerning measures under 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”,	OBLIGATION PARTIALLY MET	Article 5 of the Act bans the use of misleading terms and descriptors on tobacco packs. However some tobacco products in the market still bear some misleading terms, such as “silver”, “blue”, etc.

¹ The guidelines for implementation of Article 11 of the Convention provide guidance to Parties in implementing the requirements under Article 11. See http://www.who.int/fctc/protocol/guidelines/adopted/article_11/

	or “mild”.		
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 include other appropriate messages.	OBLIGATION MET	Articles 2 and 5 of the Act require health warnings to cover 50% of the packaging of all tobacco products. Article 9 of the executive guidelines issued by the HQ stipulates a set of five messages to accompany the pictorial health warnings.
1(b)(i)	[The warning] shall be approved by the competent national authority.	OBLIGATION MET	The executive guidelines regarding health warnings are approved by the HQ in accordance with Clause C of Article 2 and Article 5 of the Act.
1(b)(ii)	[The warnings] shall be rotating.	OBLIGATION MET	Article 7 of the executive guidelines requires rotation every two years. For a six-month period both old and new packaging are allowed in the market.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	OBLIGATION MET	Articles 4, 5, and 6 of the guidelines fulfil this obligation.
1(b)(iv)	[The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.	OBLIGATION MET	Health warnings must cover at least 50% of each side of tobacco product packaging.
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	OBLIGATION MET	Pictorial health warnings in 4-color images are required by Article 5 of the Act, and Articles 1, 5 and 6 of the executive guidelines.
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.	NOT IMPLEMENTED YET	The executive guidelines regulate on this aspect. Some brands put nicotine and tar levels on the packaging, which create the wrong impression that one brand might be safer than another.
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 PARTIALLY MET	Articles 1, 2 & 5 of the Act require each unit packet and package such as box, carton, pack, tin and wrapper to have pictorial health warnings. However not all outside packaging and labelling have included pictorial health warnings.

Gaps –

1. There are gaps with respect to compliance concerning the banning of misleading descriptors, as they still appear on packs along with health warnings.
2. There is no regulation concerning information on the constituents and emissions of tobacco products on packaging and labelling;
3. The 50% space for the pictorial health warnings on certain products has not been fully utilized to make the image predominant, as the frame and other elements take unnecessary space.
4. The pictorial health warnings have not been pretested.

It is therefore recommended that the HQ together with relevant ministries address these issues by making a timely plan for the rotation of pictorial health warnings, making full use of the 50% space for pictorial health warnings and further increasing their size and introducing guidelines to ban quantitative or qualitative statements about tobacco constituents and emissions that might imply that one brand is less harmful than another. It is also recommended that I.R. Iran strengthen pretesting and evaluation to implement the most effective pictorial health warnings. The Government of I.R. Iran is also strongly recommended to introduce plain packaging in order to prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and style. Adopting such measures will greatly contribute to the implementation of the Convention in I.R. Iran. It is further recommended once the national quit line is operational, its number be included on packaging.

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

Article 12 requires that “each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:

- (a) broad access to effective and comprehensive educational and public awareness programmes on health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke;
- (b) public awareness about the health risks of tobacco consumption, exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles as specified in Article 14;
- (c) 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;
- (d) 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;
- (e) awareness and participation of public and private nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control; and
- (f) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.”

Article 2 of the Act, Article 160 of the Fourth Economic, Social and Cultural Development Plan of I.R. Iran and Article 21 of the Bylaw provide a solid legislative

basis and administrative instruments for the enforcement of the educational and promotional programmes for preventing and reducing tobacco consumption.

Various ministries, medical universities, governmental organizations and NGOs have conducted extensive education, communication, training and public awareness activities. A considerable amount of advocacy materials related to tobacco use have been developed. A wide range of media, including radio, television, print and web sites have also been used to educate the public about tobacco control.

The Health Council within the Islamic Republic of Iran Broadcasting is an observer in the HQ and it plays a significant role in promoting implementation of Article 12 of the Convention. The HQ has developed 52 series of tobacco control animations which are disseminated throughout the country and broadcast by different media channels. The Centre for Health Promotion and Education of the Ministry of Health and Medical Education has also equipped the its web site with a wide range of specialized electronic activities and services with regard to tobacco control, such as e-learning courses, educational materials, online health games, photo contests, downloadable movies, books, teasers and posters. Every year and during the celebration of World No Tobacco Day, I.R. Iran organizes No Tobacco Week, with intensified public awareness-raising of tobacco control.

Ministry of Education has conducted similar activities targeting teachers and schoolchildren. Tobacco control is taught in the schools as part of their curriculum.

Through the extensive primary health care network, the HQ conducted a community-based awareness campaign on the adverse health effects of tobacco. The HQ has conducted training workshops for health workers and tobacco control focal points at the provincial level. In addition, I.R. Iran has integrated tobacco control as a pilot project in the community-based intervention to achieve a more effective result in terms of public awareness and access.

The Ministry of Health and Medical Education has also implemented various programmes on tobacco control addressing health workers and health professionals, such as the inclusion of tobacco control in the curriculum of a dental university, and training courses on smoking cessation for health professionals and tobacco control provincial focal points.

While considerable work has been undertaken in education, training and public awareness, there is a need for the Ministry of Health and Medical Education to focus on evidence-based research in promoting and strengthening public awareness of tobacco control issues. This would require rigorous pretesting, monitoring and evaluation to enhance effectiveness of current efforts.

Gaps –

1. Action plans for the implementation of education, communication and training activities within a comprehensive multisectoral tobacco control programme have not been established and the mandates of relevant ministries, Government agencies and other key stakeholders in implementing Article 12 have not yet been clearly defined;

1. There are limited training, sensitization and media awareness programmes on tobacco control among the population at large and especially in key target groups, such as health educators and media professionals.
2. Education and communication materials are not always pretested although such a mechanism is in place.
3. There is a lack of systematic evaluation of the effectiveness of the conducted activities with regard to education, communication and training programmes aimed at raising awareness of tobacco control issues.

It is therefore recommended that a national action plan on education, communication and training be developed in the overall national action plan and resources allocated to its implementation. It is also recommended that the HQ and all relevant organizations make efforts to pretest and rigorously research and evaluate the impact of these activities in order to achieve better outcomes. International cooperation may be useful to ensure that rigorous, systematic and objective methods are used in designing and implementing these programmes. It is further recommended that HQ work closely with other stakeholders to ensure greater synergy in the efforts of different media campaigns in order to increase effectiveness. Increasing public awareness of the Act and the Bylaw will contribute to better compliance of the tobacco control legislation.

In support of the Government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat is committed to facilitating provision of expertise and technical support upon request from the Government.

Tobacco advertising, promotion and sponsorship (Article 13)

Article 13.1 of the Convention notes that the Parties “*recognize that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products*”.

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, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21*”.

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The five-year deadline from the date of entry into force of the Convention for I.R. Iran was 4 February 2011. I.R. Iran met the deadlines for implementing Article 13 by adoption the Act and Bylaw in 2006 and 2007 respectively.

The Act (Articles 3, 10 and 15) and the Bylaw (Articles 2 to 6, and 10) comprehensively ban all tobacco advertising, promotion and sponsorship, including both direct and indirect tobacco advertising, promotion and sponsorship. The provisions of the Bylaw (Articles 2–6) specify the banning of various forms of indirect advertisements, including the use of trade names, and trademarks, sales in a manner that promotes publicity, grants of any aid,

assistance and support, financial or other forms of incentives, and promotional items. Article 10 of the Bylaw has prohibited sales of tobacco through the Internet and automatic vending machines, which also have the effect of banning indirect advertisements.

Article 10 of the Act imposes fines for violations of the law. In addition to that punishment, the courts are obliged to order the confiscation of the products that are the objects of the advertisements. The Act further requests the Cabinet to revise the minimum and maximum levels of fines every three years on the basis of the official inflation rate.

The HQ coordinates with the Ministry of Industry, Mine and Trade, the I. R. Iran Broadcasting (I.R.I.B) and the Department of Law Enforcement (Police), etc., in implementing this obligation. The I.R.I.B plays a key role and has established the Health Council to supervise the implementation of the comprehensive ban on tobacco advertising in all types of media generated from I.R. Iran's territory. The I.R.I.B has also successfully banned the indirect advertising of tobacco via electronic media such as radio, movies and television shows. The I.R.I.B has operated a routine monitoring mechanism to cut depictions of tobacco use the media under its authority.

It was reported in the joint needs assessment meetings that compliance with the comprehensive ban on tobacco advertising, promotion and sponsorship has been very satisfactory.

Gap – The ban on displays and visibility of tobacco products at points of sale has not been clearly mentioned in the Act and the Bylaw.

It is therefore recommended that the HQ routinely monitor compliance by sellers in order to better implement the prohibition of displays and visibility of tobacco products at points of sale. It is also recommended that public awareness of the need to eliminate tobacco advertising, promotion and sponsorship be enhanced.

Article 13.7 reaffirms Parties' "sovereign right 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 in accordance with their national law".

I.R. Iran prohibits the installation of satellite television. Depictions of tobacco use in imported television programmes or movies are cut in order to ensure compliance with the Act.

I.R. Iran has met the obligations under 13.7 of the Convention.

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”.

I.R. Iran has developed national guidelines on tobacco cessation. I.R. Iran has met the obligations under Article 14.1 of the Convention.

Article 14.2 stipulates that to achieve the end outlined in Article 14.1, “*each Party shall endeavour to:*

- (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”.*

Article 9 of the Act obligates the Ministry of Health and Medical Education to integrate preventive, curative and rehabilitative measures for smokers and consultative services for cessation into primary health care services. It also obligates the Ministry of Health and Medical Education to provide support to NGOs active in tobacco cessation and treatment.

The HQ has established, with the collaboration of medical universities and NGOs, approximately 158 smoking cessation clinics integrated in primary health care services. In parallel, several training of trainers workshops for health professionals on smoking cessation have been carried out throughout the country. The National Oral Hygiene Programme within the Ministry of Health and Medical Education and in collaboration with the Dental School in the Shahid Beheshti University introduced within the curriculum a smoking cessation course and conducted several national smoking cessation courses for dentists. Moreover, public and private firms have established smoking cessation clinics for their employees. These cessation services and treatments are provided free of charge. An NGO has helped to establish a quit line in the capital.

The Health Organization of Petroleum Industry offers cessation consultation and treatment of tobacco dependence to its staff and their families in 20 regions of the country. They also train doctors and nurses on providing brief advice on cessation.

In general, I.R. Iran's experience of implementation of Article 14 merits promotion within the region and beyond as a potential South–South cooperation project.

Pharmaceutical products for treatment of tobacco dependence, such as Bupropion and Varenicline, are not available in the country because of the sanctions in place and patches for nicotine replacement therapy freely available in the public health service have become

more expensive for the Government due to the sanctions, which may lead to further reduction in availability of the drug.

Gaps –

1. No outcome analysis has been undertaken to evaluate the effectiveness of these cessation clinics and interventions.
2. There is no national toll-free quit line for tobacco cessation.
3. Recording of tobacco use in medical history notes is not mandatory.

It is therefore recommended that the smoking cessation clinics and services on diagnosis and treatment of tobacco dependence, and counselling services, be periodically evaluated. Community-based counselling and cessation programmes should be a primary approach. It is also recommended that the Ministry of Health and Medical Education make recording of tobacco use in medical history notes mandatory. It is further recommended that all health-care workers be trained to record tobacco use, give brief advice and encourage quit attempts. It is recommended that a national toll-free quit line be established.

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”.

The Protocol to Eliminate Illicit Trade in Tobacco Products adopted at COP5 provides an additional legal instrument to reduce supply. The Protocol opened for signature by all Parties to the WHO FCTC at WHO Headquarters in Geneva from 10 to 11 January 2013, and thereafter at United Nations Headquarters in New York until 9 January 2014.

I.R. Iran has encountered smuggling of cigarettes and other tobacco products for some years. There is a well-established Headquarters on Fighting against Smuggling of Goods. The Act has specific clauses that establish responsibility for policy development, and other legislative and administrative measures to ensure effective control of licit import, and sales of tobacco products. Article 4 empowers the Government with the sole responsibility for making policies relevant to imports of tobacco products, while Article 6 obligates printing of the phrase “Specifically for sale in I.R. Iran”. According to Article 7 of the Act, the Ministry of Industry, Mine and Trade is responsible for developing policies for the granting of permission to sell tobacco products. Article 11 of the Act also determines the fines to be applied for violation of provisions of the Act. In order to control smuggling, Article 14 of the Act prohibits the sale, carriage and possession of any smuggled tobacco products. Various clauses in the Bylaw further enact legal specifications to curb illicit trade; and procedures to deal with the confiscated goods. I.R. Iran has taken significant steps to combat illicit trade in tobacco products; these measures in reference to the provisions of Article 15 of the Convention, with identified needs have been explained in Table 2 below.

It is noteworthy that considering current international sanctions against I.R. Iran, access to sophisticated equipment for identifying smuggled goods, like X-Ray systems, is not achievable. This may affect implementation of Article 15 of the Convention and the Protocol to Eliminate Illicit Trade in Tobacco Products should I.R. Iran become a Party to the Protocol in the future.

Table 2. Overview of measures taken against illicit trade in tobacco products in I.R. Iran

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.	OBLIGATION MET	At present there seems to be no legal requirement to print a reference by which the origin of tobacco products can be determined. But this is done in practice.
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 I.R. Iran</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.	OBLIGATION MET	Article 6 of the Act mandates printing of the term “ <i>Specific for sale in I.R. Iran</i> ”. Article 16 of the Bylaw reiterates this specific requirement on all imported packs.
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.	OBLIGATION MET	Neither the Act nor the Bylaw mandates any established tracking and tracing regime; though Article 16 of the Bylaw stipulates that a serial number and a label of the Iran Tobacco Company must be placed on all tobacco products. A special working group under the Presidential Office, and the Ministry of Industry, Mine and Trade has ratified guidelines on determining the authorized agents for the distribution and sales of tobacco products.
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	The Headquarters on Fighting against Smuggling of Goods and Currency has the responsibility to collect data on illicit trade, and share information. Other agencies responsible for customs and tax collection provide data they collect to the Headquarters
4(b)	enact or strengthen legislation,	OBLIGATION MET	Article 11 of The Act also

	with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.		determines fines for violation of provisions of the Act, with a revision every three years in line with inflation rates; whereas, Article 14 refers handling of smuggling related crimes through laws related to smuggling of Goods.
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 PARTIALLY MET	Article 12 of the Bylaw authorizes the law enforcement Department (Police) to confiscate smuggled tobacco products and then deliver them to the Iran Tobacco Company. If the Ministry of Health and Medical Education agrees, then the Company will pack these smuggled products and sell them in accordance with the requirements of the Act and Bylaw. Iran Tobacco Company and the Police will get compensation for the sale cost and the law enforcement cost, respectively, from the earnings obtained from the tobacco products. In practice, the Headquarters on Fighting against Smuggling of Goods and Currency has destroyed all confiscated smuggled tobacco products using environmentally-friendly methods. The Bylaw needs to be amended.
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	Article 14 of the Act restricts handling of smuggled goods, with related crimes to be dealt with under laws related to Smuggling of Goods.
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.	OBLIGATION MET	The Headquarters on Fighting against Smuggling of Goods and Currency applies penalties of three times the value of confiscated goods and proceeds derived from illicit trade.
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 COP, in accordance with Article 21.	OBLIGATION MET	I.R. Iran has provided the required information in both the two- and five-year reports.
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental	OBLIGATION MET	A special working group to combat tobacco smuggling has been constituted under supervision of the Presidential

	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.		Office. Article 17 of the Act requires the Ministry of the Interior, the Ministry of Industry, Mine and Trade, the Ministry of Health and Medical Education, and the Ministry of Foreign Affairs to make the necessary arrangements with neighbouring countries to prevent illicit imports of tobacco products. I.R. Iran is a member of the World Customs Organization.
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	In observance of Article 6 of the Act, the Ministry of Industry, Mine and Trade has established a tobacco import and production licensing system. A retail sales licensing system has been initiated by the Ministry of the Interior, with plans to implement the system throughout the country.

Gaps–

1. Note 3 of Article 12 of the Bylaw allows confiscated tobacco related products to be repacked and sold by the Iran Tobacco Company.
2. The tracking and tracing system needs enhancement so that illicit trade in tobacco products may be combatted more effectively.

It is therefore recommended that I.R. Iran amend Note 3 of the Bylaw and other relevant legislation or introduce administrative measures to address the identified gaps in order to meet the obligations under Article 15 of the Convention. It is also recommended that the Headquarters on Fighting against Smuggling of Goods and Currency monitor enforcement in coordination with customs, the law enforcement Department and other relevant ministries and agencies. It is further recommended that I.R. Iran become an early signatory to the Protocol to Eliminate Illicit Trade in Tobacco Products, followed by ratification, and promote international bilateral and multilateral cooperation to curb illicit trade in tobacco products.

Sales to and by minors (Article 16)

Article 16 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.”

Article 12 of the Act prohibits selling and supplying tobacco products to people under 18 years of age; fines are imposed for violations in addition to the confiscation of the products.

I.R. Iran has met the obligations under Article 16; however, enforcement of the law remains a challenge.

Article 16.1.(a) requires Parties to ensure 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, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age*”.

Article 11 of the Bylaw stipulates that, in case of uncertainty as to the age of the buyer, the seller should request an identity document in order to verify that the buyer is at least 18 years old.

Gap –There are no signs warning of the prohibition on sales of tobacco products to minors inside points of sale.

It is therefore recommended that the HQ and other relevant ministries (including the Ministry of Trade, Industry and Mine) require all sellers of tobacco products to place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors.

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

Gap-There is no provision in the national tobacco control legislation banning the sale of tobacco products in a directly accessible manner.

It is therefore recommended that the Government amend its current tobacco control legislation or introduce new tobacco control legislation to ban the sale of tobacco products in any manner by which they are directly accessible.

Article 16.1(c) requires 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*”.

There is no provision in the national legislation that prohibits the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products. But the comprehensive ban on direct and indirect advertising of tobacco products applies. The HQ and 51 medical universities monitor its implementation.

I.R. Iran has met the obligation under Article 16.1(c) of the Convention.

Article 16.1 (d) calls on each Party 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*”.

Article 10 of the Bylaw prohibits the sale of tobacco products by self-service vending machines or via the Internet. I.R. Iran has therefore met the obligations under Article 16.1(d).

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

Article 16 of the Bylaw requires that all tobacco products be supplied or sold in packed form; selling tobacco products in loose form or out of packs is forbidden.

Gaps –

1. The Bylaw does not clearly ban small packs.
2. This is no definition or standards as how many cigarettes should in one pack.
3. Selling individual tobacco products such as cigarettes is not banned.
4. Some cigarette sticks are much smaller than the normal size.

It is therefore recommended that the Government prohibit the sale of cigarettes individually or in small packs to decrease the affordability of such products by minors. It is also recommend that the ISRI develop standards for cigarette packs including the stipulation that each pack has to contain at least 20 sticks.

Article 16.7 calls on Parties to “adopt and implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen.”

Article 12 of the Act prohibits the sale and supply of tobacco products by people under 18 years of age; fines are imposed for violations in addition to the confiscation of the products.

I.R. Iran has met the obligations under Article 16.7 under 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”.

I.R. Iran grows, produces and imports tobacco. Iran Tobacco Company is the state monopoly involved in the supply and importation of tobacco products. All tobacco production phases and distribution to the market take place exclusively under the Iran Tobacco Company’s authority. The produced amount of tobacco is exclusively for domestic use. The Iran Tobacco Company provides the tobacco growers with various financial and non-financial incentives. It produces 31 billion unit cigarettes per year and the yearly consumption in the country is about 45 to 50 billion sticks of cigarettes.

According to Article 18 of the Bylaw, the Iran Tobacco Company should determine the surface area of tobacco cultivation based on the requirements of the domestic factories, which is determined by the HQ on basis of domestic consumption. The HQ is currently undertaking a study with the Statistical Center of Iran to estimate this amount based on the results of national surveys. The Bylaw prohibits any increase in the area of tobacco cultivation in excess of the need of domestic factories. The Law Enforcement Department (Police) is responsible for enforcement of this Article.

Article 18 of the Bylaw further obligates the Ministry of Jihad Agriculture and Ministry of Industry, Mine and Trade to study and enforce the gradual replacement of tobacco farming with other agricultural products in the areas where tobacco is produced and processed in case the need for tobacco in domestic factories diminishes. Subsidizing the cultivation of tobacco is not allowed in any manner. The Ministry of Jihad Agriculture does not promote tobacco growing in its policies.

Gaps –

1. There is no programme to promote economically viable alternatives for tobacco workers, growers and individual sellers. Possible alternatives for tobacco growers exist but have not been promoted.
2. Iran Tobacco Company has been the authority to determine the area of land on which tobacco is grown.
3. The Ministry of Jihad Agriculture has no authority in determining or overseeing tobacco growing as part of its overall agriculture policy.

It is therefore recommended that the Ministry of Jihad Agriculture and the Ministry of Industry, Mine and Trade develop policies and implement programmes to implement Article 17 of the Convention. International specialized agencies such UNCTAD and FAO could strengthen research and support in regard to sustainable alternatives. It is further recommended that Article 18 of the Bylaw be amended to reduce the influence of the Iran Tobacco Company in determining the area under tobacco cultivation.

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

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

All tobacco production phases are directly and exclusively supervised by the Iran Tobacco Company including all issues related to tobacco growers. The Ministry of Health and Medical Education supports workers in health-related matters through periodical medical diagnosis in the workers’ health houses in the primary health care network.

Gaps –

1. There is no measure and appropriate policy in place to protect the environment and health of persons who work in tobacco cultivation and manufacture.
2. There is a conflict of interest in leaving the protection of the health of tobacco growers and workers exclusively in the hands of the Iran Tobacco Company.

It is therefore recommended that Ministry of Jihad Agriculture and the HQ together with other relevant ministries make joint efforts to meet this treaty obligation. It is also recommended that I.R. Iran join the working group established by the COP in relation to Articles 17 and 18 of the WHO FCTC and contribute to developing appropriate policies in this regard.

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*”.

The General Law of I.R. Iran (Article 688 of the Islamic Punishment Law) prohibits any actions that may be recognized as a threat to public health. The Ministry of Health and Medical Education has the authority to determine what these actions are. This Article could be utilized in relation to tobacco-related liability and compensation.

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 (including the tobacco importer) for full or partial reimbursement of medical, social and other relevant costs related to tobacco use.

Gaps –

1. There is no provision in the tobacco control legislation to deal with criminal and civil liability.
2. Public awareness of the potential utilization of the General Law with regard to cases of liability relating to tobacco consumption is almost non-existent.

The fifth session of the Conference of the Parties established an expert group on liability comprising no more than three experts per WHO region. The expert group will submit a report to the six session of the Conference of the Parties.

It is recommended that I.R. Iran promote its existing laws and as necessary introduce provision in its tobacco control legislation to deal with criminal and civil liability, including compensation where appropriate. It is also recommended that I.R. Iran either directly participate in the expert group or contribute to its work through its regional representatives.

Research, surveillance and exchange of information (Article 20)

Article 20 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*”.

I.R. Iran has conducted a number of surveys on tobacco consumption both among the youth and adult population. I.R. Iran conducted the Global Youth Tobacco Survey (GYTS) in 2003 and 2007, the Global Health Professional Survey (GHPS) in 2007, the Global School Personnel Survey (GSPS) in 2007, and the STEPs survey in 2004, 2006, 2007, 2008, 2009, 2010 and 2011. The STEPs surveys were conducted with the Government’s own funds.

According to the 2011 STEPs, the prevalence of tobacco use among the adult population aged 18 to 64 years in 2011–2012 was 22.06% for males, 1.26% for females and 11.79% in total; prevalence of water pipe (shisha) daily use was 4.7% for males and 2.3% for females Smokeless tobacco is not commonly used. The Statistical Center of Iran has

similar data.

Comparing the 2003 and 2007 GYTS among youth aged 13–15 years, the overall prevalence of any tobacco use increased dramatically from 13.0% to 26.6% (among boys from 17.6% to 32.9% and girls from 8.9% to 19.5%). Smoking prevalence has increased from 2.0% in 2003 to 3.0% in 2007 (among boys from 3.2% to 5.1%, and among girls 1.0% and 0.9%, respectively), the prevalence of other tobacco use increased from 12.1% to 26.1% (among boys from 16.0% to 31.9% and girls from 8.7% to 19.5%). The main form of any other tobacco use in I.R. Iran is shisha. This alarming increase of shisha among young people deserves immediate attention and effective intervention. In addition, the 2007 GYTS showed relatively high levels of exposure to tobacco smoke, with 44.8% of students are exposed to tobacco smoke in public places.

The noncommunicable disease programme within the Ministry of Health and Medical Education runs two national registries: the myocardial infarction and the cancer registry, where tobacco use is the main risk factor for these diseases.

Statistical Centre of Iran (SCI) coordinates data collection and analysis in the country. The SCI conducts annual household surveys which include information on expenditure on tobacco consumption. The SCI is working with the HQ to estimate the annual consumption of tobacco products in order for the HQ to make an informed decision about the amount for tobacco production and importation.

Universities and research institutions are actively involved in tobacco-related research. Isfahan Cardiovascular and Health Promotion Research Centre has published more than 25 articles in peer-reviewed journals on different areas of tobacco use in I.R. Iran including the methodology for evaluating implementation of the Convention in the country.

Gaps –

1. Considering the huge amount of data on tobacco use available, there is still limited epidemiological surveillance of tobacco consumption and related social, economic and health indicators.
2. There is a lack of national data on the burden of disease related to tobacco, direct costs attributable to tobacco use and exposure to tobacco smoke.

It is therefore recommended that the Government of I.R. Iran:

- 1. Develop and promote more coordination and cooperation between national research capacity and competent international and regional organizations.***
- 2. Identify a set of questions related to tobacco use to be included in all future national household surveys and other relevant surveys so that trends can be monitored.***
- 3. Conduct research addressing the determinants and consequences of tobacco consumption and exposure to tobacco smoke, including data on mortality and morbidity attributable to tobacco use.***
- 4. Ensure that the HQ and the SCI work more closely together in order to strengthen national surveillance and collection of data; ensure also that data required to be submitted in the country's implementation reports under the WHO FCTC are included in the routine data collection mechanisms.***

5. Utilize research findings and surveillance results in developing the national tobacco control programme and interventions.

In support of the Government's effort to strengthen research and surveillance, the Convention Secretariat together with the WHO Regional and Country Office are committed to facilitating provision of expertise and technical support.

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*”.

I.R. Iran has provided all of the required implementation reports on time. The two-year (first) report was submitted on 21 April 2007 and the five-year (second) report on 9 October 2012. The next implementation report expected to be received by the Convention Secretariat during the first quarter of 2014.

I.R. Iran has met the obligation under Article 21 of the Convention.

The COP established a new two-year cycle of submission of Parties implementation reports, starting from 2012, with a deadline of submission six months prior to each COP session; it is therefore recommended that the Government start the preparation of the next and future reports well in advance so that the deadline in 2014 and thereafter can be met.

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 to strengthen their capacity to fulfill 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*”.

WHO has been providing technical support to the Ministry of Health and Medical Education in implementing the Convention and particularly by supporting surveys under the Global Tobacco Survey System and engaging with the national tobacco control programme in international workshops and conferences and exchanging international experiences. A number of Parties have provided support by granting licenses for the use of pictorial health warnings to I.R. Iran.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the UN system outlining priorities in national development. At its fourth and fifth sessions, in decisions FCTC/COP4 (17)¹ and FCTC/COP5 (14)¹ the COP fully acknowledges the importance

¹ See FCTC/COP/4/REC/1, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/ftc/E/E_cop4.htm.

of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level.

The current UNDAF in I.R. Iran, covering the period from 2012 to 2016, includes prevention and control of noncommunicable diseases as outcome 3. Implementation of the Convention is central to any effective outcome on noncommunicable diseases. The international team met the UN Resident Coordinator a.i. (UNRC a.i.), UNDP Representative a.i. and the Ministry of Foreign Affairs and gained support for the incorporation of implementation of the Convention into the UNDAF programming phase in 2013.

Gap – Supporting implementation of the Convention has not been highlighted as a priority in the current UNDAF, though it is implicit as part of the noncommunicable disease outcomes.

It is therefore recommended that the HQ actively follow up with the UNRC and the Ministry of Foreign Affairs to include implementation of the prioritized areas of the Convention under the UNDAF programming activities in 2013 and beyond, and discuss appropriate programming activities during the upcoming meeting of the UNDAF steering committee in late February 2013. The activities may include priorities identified based on the joint needs assessment report. It is further recommended that the Government of I.R. Iran actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.

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”.

Each year, the Ministry of Health and Medical Education allocates a budget to Environmental and Occupational Health Centre. The Secretariat of the HQ works under this Centre and accordingly benefits from the budget according to need. Since the year 2006, around US\$ 6 million has been allocated to tobacco control programmes.

In Article 8 of the Act, it is mentioned that the annual price of tobacco products shall increase by 10% through increases in tax. Up to 2% of the whole amount of tax obtained

¹ The decisions adopted by COP5 are available on the WHO FCTC web site at:
http://apps.who.int/gb/fctc/E/E_cop5.htm#Decisions

from the tobacco products deposited to the treasury account shall be allocated to the annual budgets of related public associations and organizations, to boost their efforts to develop educational, research and cultural programmes for the purposes of combating tobacco consumption.

Other relevant ministries that have obligations to implement the Convention allocate a proportion of their budget annually. In case there is any joint project among different ministries regarding tobacco control, the Ministry of Health and Medical Education sponsors it. There is an assigned focal point for the implementation of the Convention in almost all the relevant ministries.

There are 51 medical universities around the country and each has a focal point assigned to tobacco control programmes.

I.R. Iran has met the obligation under Article 26.2.

The Government of I.R. Iran's experience and best practice in implementing Article 26 should be widely shared with interested Parties, within the region and globally.

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*”.

Some international organizations and development partners are active in I.R. Iran. The HQ and various organizations and institutions have established close cooperation with WHO in implementation of the Convention in I.R. Iran. UNDP, FAO, UNICEF and some other UN agencies present in the country could play a more active role in supporting implementation of the Convention under the UNDAF in various programmes including poverty reduction, education of children and young people, and promotion of economically viable alternatives to tobacco cultivation.

Gap – I.R. Iran has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes.

It is therefore recommended, in line with Article 26.3 of the Convention, that the Government of I.R. Iran seek assistance from development partners and promote the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies. It is also recommended that the Ministry of Foreign Affairs play a more proactive, leading role in promoting implementation of Article 26.3 of the Convention.

Article 26.3 specifically points out that, projects promoting “*economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development*”.

Gaps –

1. The Government has not to date promoted such projects.
2. The national strategies of sustainable development have not addressed economically viable alternatives to tobacco production, including crop diversification.

It is therefore recommended that the HQ and relevant ministries make efforts in implementing obligations under Article 26.3 of the Convention.

Article 26.4 stipulates that “Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations”.

The Ministry of Foreign Affairs and the Ministry of Health and Medical Education are committed to ensuring that I.R. Iran will promote implementation of the Convention in the relevant bilateral and multilateral forums.

Gap – Other than WHO, I.R. Iran has not to date been successful in mobilizing financial assistance from other Parties, regional and international organizations and financial and development partners that are able to provide aid to developing countries (including I.R. Iran) in meeting their obligations under the Convention.

It is therefore recommended that I.R. Iran utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, such as the Ministries of Foreign Affairs, Culture and Islamic Guidance, representing I.R. Iran in other regional and global forums (e.g. the Organisation of Islamic Cooperation), also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries with regard to supporting them in implementation of the Convention.

ANNEX

List of Government agencies and their representatives, legislative bodies, members of the international team and nongovernmental organizations participating in the joint needs assessment

Ministry of Health and Medical Education

National Headquarters of Controlling and Campaigning against Tobacco Products

1. Dr Tarighat Monfared, Minister of Health and Medical Education
2. Dr A.Mesdaghinia, Deputy for Health and Secretary of the HQ, MOH
3. Dr M.H. Niknam, Acting Minister for International Affairs
4. Dr K. Naddafi, Director General, Environmental and Occupational Health Centre and Head of the Secretariat of the HQ
5. Eng. Behzad Valizadeh, national tobacco control focal point
6. Ms Kh. Mohaseli, responsible expert of the Secretariat of the HQ

Other departments/centres

1. Dr F. Rakhshani, Director General, Health Education and Promotion
2. Dr J. Koochpayehzadeh, Director General, NCD Surveillance Department, Non-Communicable Diseases
3. Dr H. Kazemeini, Head of the Health Programme Management Office, Health Network Management Centre
4. Dr Sh. Rafiefar, Consultant, Population, School and Family Health Department
5. Dr S.E, Ghoddousi, Senior Expert, Mental Health Department

Participating Government agencies

1. Ministry of Foreign Affairs
2. Ministry of Interior
3. Ministry of Justice
4. Ministry of Industry, Mine and Trade
5. Ministry of Finance and Economic Affairs
6. Ministry of Education
7. Ministry of Culture and Islamic Guidance
8. Ministry of Jihad Agriculture
9. Tehran Municipality
10. I.R. Iran Broadcasting
11. I.R. Iran Customs Administration
12. The Headquarters on Fighting against Smuggling of Goods and Currency
13. Iran Standard and Research Institute
14. Statistical Center of Iran
15. Health Organization of Petroleum Industry
16. Tehran University of Medical Sciences (TUMS)
17. Shahid Beheshti University of Medical Sciences
18. National Health Research Institute, TUMS
19. Welfare organization of I.R. Iran

20. Isfahan Cardiovascular and Health Promotion Research Center (WHO Collaborating Center)
21. Masih Daneshvari Research Centre (WHO Collaborating Center)
22. Experts in Tobacco Cessation Clinic(s)

Parliament

Health Commission of the Iranian Parliament

Convention Secretariat

1. Mr Vijay Trivedi, Coordinator
2. Ms Guangyuan Liu, Technical Officer
3. Dr Georges Saade, Temporary Advisor
4. Ms Neda Rahimabadi, Temporary Advisor

World Health Organization

1. Jihan Tawila, WHO Representative in I.R. Iran
2. Dr Farrukh Qureshi, Technical Officer, WHO Eastern Mediterranean Regional Office
3. Shadrokh Sirous, National Technical Officer, WHO Office in I.R. Iran

Nongovernmental organizations

1. Iran Tobacco Free Life Association
2. Iranian Anti-Tobacco Association

In addition, the international team met UN Resident Coordinator a.i. Mr Mohamed El Munir Safiaddin (UNICEF Representative) for I.R. Iran, and UNDP Representative a.i. Mr Balasubramaniam Murali.