



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



Photo: The team of the Needs Assessment Mission with the Director General of the Lebanese Ministry of Health Dr Walid Ammar

The Framework Convention Secretariat for Tobacco Control would like to thank the Government of Lebanon for the invitation for the needs assessment

Convention Secretariat

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Supported by:



Table of abbreviations

COP	Conference of Parties
FAO	Food and Agriculture Organization
FCTC	Framework Convention on Tobacco Control
GHPSS	Global Health Professions Student Health Survey
GSHS	Global School-based Student Health Survey
GSPS	Global School Personnel Survey
GYTS	Global Youth Tobacco Survey
MOA	Ministry of Food and Agriculture
MOE	Ministry of Education
MOET	Ministry of Economy and Trade
MOF	Ministry of Finance
MOH	Ministry of Health
MOJ	Ministry of Justice
MOL	Ministry of Labour
NGO	Nongovernmental organizations
NTCP	National Tobacco Control Programme
STEPS	WHO STEPwise Approach to Surveillance
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNRC	United Nations
WHO	World Health Organization

The WHO FCTC

- The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of tobacco epidemic, which has taken place since the 20th century.
- The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- The objective of the Convention is “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”, The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end, and Parties are also encouraged to implement measures beyond those required by the treaty.
- The Conference of the Parties (COP) is the decision-making body of the Convention. The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The needs assessment exercise

- COP1 (February 2006) called upon 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 (decision FCTC/COP1(13)).¹
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- A tobacco control needs assessment was requested by the Government of Lebanon, through the Ministry of Public Health. The Convention Secretariat of the Framework Convention on Tobacco Control led an international team to conduct a joint needs assessment with the host government from 4 to 7 April 2016. Meetings with local stakeholders took place to jointly review the status of implementation of the Convention. The needs assessment team met with representatives of the government agencies and their representatives, legislative bodies, members of the international team and nongovernmental organizations to identify the main challenges in implementation of the national tobacco control action plan.
- **Post-needs assessment assistance** has been provided to the Parties that have conducted needs assessments, based on the reports and priorities identified.

¹See COP1/2006/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop1.htm.

Impact of tobacco use in Public Health

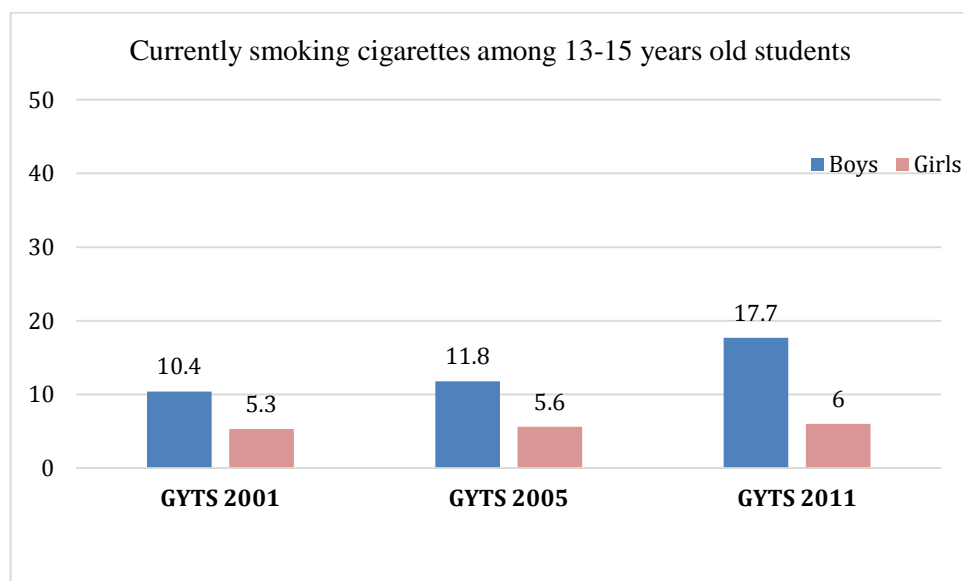
Tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality in Lebanon: Key Facts

Adult tobacco prevalence:

- **STEPS 2008** Cigarette smoking: Total percentage of current smoking of cigarettes among both sexes was 38.5%; among men was 46.8%, and was highest in the age group 45–54 at 55.3%, and among women was 31.6%, and was highest in the same age group at 45.6%.
- **STEPS 2008** Waterpipe smoking: Total percentage of current smoking of waterpipe among both sexes was 22.4%; among men was 23.3%, and was highest in the age group 25–34 at 34.3%, and among women was 21.6%, and was highest in the same age group at 32.7%.
- **Lebanese National Tobacco Control Program Survey 2013** Adult current smoking prevalence among men was 43% and among women was 34%.
- **GSPS 2008 Half** (50.1%) of school personnel currently use any tobacco product (administrative = 60.0%, and teachers = 46.7%).

Youth tobacco prevalence:

- **GHPSS 2006** 31.6% currently smoke cigarettes (Males = 34.8%, Females = 30.0%) and 37.3% currently use any form of tobacco other than cigarettes (Males = 30.6%, Females = 40.5%)
- **GYTS 2011** 34.8% currently smoke water-pipe (Boys = 39.3%, Girls = 31.0%)



Exposure to tobacco smoke:

- ***Lebanon Global Youth Tobacco Survey 2011***¹ Two thirds (68.6%) of 13-15 years old students live in homes where others smoke cigarettes in their presence.
- ***Lebanese Air Monitoring Survey on Tobacco Smoke in Indoor Public Places 2010***²: Exposure to SHS in restaurants and cafes. Study conducted in Lebanon covering 28 venues in 6 cities, with SHS levels found to be on average in the 'hazardous' range (>251PM2.5 microgram per m3).

Tobacco-related mortality:

- ***Tobacco Atlas 2015***³ revealed that:
 - Every year more than 4,010 of Lebanese people are killed by tobacco-caused disease, while more than 22,800 children and more than 105,800 adults continue to use tobacco each day.
 - In 2010, 24.6% of deaths among men and 17.7% of deaths among women are caused by tobacco.
- According to the 2014 report submitted to the Convention Secretariat, deaths attributable to tobacco were 6470.

¹ <http://ghdx.healthdata.org/record/lebanon-global-youth-tobacco-survey-2011>

² https://www.aub.edu.lb/fhs/crph/publications/Documents/CRPH_research_brief_2_eng.pdf

³ <http://www.tobaccoatlas.org/>

Milestones of tobacco control legislation in Lebanon (1983 – 2016)

1983

Decree number 101/83: required label warning on cigarette packs and warnings on smoking advertisement through media.

1993

Ministerial decision 1/213: prohibit second hand smoke.

1995

National Program for Tobacco Control established.

Law 394/95 (amendment of decree 101/83) : prohibit second hand smoke, require label warning on cigarette packs, ban advertisement and promotion.

2004

Lebanon signed the WHO FCTC.

2005

Lebanon ratified to the WHO FCTC

2011

National Tobacco Control Law 174/2011: 100% smoke free public places, comprehensive ban on tobacco advertisement, promotion, and sponsorship, 40% health warnings on cigarette packs.

2012

Wholesalers and retailers signs. Decree number 7437.
No smoking signs. Decree number 8431.
Health Warning. Decree number 8991.

2012

Ministerial decision 20174/1: Ban E-cigarettes.

Key recommendations

- 1. Strengthen the national coordinating mechanism** with incorporation of clear terms of reference and **operationalize the multi-sectoral committee** to coordinate the implementation of the Convention. It is recommended that a full-time staff be put in place for tobacco control; and that a multisectoral coordinating mechanism be established to coordinate implementation of the Convention which includes civil society and UN agencies, academia and the Convention Secretariat Knowledge Hub on Waterpipe.
- 2. Civil society monitoring- pressure group** to work together with the MOH, MOI, MOJ in order to aid in reporting violations of the Tobacco Control Law. Establish a toll-free number to report violations of the Smoke-free law. MOH to collaborate with relevant NGOs and improve synergy and efficiency of the action undertaken by civil society.
- 3. Raise awareness:** MOH to work with civil society, MOJ, MOI to disseminate and raise awareness of the tobacco control law and for full implementation of the Convention.
- 4. Increase tobacco taxation:** Form a task force led by experts from the WHO in collaboration with governmental representatives, parliamentarians and UN Agencies to provide scientific evidence for the health benefits and amount of revenues to the government if tax is increased to the FCTC recommended level.
- 5.** To strengthen the task force efforts, a **parallel awareness campaign** should be undertaken by civil society pressure groups **to disarm the tobacco industry allegations** on increased illicit trade and decrease main government source of funding.
- 6. Generate local evidence** on cost-effectiveness of increase in tobacco taxation, and its effects in relation to the magnitude of illicit trade of tobacco, an investment case on tobacco control more generally, including the stability of tourism sector. Also more local studies are needed on alternative livelihoods to tobacco growing.
- 7.** Raise alarm **on increased tobacco use** in Lebanon: noting that Lebanon will fail to meet the goal of decrease tobacco use by 30% by 2025. Advocacy efforts can draw on scientific evidence with prospective simulation models of tobacco use in Lebanon at 5 years and 15 years, trends of tobacco from year 2005 to 2025.
- 8. Ratify to the FCTC protocol on illicit trade:** Concerting efforts by the Lebanese Government to ratify the illicit trade protocol together with increasing awareness of the benefits gained from this ratification on the short and long terms.
- 9. Stop tobacco industry interference:** Protect tobacco control policy process from tobacco industry interference by enforcing Art 4 and 5 of the tobacco control law and the anti-corruption law. Develop and implement a Code of Conduct for Government officials and civil

servants for their interactions with the tobacco industry. Fund and support civil society efforts to stop tobacco industry interference; strengthen the monitoring and implementation of the national Tobacco Control Law together with the responsible ministries.

10. Hold regular training sessions for judges on the Convention and its guidelines so that the judicial system is capable of providing transparent information on percentage of violations, tickets, and sentences. Also, training is needed for officers responsible for inspection and issuing ticketing violations to strengthen the implementation of the law.

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 180 Parties to date¹.

Lebanon signed the WHO FCTC on 04 March 2004 and ratified the WHO FCTC on 07 December 2005. There are still challenges in order for Lebanon to be fully compliant with the WHO FCTC. With this in mind, a needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Lebanon and the WHO FCTC Secretariat, 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. An international team, led by the Convention Secretariat and representatives of the Tobacco Free Initiative Unit of the WHO Prevention of Noncommunicable Diseases Department and the United Nations Development Programme, conducted a mission in Lebanon, from 4 to 7 April 2016. The assessment involved relevant ministries and agencies of Lebanon (see Annex).

This needs assessment report presents an article-by-article analysis of the progress the country has made in implementation; the 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 Lebanon to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, ***Lebanon is obliged to implement its provisions through national laws, regulations or other measures.*** There is therefore a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate.

Second, Article 5.1 of the Convention requires Parties to develop, implement, periodically update and review ***comprehensive multisectoral national tobacco control strategies, plans and programmes*** in accordance with the Convention. Lebanon has a National Strategy to Combat and Prevent Tobacco Harms available at (<http://www.tobaccocontrol.gov.lb/Strategy/Pages/NationalStrategy.aspx>) that highlights implementation of the WHO FCTC but with no specific timelines. It is recommended that the Government include implementation of the WHO FCTC in all relevant policy documents. It is also recommended that Lebanon utilize the needs assessment report as a reference in finalizing these documents.

Third, under Article 5.2(a) of the WHO FCTC, Parties are to ***establish a national multisectoral coordinating mechanism*** or focal point for tobacco control. Lebanon has established a focal point for tobacco control within the Ministry of Health, but who is also responsible for other technical programmes. Currently, several Ministries and agencies are responsible for implementing the Tobacco Control Law. However, the members of the national multisectoral coordinating mechanism does not meet on a regular basis to coordinate implementation of the Tobacco Control Law. It is recommended that a full-time staff be put in place for tobacco control; and that a multisectoral coordinating mechanism which includes civil society organizations be established to coordinate implementation of the Convention.

¹http://www.who.int/fctc/signatories_parties/

Fourth, the Government of Lebanon is committed to fully implementing the Convention and notable achievements have been made with the recently launched comprehensive legislation in 2011. The Tobacco Control Law has strong provisions in a 100% smoke free public places, and ban on advertisement, promotion and sponsorship. However, to fully implement the requirements of the Convention, ***the Tobacco Control Law needs to be further strengthened in several areas*** as described below.

Fifth, Article 5.3 of the Convention requires Parties to protect tobacco control measures from the influence of the vested interests of the tobacco industry. The Tobacco Control Law aims to protect public health policies from the negative influences of tobacco industry. and delay in approval of health warnings and labelling of tobacco products. It is recommended that Lebanon enforces these provisions to ensure adherence to the law and Article 5.3 of the Convention and the implementation guidelines.

Sixth, tax policies on cigarettes and waterpipe tobacco are in place in Lebanon. The different types of taxes imposed include ad valorem, value-added and import duty tax. The most common brand is imported (Marlboro) but some cigarettes are produced locally but are less popular. For imported products, the taxes include: an excise of 108% of Cost Insurance Freight (CIF) value plus import duty tax of 5% of CIF, and a value added tax of 10%. Total taxes, which are mostly ad valorem tax, represent 43.21% of retail price .This prevents Lebanon from achieving its health objectives in line with Article 6 of the WHO FCTC and the relevant guidelines adopted by COP6¹ The guidelines refer to WHO technical manual on tobacco tax administration² which recommends that tobacco excise taxes account for at least 70% of the retail prices for tobacco products. It is recommended that Lebanon implement the recommendations contained in the Article 6 guidelines. It is further ***recommended that the Ministry of Finances raise taxes on a regular basis***. In this regard, it is recommended that the Ministry of Health submit a proposal to the Ministry of Finance to raise the specific excise tax rate on all tobacco products.

Seventh, the Tobacco Control Law (Article 5.a) has provisions to create ***smoke-free environments in public places***. Lebanon is legally bound to provide universal protection to prevent exposure to tobacco smoke in all indoor public places. The guidelines for the implementation of Article 8 included a five-year deadline, which for Lebanon was reached on 07 December 2010. The implementation of this article was accompanied by the launch of the civil society awareness raising campaign, which lead to strong enforcement at the beginning. However, the enforcement of fines on violations decreased gradually and the ***law is now violated in many settings across Lebanon, especially in restaurants and bars where smoking particularly waterpipe is permitted***.

Eighth, Article 11 of the Convention on packaging and labelling has a three-year deadline, which was reached by Lebanon on 07 December 2008. At present, the Tobacco Control Law (Article 7 and 8 and article 5 of Decree number 8991 for year 2012) requires textual health warnings on tobacco products. However, the Tobacco Control Law does not mandate pictorial health warnings but left this to the agreement between MOH and MOF. The agreement did not yet take place. Electronic nicotine delivery systems are currently not regulated, although there was a former ministerial decision of their ban (2074 for year 2013) it has now been cancelled. ***It is recommended that the Government of Lebanon revise the Tobacco Control Law and Standards to be in line with the recommendations of the guidelines for implementation of Article 11. It is also recommended that electronic nicotine delivery systems be included in the regulation.***

¹ See http://apps.who.int/gb/fctc/E/E_cop6.htm

² ². Geneva, World Health Organization, 2010.

Ninth, Lebanon has a comprehensive ban on tobacco advertising, promotion and sponsorship as outlined in the Tobacco Control Law (Articles 9,10,11,12, 13). However, promotional discounts and in-kind contributions of tobacco companies are not prohibited. Article 13 of the Convention has a five-year deadline and was to be implemented by 7 December 2010. It is recommended that the Government ***amend the Tobacco Control Law to be in accordance with Article 13 of the Convention and the guidelines for its implementation.***

Tenth, the Tobacco Control Law has not been implemented and fully enforced, which weakens the effectiveness of the legislation. It is recommended that the ***four responsible ministries for inspection of the enforcement of the law (MOT, MOI, MOF, MOH) and other relevant enforcement agencies, work closely together to implement the Tobacco Control Law.*** It is also recommended that training be provided to law enforcement officials in all relevant ministries and agencies.

Eleventh, education, communication, training and public awareness are important and constitute a key provision of the Convention. The Government recognizes the importance of NGOs and civil society in mobilizing public support for a comprehensive Tobacco Control Law, for disseminating and raising awareness of the Tobacco Control Law, and for full implementation of the Convention. The public does not have free and universal access to information on Tobacco Industry. ***It is also recommended that the Ministry of Health work closely with Ministry of Information on improving the messages targeted to the public especially youth and women.*** Also increase frequency of distribution of these messages through both public and private media channels.

Twelfth, 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 available UNDAF (2002-2006, 2010-2014) does not include prevention and control of Noncommunicable Diseases (NCDs) nor the implementation of the WHO FCTC. ***As implementation of the Convention is central to reducing NCDs and their burden, it is important to include support to the implementation of the WHO FCTC Control in the next UNDAF.*** Tobacco control should also be included in national planning on implementation of the Sustainable Development Goals.

Thirteenth, the Convention Secretariat ***Knowledge Hub on Waterpipe*** will continue to promote research and provide support for the regulation of waterpipe contents and use.

Fourteenth, the needs identified in this report represent priority areas that require immediate attention, particularly treaty provisions with deadlines (i.e. Articles 8, 11 and 13). 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 of Lebanese people. As Lebanon addresses these areas, the ***Convention Secretariat in cooperation with UNDP, WHO Headquarters, Regional and Country Offices and other relevant international partners are available and committed to providing technical assistance in the above areas, and to engaging potential partners and identifying internationally available resources for implementation of the Convention.***

The Convention Secretariat is also committed to providing the following assistance upon the request of the Ministry of Health: (1) to support submission of the proposal to raise tobacco excise tax including conducting an investment case on the benefit of tobacco control measures , (2) to support and facilitate the stakeholder workshop to revitalize government and civil society engagement on tobacco control, and consider the needs assessment report, and (3) to provide immediate support for any priorities identified by the MOH.

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

This joint needs assessment mission was financially supported by the European Union^{*1}. The MOH and the WHO/EMRO Country Office provided resources and logistic support to the needs assessment exercise, including organizing the meetings during the mission.

¹This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the Ministry of Health of the Republic of Lebanon and the WHO FCTC Convention Secretariat and can in no way be taken to reflect the views of the European Union.

International Team participating in the Needs Assessment

Convention Secretariat

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Dr. Aya Mostafa, Consultant

Convention Secretariat Knowledge Hub on Waterpipe

Dr. Ghazi Zaatari, Professor and Chairperson, Associate Dean of Faculty Affairs, Chair of WHO's Tobacco Regulation Study Group

WHO Regional Office for the Eastern Mediterranean

Dr. Fatimah El-Awa, Tobacco Free Initiative, Prevention of Noncommunicable Disease Department

UNDP

Ms. Natalia Linou, Policy Specialist, HIV, Health and Development Practice, Bureau for Policy & Programme Support

Government agencies and their representatives, legislative bodies, national offices of intergovernmental and nongovernmental organizations participating in the joint needs assessment mission

Ministry of Health

1. Dr. Walid Ammar, Director General
2. Mr. Fadi Sanan, Focal Point, National Tobacco Control Programme
3. Dr. Jade Khalifa, National Tobacco Control Programme
4. Mr. Ahmed Ramadan, Administration, National Tobacco Control Programme
5. Ms. Elionor Sahyoun, Health Inspector

Ministry of Justice

1. Judge Jean Fahd, President of the Supreme Council of Justice
2. Judge John Tannoos, Secretary General of the Supreme Council of Justice

Directorate of Customs

Colonel Habib Bejjani, Chief Post Control and Commercial Fraud Division, Lebanese Customs

Ministry of Information

1. H.E. Mr. Ramzi Jreij, Minister of Information
2. Mr. Naser Abbas, National Media Agency
3. Ms. Rima Abdel Samad, Director, Directorate of Studies

Ministry of Tourism

1. Mrs. Nada Sardouk, Director General
2. Mr. Amin Zebian, Head of the Tourism Officers

Ministry of Economy and Trade

1. H.E. Mr. Alain Hakim Minister of Economy and Trade

2. Mrs. Alia Abbas, Director General
3. Mr. Moussa Kareem, Director of division

Minister of Interior

Major Wajdi Klaib

Ministry of Finance

Mr. Bassam Mahdi, Focal Point
Mr. Mounir Bardawil, Director General

Ministry of Social Affairs

1. Mr Gameel Ellaz, Activity Coordinator
2. Ms Amira Nasserredine, Program Director, National program for prevention of substance abuse
3. Charbel Nassif, National program for prevention of substance abuse

Ministry of Agriculture

Ms. Maryam Eid, Agricultural Industries

Ministry of Education

Mr Fadi Yarak, Director General of Education

Parliament

1. Mr. Ibrahim Kanaan, Head of the Finance Parliamentary Committee
2. Dr. Atef Majdallani, Head of Health Parliamentary Committee
3. Mr. Ghassan Mukhaiber, Head of Human rights Parliamentary Committee

UN Organizations and International Bodies

WHO Country Office in Lebanon

1. Dr. Gabriele Riedner, WHO Representative to Lebanon
2. Dr. Alissar Rady, Senior National Professional Officer
3. Ms. Nohal Al Homsy, Program Officer

UN Resident Coordinator: Mr. Philippe Lazzarini

UNDP

1. Mr. Luca Renda, Director UNDP Lebanon
2. Mr. Arkan El Seblani, CTA, Regional Project Manager, Anti-Corruption & Integrity in Arab Countries
3. Ms. Karine BADR, Regional Analyst, Anti-Corruption and Integrity in the Arab Countries Project, Regional Bureau for Arab States
4. Mr. Talal Salman, UNDP technical Assistance for fiscal management and reform: Economic Advisor to the Minister of Finance

FAO: Mrs Solange Saadeh, Assistant FAOR

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Ms. Lama El-Kadi, Research Assistant, Department of Health Promotion and Community Health

National nongovernmental organizations and civil society organizations

1. Jad Association
2. Islamic Health Society
3. Greenhands
4. Altaawoniya Almona Alsharif-AArsal
5. Veterans Association
6. Saaed Social Society
7. Maan Noghayer group
8. Lung Disease Association
9. Tobacco Free Initiative Association
10. Lebanese Charity Society for Reform and Rehabilitation
11. Almahdy Scouts
12. General Health Center- Dar El-fatwa
13. YMCA: Mr Joseph Hallit, Director of Department

WHO Tobacco Control (WHO FCTC Tobacco Control needs assessment) Mission
4-7 April 2016
Provisional Agenda

Day 1:

Activity	Time	Place	Team
Meeting with AUB experts	9:30-11:00	AUB	- WHO FCTC international team -Ms. N. Al Homs, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program AUB: Dr. Ghazi Zaatari, Dr. Salim Addib, Dr. Rima Nakkash
Meeting with UNRC	11:30-2:15	UNDP	- WHO FCTC international team -Ms. N. Al Homs, WHO-Lebanon -UNRC:UN Resident Coordinator and UNDP Resident Representative: Mr. Philippe Lazzarini
Meeting with UNDP	12:15-3:00	UNDP	- WHO FCTC international team -Ms. N. Al Homs, WHO-Lebanon -UNDP Director: Mr. Luca Renda
Meeting with FAO	2:30-3:30	FAO/Baabda	-WHO FCTC international team -Ms. Nohal Al Homs, WHO-Lebanon FAO: Mrs Solange Saadeh, Assistant FAOR

Day 2:

Activity	Time	Place	Team
Meeting with WHO team	9:00-9:45	WHO Office	- WHO FCTC international team -Dr. Alissar Rady, National Professional Officer, WHO/Lebanon -Ms. Nohal Al Homsy, Env. Health, Food safety and Tobacco Control officer, WHO/Lebanon
Meeting with the Head of the higher council of Justice	10:00-11:00	Aadlieh	WHO FCTC international team Ms. N. Al Homsy, WHO Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program The president: Judge Jean Fahed
Meeting with the Directorate of Customs	11:30-12:30	WHO Conference room	WHO mission Ms. N. Al Homsy, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program Directorate of Customs: Colonel Habib Bejjani
Meeting with the Ministry of Information	1:30-2:30	Ministry of Information	WHO FCTC international team Ms. N. Al Homsy, WHO Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program H.E. Mr. Ramzi Jreij, Minister of Information
Meeting with UNDP team on anti-corruption and Integrity	4:00-5:30	Aazarieh bldg.	WHO FCTC international team Ms. N. Al Homsy, WHO-Lebanon Mr. Akram El-Sebbani, manager of regional project Ms. Karine bader

Day 3

Activity	Time	Place	Team
Ministry of Agriculture	8:30-9:30	Ministry of Agriculture	WHO FCTC international team Ms. N. Al-Homsi, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program Ms Maraim Eid
Meeting with the D.G. of the Ministry of Tourism	9:30-10:30	Ministry of Tourism	WHO FCTC international team(the team will be divided onto 2 groups) Ms. N. Al Homsi, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program
Meeting with The Health parliamentary committee	10:00 -11:00	Parliament	WHO FCTC international team Ms. N. Al-Homsi, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program M.P. Dr. Atef Majdalani, Head of the health Parliamentary committee.
Meeting with MP Ghassan MOUKHEIBER	2:00-3:00 or between meetings	Parliament	WHO FCTC international team Ms. N. Al-Homsi, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program
Meeting with The Finance parliamentary committee	11:00 -12:00	Parliament	WHO FCTC international team Ms. N. Al-Homsi, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program M.P. Mr. Ibrahim Kenaan, Head of the Finance parliamentary committee
Meeting with the Ministry of Economy and Trade	12:30-1:00 (minister) 1:00- 1:30 (D.G.)	Ministry of Economy	WHO FCTC international team Ms. N. Al Homsi, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program -H.E. The Minister of Economy and Trade: Mr. Alain Hakim -D.G. Mrs. Alia Abbas

UNDP- Finance team	3:00-4:00		WHO FCTC international team Ms. N. Al Homs, WHO Lebanon
Ministry of interior	4:30-5:45	Ministry of Interior	WHO FCTC international team Ms. N. Al Homs, WHO-Lebanon Director of the Office of the Interior Minister, Major Wajdi Kleib
Meeting of the WHO FCTC international team with WHO Lebanon Office	6:30-8:45	Hotel Rotana Gefinor	WHO FCTC international team Dr. Gabriele Riedner, A/WR Ms. N. Al Homs, WHO-Lebanon

Day 4:

Activity	Time	Place	Team
meeting with the NGOs and the National TC	9:30-12:30	Hotel Crown Plaza Hamra	WHO FCTC international team Ms. Nohal Al Homs, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program
Meeting with WCO team/Debriefing with MOPH/WCO	1:30-2:30	Ministry of Public Health	WHO FCTC international team Dr. Gabriele Riedner, A/WR Ms. N. Al Homs, WHO-Lebanon MOPH: - Dr. Walid Ammar, D.G -Mr. Jad Khalifeh -Mr. Fadi Sanan, Director of NTC program
Meeting with the Ministry of education	2:45-3:30	Ministry of Education	WHO FCTC international team Ms. Nohal Al Homs, WHO-Lebanon MOPH: Mr. Fadi Sanan, Director of NTC program Ministry of Education D.G. Mr. Fadi Yarak

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 Lebanon. 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”.

Lebanon does not currently have measures that go beyond those provided for by the Convention.

It is recommended that the Government, while working on meeting the obligations under the Convention, also identify areas in which measures going beyond the minimum requirements of the Convention can be implemented.

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”.

Lebanon has not yet provided information on bilateral or multilateral agreements relevant to the Convention and its Protocols. The Ministry of Foreign Affairs, in consultation with the relevant line ministries including Ministry of Finance, and Ministry of Planning and Investment, should identify these agreements and report them as appropriate.

Gap – There is a lack of awareness of the obligations 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 Lebanon communicate them to the Secretariat either as part of its 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*”.

There was an overarching body of nongovernmental organizations that work in tobacco control. This body is no longer operational, which led to discontinuation of activities. at the moment. Funds were previously available that supported numerous tobacco control initiatives such as studies on tobacco-related knowledge, attitudes and practices; legislative efforts; and behavioural change campaigns.

Members of the international team met with representatives of NGOs during stakeholders meeting that took place on 7 April 2016. There is currently no formal mechanism that includes civil society as members. However, several senior government officials emphasized the need to mobilize civil society to support and drive policy change. The Government can benefit from a stronger relationship with civil society and should include them in the national tobacco control strategic plan. There is a need for greater coordination among themselves and for a coherent strategy and approach to supporting the Government of Lebanon in meeting the obligations of the Convention.

Gaps:

1. There is national coordinating mechanism does not include civil society as members.
2. There is no coordination amongst civil society groups and implementation is limited at the moment.

It is therefore recommended that the Government include civil society as members in any coordination mechanism that seeks to address tobacco use. It is also recommended that the Government mobilize civil society organizations and improve synergy to support implementation of the Convention.

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*”.

A National Program for Tobacco control was established in 1997 in Lebanon as a joint program between the Ministry of Public Health and the World Health Organization. Since 2009 this program has been mainly sustained by the “Bloomberg Global Initiative” to reduce tobacco use in low- and middle-income countries.

The National Tobacco Control Program came as a result of the Lebanese Republic signing the World Health Organization Framework Convention on Tobacco Control, to counter the increasing prevalence of smoking in Lebanon, as well as to reduce the burden of tobacco-related diseases, including their impact on human health and economy.

The role of the NTCP is to develop, conduct, and support strategic efforts to protect the public from the harmful effects of tobacco use and second hand smoke. The National Tobacco Control Program plans to address this problem through a holistic approach by focusing on raising awareness (mass media campaigns), protecting people from tobacco smoke, and currently advocating for a national law on Tobacco Control that focuses on advertising bans, smoke-free public places and warning labels.

The vision of the NTCP is having a healthier smoke free Lebanon where everyone has the right to enjoy the highest attainable standard of health. The mission of the NTCP includes activities that address tobacco use or promote healthy lifestyles:

- Prevention: Preventing tobacco use primarily among young people.
- Cessation: Persuading and helping smokers to stop using tobacco products.
- Protection: Protecting the community by reducing exposure to second hand smoke.
- Demoralization: Community education about the marketing strategies and tactics of the tobacco industry and the effects the industry's products have on the health on community in order that social attitudes are consistent with the hazardous, addictive nature of tobacco and industry products.

However, there is no specific action plan for the NTCP, and recent revisions of the strategy, plans, and programmes are in need.

Lebanon has partially met the obligation under Article 5.1 of the Convention. It is recommended that Lebanon together with all relevant stakeholders develop and implement the measures in the tobacco control strategic plan. It is also recommended that Lebanon include the need to fully implement the WHO FCTC in its development and health strategic plans.

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

Lebanon has designated a focal point for tobacco control in the Ministry of Health (MOH). However, the focal point is also responsible for other technical programmes.

According to the tobacco control implementation plan, one of the activities is to strengthen the national coordination mechanism for implementation of the tobacco control law. Currently, the multisectoral coordinating mechanism for tobacco control is not operational. Lebanon plans to include more members to enrich the multisectoral Health Committee and convene regular meetings to coordinate implementation of the Convention.

There is a “4 M” initiative, where there are 4 ministries) Ministry of Social Affairs, Ministry of Interior, Ministry of Education, and Ministry of Health) to collaborate and integrate their services in preventive medicine on the level of primary health care. The focal point of this initiative is the Director General of the Ministry of Health. This initiative may be a good entry point for tobacco control activity coordination among different sectors.

During the meeting of the international team with His Excellency the President of the Supreme Judiciary council, the focal point for tobacco control activities in the MOH requested to have a liaison judge as a member of the committee to allow for more close collaboration. His Excellency advised to submit an official request to the Council. A similar request was brought up during the meeting in the Ministry of Tourism with the Director General. The international team encouraged this collaboration and its applications.

Government's expenditures on tobacco control in 2014 reported by Lebanon is 30,000 USD. There is currently no stable funding for the technical unit of tobacco control. In previous years WHO and the Bloomberg foundation have been supporting the unit, but the funding has now stopped.

Gaps:

1. There is no full-time focal point for tobacco control.
2. There is no operational multisectoral coordinating mechanism for tobacco control.
3. Funding has been decommissioned and budget redirected to other priorities.

It is therefore recommended that the Ministry of Health designate a tobacco control focal point within the Ministry dedicated exclusively to tobacco control with a stronger background on public health. It is also recommended that the Ministry of Health operationalize the multisectoral Health Committee to implement the WHO FCTC. It is further recommended that the Health Promotion Foundation be reactivated and its budget reinstated as soon as possible.

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”.

The Government of Lebanon is committed to fully implementing the Convention and notable achievements have been made in legislation. The National Tobacco Control Program (NTCP) has developed and led advocacy for a new comprehensive tobacco control law in Lebanon, which was approved by the Lebanese Parliament in September 2011. This law (Law 174) banned smoking in all indoor public places and public transport, banned all Tobacco Advertising, Promotion and Sponsorship, increased warning labels on packs from 15% to 40%, and included other restrictions such as banning sale to minors.

Inclusion of the following would strengthen the legislation: Adopt transparent interactions, rejecting partnerships and voluntary agreements with tobacco industry, ban tobacco agriculture, raise share of taxes in retail price to meet FCTC guidelines, do not allow designated smoking rooms, allocate funds for enforcement, and ensure a special complaint driven system for citizens, ban all forms of smokeless tobacco, mandate regulation and disclosure of contents and emissions of tobacco products, mandate 50% pictorial health warnings by the law, to be placed on the top of display area, address font size, to prohibit descriptors depicting flavors, , prohibit tobacco industry from making in-kind contributions, provide the public free and universal access to information on tobacco industry, prohibit promotional discounts, include definitions of promotion, sponsorship and corporate social responsibility in the law, and issue related Ministerial decrees, Bylaws and Regulations.

The international team took note during their discussions with stakeholders that the executive oversight is weak, but the legislative function is driven by huge pressure from the people. There is a need for whistle blower protection for tobacco control violations and the tobacco industry interference.

Inspection is under the authority of 5 ministries, the first 4 have judicial authority:

1-MOET for consumer protection. The MOET has a coordinator with the national coordination mechanism. Under the directorate of consumer protection the ministry shares the information by law through hotline number 1793, website of the ministry, and applications on the cellphones. Tickets are sent to the MOJ Attorney General.

2-MOI for premises of food safety on behalf of the municipalities.

3-Ministry of Labor, which inspects small and medium entry enterprises

4-MOT: for touristic areas

5-MOH is included in inspection but do not have the judicial authority.

However, there is still some confusion about the exact roles and responsibilities and the collaboration amongst these ministries for law enforcement, especially on the warning signs, closed spaces, and advertisement.

There could be a good role for civil society in law enforcement through the transparency activists and anticorruption activists, which may have a sectoral control work cracking down on tobacco and bring together some parties and build coalitions for reviving the tobacco control activities in Lebanon.

Gaps:

1. The tobacco control law is not fully WHO FCTC-compliant in a few areas, particularly the time-bound provisions in Articles 8, 11 and 13 of the Convention, and other areas discussed in this report.
2. The tobacco control law is not fully enforced.

It is therefore recommended that the Government revise the TC Law and Standards to ensure full compliance with the Convention and the guidelines for its implementation. It is also recommended that the Government strengthen law enforcement in order to implement the current legislation, including through the provision of training to officials in all relevant ministries and agencies.

The Convention Secretariat, in coordination with WHO Headquarters, Regional and Country Offices, can provide assistance to Lebanon in training enforcement officials to ensure full implementation of the Convention.

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*”. Further, 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*”.

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*”.

The current tobacco control law does not serve to protect public health policies from negative influences of the tobacco industry and its affiliates; does not ensure preferential treatment is not given to the tobacco industry; and does not ensure the tobacco industry is not involved in the drafting, endorsement or implementation of tobacco control legislation or policy.

In addition, Lebanon’s Law on Anti-Corruption can be applied to govern and protect public health policies from commercial or other vested interests of the tobacco industry.

The international team took note during discussions with stakeholders that there is considerable interference of the tobacco industry in preventing the draft proposal submitted to the parliament to increase taxes on tobacco. Tobacco industry has strong presence in the MOF and customs directorate where they have conducted several trainings for officers, and is also promoting for the false impression that increase tax on tobacco will increase illicit trade. The tobacco industry also funds educational scholarships. Also there was a memorandum for understanding between the customs directorate and the tobacco industry. The international team advised not to renew this memorandum.

There is some level of awareness that as civil servants responsible for implementing the tobacco control law, they should not endorse, support or form partnerships with the tobacco industry. The international team was informed that there have been instances whereby the tobacco industry has sought to influence senior government officials and elected officials. One key consequence of this influence is the weak article on pictorial health warnings in the current tobacco control law, where there should be a coordination between the MOH and MOH to produce a Bylaw, which did not come to light since.

Gaps:

1. No penalties are imposed for violations of the tobacco control law and the law on Anti-Corruption related to protection of public health policies from commercial or vested interests of the tobacco industry.
2. There is no specific code of conduct for civil servants in relation to the implementation of Article 5.3 and its guidelines. In addition, there are no measures in place requiring that all interactions with the tobacco industry deemed necessary are conducted in a transparent manner.

It is therefore recommended that the Government of Lebanon develop and implement a Code of Conduct for Government officials and civil servants for their interactions with the tobacco industry, in line with Article 5.3 and its guidelines. It is also recommended that any meetings that may occur between Government officials and the tobacco industry be made transparent and that any relevant information or notes for record be made available to the public. It is further recommended that the Government of Lebanon, in collaboration with civil society, continue to raise awareness on protection of public health policy from the vested interests of the tobacco industry among all government agencies and public officials.

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

Lebanon has attended sessions of the COP. Lebanon is encouraged to participate in existing and future working or expert groups, and to ratify to the Protocol on Illicit Trade in Tobacco Products. Further cooperation and participation in intergovernmental processes in this regard will facilitate implementation of the Convention, its Protocol, and other instruments adopted by the COP.

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”.

Lebanon regularly cooperates with international organizations and other development partners, such as the WHO. Lebanon has met its obligations under Article 5.5 of the Convention, and is encouraged to continue to do so.

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”.

Lebanon has received funding from international agencies such as the Bloomberg foundation and the WHO. Funds supported legislation, policy development, capacity building, advocacy and surveillance activities. Lebanon is encouraged to mobilize additional resources for funding full-time tobacco control staff, and for effective implementation of the Convention and enforcement of the TC Law.

Lebanon has met its obligations under Article 5.6.

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) further 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”*.

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”*.

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”*.

Lebanon has noted in its latest report to the Convention Secretariat in 2014, that the country did not adopt and implement, legislative, executive, administrative or programmes on any of the following: tax policies or price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; prohibiting or restricting sales to international travellers of tax- and duty-free tobacco products; and prohibiting or restricting imports by international travellers of tax- and duty-free tobacco products.

Duty-free sales are limited to 400 sticks of cigarettes. Lebanon has provided this information in the reports submitted in 2012 and 2014, and has therefore met the obligations under Article 6.3.

Though the National Tobacco Control Programme has developed a proposal to the Ministry of Finance and gathered stakeholders to support increased taxation, which has not yet been implemented.

Taxation of tobacco products:

The most common brand is imported (Marlboro). Some cigarettes are produced locally but less popular. For imported products, the following is applied:

- An excise of 108% of value declared at import: Cost Insurance Freight (CIF)
- A customs fee (or import duty) of 5% of CIF
- And a value added tax of 10%.

Regarding excise tax it would be mostly ad valorem.

When it comes to the % of retail price, it actually all depends on the value of the CIF reported. In the Global Tobacco Epidemic Report 2015, the CIF value reported by the MOF was about 490,691.3 LBP per 500 packs or 981.38 LBP per pack. So for a price of 3,250 LBP per pack the following applies:

- Excise: $108\% \times 981.38 / 3,250 = 32.61\%$
- Customs: $5\% \times 981.38 / 3,250 = 1.51\%$
- VAT (a bit different because usually it is applied on the retail price excluding VAT):
 $0.1/(1+0.1) = 9.1\%$
- Total = $32.61 + 1.51 + 9.1 = 43.22\%$

Taxes on the most sold brand of cigarettes as a percentage of retail price

Total taxes *	43.21%
Specific excise	0.00%
Ad valorem excise	32.61%
Value added tax	9.09%
Import duty	1.51%
Other taxes	0.00%

*Individual categories of tax may not add to total due to rounding.

Taxes on the most sold brand of waterpipe tobacco as a percentage of retail price

Total taxes *	30.07%
Specific excise	0.00%
Ad valorem excise	20.98%
Value added tax	9.09%
Import duty	0.00%
Other taxes	0.00%

*Individual categories of tax may not add to total due to rounding.

During the mission, many ministries expressed the belief that if prices and tax rates of tobacco products increase, there will be a problem with illicit trade and sale. The international team clarified that this is a myth perpetuated by the tobacco industry. Illicit trade thrives when governance is weak, when customs and excise administration is lacking, and when there is corruption.

Prices of tobacco products

According to the WHO Report on the Global Tobacco Epidemic 2015, the retail price of the cheapest pack of 20 cigarettes was 750.00LBP in 2014; 3,250.00 LBP (2.16 USD) for the most sold brand. For waterpipe tobacco 20 grams of the most sold brand is 900.00 LBP (0.60 USD).

The most popular domestic brands in Lebanon is Cedars and the most popular imported brand is Marlboro.

Government revenue from tobacco taxes and expenditure on tobacco control:

According to the WHO Report on the Global Tobacco Epidemic 2015, the annual tax revenue from tobacco products in Lebanon in 2012 was 429,183,928.00 LBP.

Gaps:

1. Currently the tobacco product taxation level is still low, and tax rates do not take into account changes in household incomes and inflation.
2. There are no taxes imposed on snuff tobacco and smokeless tobacco.
3. Sale to and/or importation by international travelers, of tax-free or duty-free tobacco products is not prohibited.

It is therefore recommended that the Government monitor, increase or adjust tobacco tax rates on a regular basis, potentially annually, taking into account inflation and income growth developments in order to reduce consumption of tobacco products. To this end, Lebanon should consider having regular adjustment processes or periodic reevaluation of tobacco tax levels. Prohibit or restrict the sale to and/or importation by international travelers, of tax-free or duty-free tobacco products. This should be

accompanied by strong tax administration such as strengthening enforcement agencies to minimize tax evasion by manufacturers and criminal organizations.

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*”.

The five-year time line to provide universal protection from exposure to second-hand smoke in indoor public and work places, as provided for by the Guidelines for the implementation of Article 8 concluded on 07 December 2010.

The tobacco control law (Article 5.a) has a comprehensive ban on smoking in public places such as health care facilities, educational facilities, universities, governmental facilities, indoor private offices and workplaces, restaurants and cafes, and public transportation. However, there is no explicit provision that bans designated smoking rooms or smoking areas in buildings in other indoor public places.

The Ministries of Trade, Tourism and Health are directly concerned as implementation ministries, and have inspectors to issue fines, which has been occurring. Municipality and national police also have the ability to issue similar fines as well, however the major role is currently dependent on the ministries’ inspectors, in part due to preoccupation of police with the ongoing security situation.

According to the latest report submitted to the Convention Secretariat in 2014, the compliance with the law has been variable throughout the country, with overall compliance at about 69%. However restaurants and cafes have been particularly flouting the law, with lower compliance among them, while other locations have much higher compliance.

Articles 6 of the tobacco control law require these public facilities to display the ‘no-smoking’ signs where appropriate. In 2012, the decree number 8431 design of the warning sign has to be endorsed by the Ministry of Health and must contain necessary contact information. Article 16.1 and 16.2 of the tobacco control law lists the penalties for violations of Article 5.a. Members of the international team have seen the signage, which has the phone number of the building administrator for people to report violations. However, signage cannot be seen in key areas such as entrances to government buildings and violations can be difficult to enforce.

The implementation of this article was accompanied by launch of the civil society to an awareness raising campaign, which lead to strong enforcement at the beginning. However, the enforcement of fines on violations weekend gradually and is now violated at several waterpipe serving settings in Lebanon.

Also, the international team noted during discussions with stakeholders, that café owners have their own interpretation of the tobacco control law. One reason for this is that there are grey areas in the law about the definition of closed and open spaces, and therefore a consultation by the ministry of Justice would help to set a clear definition that is understandable and applicable by all owners of establishments, and to be accompanied by a

public campaign to raise awareness about this. Another reason for weak enforcement is that there is no communication amongst the different ministries that are responsible for inspection and ticketing. Also some areas as hospitals, malls, and supermarkets are overlooked. Some politicians announced that Lebanese people may smoke anywhere in holidays, which caused confusion about the enforcement. Some establishments have received more than 70 tickets, but there are no serious measures taken to stop the violations. Corruption from one side and inspectors giving a blind eye from another side to the violators for sympathy with the owners during the economic down turn in the country have contributed to the inefficiency of the enforcement system.

According to GYTS 2014 data, 68.6% of youth were exposed to second-hand smoke at homes and 65.2% in public places. Awareness about the harms of second-hand smoke is still high among youth. GYTS 2014 found that only 75.7% of youth aged 13–15 thought that second-hand smoke was harmful to them.

Gaps:

1. The tobacco control law does not prohibit designated smoking rooms or areas in some indoor public places.
2. The national law does not dedicate funds for enforcement.

It is therefore recommended that Lebanon amend the TC Law in line with Article 8 and its guidelines, to gain stronger enforcement of implementation of the smoke-free policies. It is further recommended that all levels of government do not construct nor pay for the construction of designated smoking rooms.

**Regulation of the contents of tobacco products (Article 9) and
Regulation of tobacco product disclosures (Article 10)**

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 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 partial guidelines for the implementation of Articles 9 and 10 recommend a range of measures in relation to Article 9, including that Parties should prohibit or restrict ingredients that may be used to increase palatability in tobacco products, that have colouring properties, that may cause tobacco products to be perceived as having health benefits, and that are associated with energy and vitality such as stimulant compounds.

In the latest report submitted to the Convention Secretariat in 2014, Lebanon has stated that Law 174 states that tobacco product manufacturers or importers are required to inform the Lebanese Regie/Ministry of Finance for about the use of quantitative and qualitative statements on tobacco products concerning constituents and emissions such as tar, nicotine and carbon monoxide yields.

However, regulation and disclosure of contents and emissions of Tobacco products are not fully addressed in the tobacco control law. Article 3 of the law only mandates that the

manufacturer or the importer provides all the information related to the nicotine, tar, and carbon monoxide. Also, the international team has noted during discussions with stakeholders that there are no independent certified and accredited laboratories responsible for determining the permissible level of tar, nicotine and other toxic substances in the manufacture, import, export and trade of tobacco.

There are no technical specifications available at the moment for different tobacco products present in Lebanon. The tobacco industry is the only site that has laboratories for testing tobacco products in Lebanon. Currently, tobacco products and electronic nicotine delivery systems are not regulated. There are no measures that require tobacco manufacturers and importers to disclose the contents and emissions of tobacco products to the public.

Gaps:

1. There is no laboratory that is accredited in accordance with the International Organization for Standardization (ISO) Standard 17025 and that can conduct comprehensive testing of contents and emissions of tobacco products.
2. There are no measures and standards to tobacco products and electronic nicotine delivery systems.
3. There are no technical specifications and the tobacco control law does not require to indicate the amount of tar, nicotine and other toxic chemical contents on the packaging of tobacco products.
4. There are no measures on public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.

It is recommended that the MOH and the enforcement agencies assess the arrangements for testing, in particular by utilizing capable laboratories in the region through bilateral arrangements. The tobacco company should bear all the costs of such testing requirements. It is further recommended that Lebanon mandate testing and measuring of contents and emissions. It is therefore recommended that Lebanon amend the tobacco control law and draft standards to require only relevant qualitative statements about the constituents and emissions on tobacco product packaging in accordance with Article 11 and its guidelines. It is also recommended that Lebanon require manufacturers and importers of tobacco products disclose to the government authorities information on the content and emissions by product type and brand at specified intervals. It is further recommended that Lebanon enable public access to information submitted by the tobacco industry.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices 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 contains a deadline for implementation of specific measures. The three-year deadline for Lebanon was 07 December 2008.

The tobacco control law article 8 states that any standards set by the authority regarding tobacco packaging are to be fulfilled one year after implementation decree is issued and thus came into effect on 4 October 2013.

Law n°174/2011 (articles 7&8) and Decree n°8991/2012 require textual health warnings covering at least 40% of both front and back sides of a cigarette pack and front cover of a waterpipe tobacco or packaging; state that there will be 12-15 variants of the health warning which are approved by the Ministry of Health; and require the text to be large, visible and clearly written in Lebanon. Article 17 of the tobacco control law and article 8 of the decree list the penalties for violations.

Law 174 has in article 8 stated the following:

- a. It is prohibited to cover any tobacco product with any misleading element about its characteristics, effects, risk factors, emissions, including any expression, description or symbol implying that one tobacco product is less dangerous than another, such as “light”, “ultra light”, “mild”, or any other term in Arabic or any other language.
- b. All tobacco packs or packets must contain health warnings in Arabic, written very clearly, describing the dangerous effects of tobacco on health. These warnings shall cover 40 % (forty percent) of the total surface of the pack and packet, and are to be determined by implementation decrees issued upon the proposal of the Minister of Public Health based on the opinion of Standards and Specifications Authority of Lebanon. Warnings must be written on the two main sides of the pack and packet; and what is meant by the two main sides is the widest sides.
- c. It is possible to issue a decree upon the proposal of the minister of public health and the minister of finance, to post warning images on the two main sides of the pack and packet, covering 40 % (forty percent) of the total surface of each side.
- d. It is prohibited to hide the health warnings in any way

However, pictorial Health warnings are not mandated. Also, few characteristics are not in line with FCTC guidelines: Font size is not addressed. HW are not placed on the top of display area. Descriptors depicting flavors are not prohibited.

Article 8.c of the law states that pictorial warning images are possible upon the agreement between Ministry of Finance and Ministry of Health. One of the longest fights faced was with the tobacco industry on the issue of pictorial warning. The industry wanted to remove this article, and after a long debate, the pictorial warning was changed to health warning and a sentence was added that would make it possible to change that into a pictorial at a point in the future. Also, decree n°8991/2011 does not require pictorial warnings.

Gaps:

1. The tobacco control law does not mandate pictorial health warnings.
2. The tobacco control law only require 40% of the front of the package to be covered by health warnings.
3. Descriptors depicting flavors are not prohibited.

It is therefore recommended that Lebanon revise the tobacco control law and to be in line with recommendations of Article 11 guidelines. It is further recommended that Lebanon consider to adopt pictorial health warnings.

In support of the Government's efforts to implement Article 11 and the guidelines for its implementation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Office are committed to facilitating provision of expertise and technical support upon request from the Government.

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” education, communication and public awareness about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, the benefits of tobacco cessation and tobacco-free lifestyles as well as training to all concerned professionals and persons and public access to information on the tobacco industry.

The national tobacco control programme has held numerous events since the last report, including workshops for NGOs, media professionals, events for parliamentarians and policymakers, meeting with stakeholders and policymakers, as well as training workshops with NGOs and 24 trainings with municipalities throughout the country. The NTCP has also held three nationwide mass-media campaigns and continues to celebrate World No Tobacco Day and other events annually to highlight the harms from tobacco and necessity for effective tobacco control and implementation of law 174.

The tobacco control law does not address education, communication, training, and public awareness. There is a draft being prepared

Ministry of Information along with the civil society may help in airing sharing campaigns via regular and electronic media for awareness raising especially on health effects of second hand smoke on families and relation of smoking to early death. Also, the benefit of raising tobacco taxation and the increase in governments revenues that may fund other governmental social programs, that may improve life of people; in addition to that it will not increase illicit trade.

Campaigns for enforcement of the law especially in restaurants and cafes to help the inspectors do their job, and to ensure comprehensive smoking bans in workplaces and indoor public places. This will encourage non-smokers to be more vocal for their rights for clean air, and increase the number of reporting violations. If any pressure is exerted from tobacco industry to interfere with any amendments of the law or ratification to the illicit trade protocol, evidence-based public campaigns will diminish their voice.

MOH needs to focus on evidence-based research in promoting and strengthening public awareness of tobacco control issues. Rigorous pretesting, monitoring and evaluation is required to enhance the effectiveness of awareness-raising efforts. Also, having a strong champion presenting these media campaigns together with the correct choice of timing with and targeting youth and school children are key to success of these campaigns.

Training of concerned persons with enforcement is suggested. Regular trainings to judges, officers, and inspectors for education on health effects, raising their awareness on the FCTC and the national tobacco control law, the danger of tobacco industry interference, and on law enforcement by for example visiting countries with achievements in these areas.

Gaps:

1. Lack of sustainable financing mechanism for implementation of education, communication and training activities with the involvement of all stakeholders.
2. There is no sustained mass media campaign targeting all relevant segments of the society. The exposure to anti-tobacco messaging in the media has decreased among youth aged 13–15.
3. Insufficient and ineffective interventions (e.g. school curriculum or life-skills education) to reduce prevalence of youth tobacco use and prevent early smoking initiation.

4. There is a lack of pre-service and in-service cessation training for health professionals.
5. There is no training for other persons involved in tobacco control, especially those concerned with implementation of the law, about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke.

It is therefore recommended that (i) the Government reinstate its budget to support disease prevention programmes; (ii) MOH work closely with other ministries, parliamentarians and civil society organizations to develop a sustained mass media campaign targeting all relevant stakeholders; (iii) MOH work together with the MOE and other civil society organizations to strengthen training for teachers and health professionals; and (iv) conduct regular training for persons involved in tobacco control, especially those concerned with implementation of the law, about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke.

In support of the Government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are 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 five-year deadline for implementation of specific measures. The deadline for Lebanon was 7 December 2010.

Lebanon has a comprehensive ban on tobacco advertising, promotion and sponsorship as outlined in the Tobacco Control Law (Articles 9,10,11,12,13). However, promotional discounts and in-kind contributions of tobacco companies are not prohibited.

Law 174 banned all forms of tobacco advertising, promotion and sponsorship. It states the following:

- All kinds of advertisements and promotional elements for tobacco products, tobacco brands, logos or trademarks are totally prohibited unless they respect the conditions and terms stipulated in the present law and in its implementation decrees.
- It is also prohibited to produce, import, promote, sell or display all kinds of products that represent or imply to, in any way, tobacco products, such as and not solely, food items, candies, sweets and toys, especially those intended for the use by minors.
- All manufacturers, importers, wholesalers, retailers or distributors are prohibited to give for free, to the buyer of any tobacco product or its derivatives, any gift bearing the logo, any

distinguishing mark, any trademark or even the right to participate in a draw or any other competition.

- It is prohibited to publish or broadcast, for free or in exchange for something, by any written or audiovisual media outlet, or by any other electronic or informational means and all media related mechanisms and means, any publicity or advertisement, program or article that can be considered as an advertisement or publicity of any tobacco products.

- It is prohibited to post advertising on the roads through ads on billboards or on the roofs of buildings and shop fronts, and generally by any means visible for pedestrians in public places. It is totally prohibited to provide sponsorship for any kind of cultural, sport or commercial events

Articles 15 and 17 of the tobacco control law mandate fines for violations on tobacco advertising, promotion and sponsorship. However, the international team was informed that the tobacco industry provides funds for educational scholarships in Lebanon. Also, some advertisement is still being posted as billboards and promotion of tobacco as smoking scenes in films.

According to the 2011 GYTS, 68.5% saw anti-smoking media messages, in the past 30 days, 82.4% saw pro-cigarette ads on billboards, in the past 30 days, 71.5% saw pro-cigarette ads in newspapers or magazines, in the past 30 days, 11.6% have an object with a cigarette brand logo, 8.6% were offered free cigarettes by a tobacco company representative.

Gaps:

1. Tobacco industry is still violating the ban on advertising and promotion.
2. Promotional discounts are not prohibited in the tobacco control law.
3. There is no provision banning in kind contributions of tobacco companies.

It is therefore recommended that the Government revise the tobacco control law to be fully in line with Article 13 and its guidelines, enforce bans on tobacco product display at point of sale and ban free distribution of tobacco products. It is also recommended that the MOH and other relevant stakeholders develop a strategy to detect violations of the ban on tobacco advertising, promotion and sponsorship and strengthen enforcement.

Article 13.5 encourages Parties to: “implement measures beyond the obligations set out in paragraph 4”.

Lebanon has not implemented any measures beyond the obligations set out in paragraph 4.

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”.

It is recommended that Lebanon enforce this provision.

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”.

Lebanon has not yet developed and disseminated appropriate, comprehensive, and integrated guidelines to emphasize the importance of quitting.

It is therefore recommended that Lebanon draft guidelines on cessation counseling as soon as possible, taking into account the recommendations of the guidelines for the implementation of Article 14 of the Convention.

Article 14.2 stipulates that to achieve the end outlined in Article 14.1, “each Party shall endeavour to” implement effective tobacco cessation programmes aimed at promoting the cessation of tobacco use, include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence, and ensure the accessibility and affordability of treatments for tobacco dependence.

The national tobacco control programme and allied NGOs have been promoting cessation since 2009, however it has unfortunately taken a second priority as the focus was on implementing the new law on TAPS bans, and banning indoor smoking. There is limited activity by specific health professionals in hospitals to offer smoking cessation, only a handful of specialized private facilities, and otherwise campaigns highlight the benefits of smoking cessation.

There is no national quit line. Nicotine replacement treatments are available but not covered by health insurance. Cessation services are not integrated within primary health care centers.

The 2011 GYTS found that 51.2% of youth aged 13–15 who currently smoked tried to stop smoking in the past 12 months. Of the current youth smokers, 55.7% want to stop smoking; and 75.6% have ever received help from a programme or professional.

Gaps:

1. There is no comprehensive and integrated tobacco cessation programme.
2. Not all pharmaceutical products for treatment of tobacco dependence (e.g. bupropion and varenicline) are freely available in the public health service.
3. There is no national quit line.
4. Cessation services are not integrated within primary health care centers.

It is therefore recommended that (i) national programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use be established and promoted in different settings, as required under Article 14 of the Convention (e.g. educational institutions, health care facilities, primary health care centres, workplaces and sporting environments); (ii) Lebanon facilitate accessibility and affordability of pharmaceutical products for treatment of tobacco dependence; (iii) a national toll-free quit line for cessation of tobacco use be established; (iv) the training of health care workers to give brief advice and encourage quit attempts be strengthened.

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”.

Lebanon did not sign nor ratify to the Protocol to Eliminate Illicit Trade in Tobacco Products. The national tobacco control law does not address the subject of illicit trade.

The law only enables the confiscation of proceeds derived from illicit trade in tobacco products, and licensing or other actions to control or regulate production and distribution in order to prevent illicit trade

The international team was informed that the percentage of containers with illicit tobacco detected from the green lane at the customs is about 30% .There are no statistics available on the amount of illicit trade. The tobacco industry is involved in confiscation, testing these products in its laboratories, as well as training of customs officers on how to detect fake products, and how to deal with smuggled tobacco. There is need also to have a tracing mechanism of the illicit products and a map for the roots of smuggling.

Gaps:

1. There is limited information on illicit trade.
2. Lebanon did not ratify to the protocol on illicit trade.

It is also recommended that Lebanon establish an effective tracking and tracing system for tobacco products to secure the distribution system and facilitate the investigation of illicit trade, and to ratify to the protocol of illicit trade.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to facilitate the sharing of international experience, to support training in enforcement, and to coordinate any assistance needed to combat 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.*”

The tobacco control law (Article 4.b) prohibits the sale of tobacco to minors without specification of certain age, or giving them tobacco products by any means as selling or free distribution. Article 15 of the tobacco control law imposes penalties for violations of Article 4.c on sale to and by minors, and in case of repeated violations the violator will be imprisoned from 1 month up to 6 months and fined or one of these.

Law 174, in chapter 3, article 4 banned the sale or presentation to minors of any tobacco product. Specifically, the law states that it is prohibited to:

- a. Provide free samples of tobacco products and advertising materials in any place.
- b. Provide minors with any tobacco product, through any means whatsoever such as selling it to them or distributing it for free.
- c. Sell cigarettes in a unit pack containing less than twenty cigarettes.
- d. Place tobacco products at points of sale in a way that allows consumers to grab them directly by themselves.
- e. Provide tobacco products and accessories in restaurants, nightclubs and enclosed places.

According to 2014 GYTS, 29.5% of youth aged 13–15 were able to buy cigarettes from a store; 89.5% were not prevented from buying cigarettes because of their age.

Gap: Minors are still able to purchase cigarettes in a store and were not refused because of their age.

It is therefore recommended that the Government strengthen enforcement of the law.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to support training in enforcement.

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*”.

Gap – There is no provision in the tobacco control law that requires the sellers of tobacco products to place a notice at points of sale about the prohibition of tobacco sales to minors. Also, sellers are not required by the law to, in case of doubt, requests that the purchaser provides appropriate evidence of having reached full legal age.

It is therefore recommended that Lebanon include a legal provision that requires sellers of tobacco products to place a notice at points of sale indicating that no tobacco products shall be sold to persons under the age of 21 years.

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*”.

The tobacco control (Article 4.d) bans 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*”.

The tobacco control law (Article 9) prohibits the manufacture of candies, toys and other non-tobacco products imitating tobacco products. Article 10 of the tobacco control law also prohibits the use of tobacco trademarks, trade names and logos on goods, clothes and consumer items. However, Article 15 and 17 of the tobacco control law lists the penalties for violations.

Lebanon has met the obligations 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*”.

The tobacco control (Article 4.d) does not specifically ban the introduction of tobacco vending machines, but bans the sale of tobacco products in any manner by which they are directly accessible.

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*”.

The tobacco control law (Articles 4) prohibits the import, export, manufacture and trade of tobacco products that have less than 20 sticks of cigarettes in a pack.

Article 16.6 calls on Parties to *“provide penalties against sellers and distributors in order to ensure compliance.”*

Articles 15 and 17 of the tobacco control law impose penalties for violations of Articles 4.b on sale to and by minors.

Lebanon has met the obligations under Article 16.6 of the Convention.

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 4.b of the tobacco control law prohibits giving tobacco products to minors by any means.

Lebanon has met the obligations under Article 16.7 of the Convention.

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

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

Tobacco is grown in Lebanon mainly in the South by farmers and their families. Tobacco growing in Lebanon takes a political umbrella. Tobacco is brought from farmers for a subsidized price. There is a fear among the farmer society that tobacco control activities may affect their livelihoods. Some trials to replace tobacco growing were done before like planting the sunflowers but the initiative did not succeed. Some recent efforts have been made to study some alternative plants, and are being tested for different ecosystem challenges. This work is lead currently by the FAO in collaboration with the Ministry of Agriculture. A champion lead farmer is needed to start testing the alternative plants in their lands. Once the experiment succeeds, other farmers will follow. Raising awareness about the diseases affecting children from collecting tobacco leaves is also needed.

Gap: There is no promotion of economically viable and sustainable alternatives for tobacco workers or individual tobacco sellers.

It is therefore recommended that Lebanon adopt and implement legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes promoting economically viable and sustainable alternatives for tobacco growers, workers, and individual sellers.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to facilitate the sharing of international experience, to support research in alternative livelihoods to identify and promote economically viable alternatives for tobacco workers and individual tobacco sellers.

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”.*

Gap: There is no information on any measure or policy in place to protect the environment and health of persons involved in tobacco manufacturing.

It is therefore recommended that the MOH and the Ministry of Environment work together to meet this treaty obligation, and to require tobacco factories to pass an environmental impact assessment and to have an environmental protection plan in place. It is also recommended that the MOH work together with the Ministry of Labour to meet this treaty obligation.

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*”.

Chapter 7, articles 15-19 of the tobacco control law contain measures regarding criminal liability for any violations of that tobacco control legislation, and have separate criminal liability provisions in relation to tobacco control. These articles did not address measures that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs have any civil liability measures that are specific to tobacco control.

In the report submitted to the Convention Secretariat in 2014, the National Tobacco Control Programme has stated that a consumer protection NGO has raised one lawsuit against one of the tobacco companies for breaking the tobacco advertising, promotion, and sponsorship ban, with the case still pending review by judicial authorities.

It is recommended that Lebanon improve its tobacco control legislation to deal with criminal and civil liability, including compensation where appropriate.

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*”.

Substantial research and surveillance in the field of tobacco control have been conducted. For each survey, financial and technical assistance were provided as well as training for key country personnel on survey methodology, implementation and analysis.

The tobacco control-related studies that have been conducted in Lebanon involving MOH, the National Statistical Office and/or the Public Health Institute include:

- WHO STEPwise approach to Surveillance (WHO STEPS) – 2008
- WHO and US CDC – GYTS in 2001, 2005 and 2011; GSPS in 2005 and 2008; and GHPSS in 2006
- National surveys such as the Air Monitoring Surveys in governmental facilities in 2010 and 2013, in restaurants in 2010 in public locations in 2013.

The international team has discussed conducting economic analysis on the cost of tobacco use and cost-benefit analysis of tobacco control measures with MOH; and has committed to supporting the endeavor.

Gaps:

1. There is no research on the consequences of tobacco consumption, identification of effective programs for the treatment of tobacco dependence, information on cultivation of tobacco, the economic costs of tobacco use and the costs and benefits of tobacco control measures.
2. There is no research on evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.

It is therefore recommended that the Government conduct research on consequences of tobacco consumption, identification of effective programs for the treatment of tobacco dependence, information on cultivation of tobacco, the economic costs of tobacco use and the costs and benefits of tobacco control measures, and evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.

In support of the Government's effort to strengthen research and surveillance, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices 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”.

Lebanon has provided three implementation reports in 2009, 2010, and 2014. Lebanon has met the obligations under Article 21, and is encouraged to continue to do so.

As the COP established a new two-year cycle 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 report well in advance in 2015/2016 to meet the deadline in 2016 and thereafter, and to ensure complete and accurate reports.

It is also recommended that the relevant Government departments contribute to the preparation of country reports by providing data as requested in the reporting instrument of the WHO FCTC in a timely manner.¹

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”.

Lebanon has received assistance from WHO through the Country Cooperation Strategy 2010-2015, specifically in developing and implementing policies and strategies for the prevention and control of tobacco. Support has also been provided to promote healthy cities

¹One of the approaches found efficient in other countries is to coordinate with the government agencies and other stakeholders who have the necessary information to contribute to the preparation of the national implementation report, for example through requesting initiation of data collection by such entities in a circular note sent by the Ministry of Health focal point and later, once data have been collected by the relevant entities, to organize a meeting for the finalization of the implementation report.

and settings for risk factor reduction. Lebanon has received funds also from Bloomberg Foundation, the Union Against Tuberculosis and Lung Disease.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the United Nations system outlining priorities in national development. At its fourth session, in decision FCTC/COP4 (17)¹ the COP fully acknowledges the importance 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 United Nations Economic and Social Council adopted resolution E/RES/2012/4 in August 2012 on United Nations system-wide coherence on tobacco control. The resolution highlights the need to strengthen the multisectoral and interagency response for the full implementation of the WHO FCTC in order to address the health, social, economic and environmental consequences of tobacco use.

The current UNDAF in Lebanon, 2002-2006, and 2010-2014, did not discuss NCDs prevention and control. As implementation of the Convention would be key to reducing NCDs and their burden, it is important for the Convention to be reflected in the next UNDAF. During the mission, the international team met the United Nations Resident Coordinator and representatives of the United Nations Country Team – UNDP, FAO and WHO – and brought this to their attention. The UNRC and were supportive.

Gap: Implementation of the Convention was not included in the current UNDAF.

It is therefore recommended that the MOH actively follow up with the UNRC and MOH to include implementation of the Convention under the programme activities of the next UNDAF. The activities may include priorities identified based on the joint needs assessment report. It is further recommended that the Government of Lebanon 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”.

The Government of Lebanon fully recognizes the importance of financial resources in implementation of the Convention. The tobacco control law did not set out the guiding principle to secure sustainable financing of tobacco control and health promotion activities through tax increases.

Gap: The National Tobacco Control Programme is lacking sustainable funding for support of the needed tobacco control activities.

¹ See FCTC/COP4/REC/1, Decisions and ancillary documents, available at: http://apps.who.int/gb/fctc/E/E_cop4.htm.

It is therefore recommended that the Government of Lebanon to secure funds for the tobacco control activities and reinstate its budget as soon as possible.

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”.

Lebanon has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to provide funding for the development and strengthening of a multisectoral comprehensive tobacco control programme.

It is therefore recommended in line with Article 26.3 of the Convention that the Government of Lebanon 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.

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”.

Lebanon was previously successful in mobilizing financial assistance from international organizations and development partners (listed under Article 22 of this report), but currently efforts are not enough to do obtain sufficient funds.

Lebanon is encouraged to further utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. Ministries such as the MOH, MOF and MOI, when representing Lebanon in other regional and global forums, are encouraged to urge regional and international organizations and financial institutions to provide financial assistance to support implementation of the Convention.