Needs assessment for implementation of the WHO Framework Convention on Tobacco Control in the Republic of the Marshall Islands

Convention Secretariat

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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 177 Parties to date. The Republic of the Marshall Islands (RMI hereinafter) ratified the WHO FCTC on 8 December 2004. The Convention entered into force for RMI on 8 March 2005.

A needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of RMI and the Convention Secretariat from July to October 2013, with an international mission to the country taking place from 9 to 16 September 2013, following an initial analysis of the status, challenges and potential needs deriving from the country's most recent implementation report and other sources of information. A team from the Convention Secretariat conducted the mission with the involvement of relevant ministries and agencies (see Annex).

RMI has taken significant action on tobacco control, notably in implementing smoke-free policies in all public and work places, raising public awareness of the harmful effects of tobacco consumption and exposure to tobacco smoke, and conducting community outreach activities. RMI also has legislation in place to ban point-of-sale advertising and sales to minors. Considerable surveillance and research have been conducted, notably through the six pertinent questions in the RMI Census of Population and Housing, 2011.

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 RMI 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, RMI 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, 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. RMI had in place a noncommunicable disease (NCD)/nutrition strategy covering the years 2008–2012 (KUMIT plan). It has included tobacco and betel nut control as one of its six components, which included priorities in implementation of the Convention, such as reviewing and enforcing legislation, raising awareness through social marketing, and promoting counselling, but which was mainly a health sector strategy. RMI is in the process of drafting a National Strategic Plan as well as a National NCD Crisis Response Plan 2013–2018. It is recommended that the National Strategic Plan include the implementation of the Convention as one of the priorities. It is further recommended that the NCD Crisis Response Plan include multisectoral action to implement the Convention so that it can serve as the national multisectoral tobacco control action plan at the same time, in order for RMI to fulfil its obligations under Article 5.1 of the WHO FCTC.

Third, the Convention requires Parties to establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control. While the Ministry already has a focal point in place, the multisectoral national coordination mechanism is yet to be established. RMI is at the final stage of establishing the National NCD Advisory Committee, composed of secretaries of all relevant ministries. It is recommended that this Committee be given the mandate of coordinating national implementation of the Convention, and, if appropriate, that a technical working group be put in place. The technical working group could be given responsibility for implementing decisions taken by the National NCD Advisory Committee. It is also recommended that all relevant ministries and agencies should allocate staff time and resources to implementation of the Convention to enable RMI to meet its obligations in this area. Further, it is recommended that the National NCD Coalition should be established as the technical working group to implement the decisions made by the Committee.

Fourth, RMI passed the Tobacco Control Act 2006 (the Act) the year after it became a Party to the Convention. The Act covers many of the key areas of the Convention, but some provisions are still not in line with the Convention and the guidelines for its implementation. In particular, there is a need to introduce large pictorial health warnings and completely ban tobacco advertising, promotion and sponsorship, among other obligations. At the same time, regulations have yet to be developed to ensure full implementation of Act. It is recommended that RMI amend the Act so that it is in line with the treaty obligations, and develop regulations at the earliest opportunity to enable effective enforcement of the legislation.

Fifth, current taxes on tobacco products in RMI are very low and have not been increased for several years. Tobacco products remain easily affordable. Given that price and tax measures are among the most important measures to reduce tobacco consumption and contribute to health objectives, it is recommended that the Ministry of Finance work closely with the Ministry of Health to significantly increase tobacco taxes on a regular basis.

Sixth, RMI has yet to adopt or develop national guidelines for tobacco dependence and cessation. Counselling has been provided to some members of the population as part of substance abuse prevention and NCD programmes. It is recommended that RMI develop or adapt guidelines for tobacco dependence and cessation and integrate these into health-care and community programmes to ensure that there is counselling and treatment for tobacco dependence.

Seventh, the Protocol to Eliminate Illicit Trade in Tobacco Products has been open for signature since January 2013. It is recommended that RMI sign and ratify the Protocol at the earliest opportunity.

Eighth, the Conference of the Parties has adopted seven guidelines – on implementation of Articles 5.3, 8, 9 and 10, 11, 12, 13, and 14. The aim of these guidelines is to assist Parties in meeting their legal obligations under the respective articles of the Convention. The guidelines draw on the best available scientific evidence and the experiences of Parties. RMI is strongly encouraged to follow these guidelines in order to fully implement the Convention. The Convention Secretariat is committed to sharing relevant international experiences and good practice in this regard.

Ninth, addressing the issues raised in this report, paying particular attention to treaty provisions with a deadline (Articles 8, 11 and 13 and the corresponding implementation guidelines) will make a substantial contribution to meeting the obligations under the WHO FCTC and improving health status and quality of life in RMI.

The needs identified in this report require immediate attention. As RMI addresses these areas, the Convention Secretariat, in cooperation with WHO and other relevant international partners, is available and committed to providing technical assistance and to facilitating the process of 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 and facilitate a stakeholder workshop to consider the needs assessment report and the development of a national tobacco control action plan as part of the NCD Crisis Response Plan; (2) to provide immediate support forpriorities identified by the Ministry of Health; (3) to support amendment of the Tobacco Control Act and the development of tobacco control regulations; and (4) to provide expert technical assistance in the development of a media strategy and audiovisual materials for national radio and television.

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

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

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Introduction

The WHO FCTC is the first international treaty negotiated under the auspices of WHO. RMI ratified the WHO FCTC on 8 December 2004. The Convention entered into force for RMI on 8 March 2005.

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

At its first session (February 2006), the COP called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition (decision FCTC/COP1(13)).[1] The COP also called upon the developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners. The Convention Secretariat was further requested to assist Parties, upon request, with the conduct of needs assessments, to advise them on existing mechanisms of funding and technical assistance, and to provide information to development partners on the needs identified.

At its second session (July 2007), the COP requested the Convention Secretariat (in decision FCTC/COP2(10))[2] to actively seek extrabudgetary contributions specifically for the purpose of assisting Parties in need to carry out needs assessments and develop project and programme proposals for financial assistance from all available funding sources.

At its third, fourth and fifth sessions (held in November of 2008, 2010 and 2012), the COP adopted the workplans and budgets for the bienniums 2010–2011, 2012–2013 and 2014–2015, respectively. The workplans, inter alia, re-emphasized the importance of assisting developing country Parties and Parties with economies in transition, strengthening coordination with international organizations, and aligning tobacco control policies at country level to promote implementation of the Convention. Needs assessments, combined with the promotion of access to available resources, the promotion of treaty tools at country level, the transfer of expertise and technology, and international cooperation and South–South cooperation were outlined as major components of this work.

[1] See COP/1/2006/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop1.htm.
[2] See COP/2/2007/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop2.htm.

The assessment of needs is necessary to identify the objectives to be accomplished under the WHO FCTC, resources available to a Party for implementation, and any gaps in that regard. Such assessment should therefore be comprehensive and based on all substantive articles of the WHO FCTC with a view to establishing a baseline of needs. The needs assessment is also expected to serve as a basis for assistance in programme and project development, particularly to lower-resource countries, as part of efforts to promote and accelerate access to relevant internationally available resources.

The needs assessments are carried out in three phases:

(a) initial analysis of the status, challenges and potential needs deriving from the latest implementation report of the Party and other sources of information;

(b) visit of an international team to the country for a joint review with government representatives of both the health and other relevant sectors; and

(c) follow-up with country representatives to obtain further details and clarifications, review additional materials jointly identified, and develop and finalize the needs assessment report in cooperation with the government focal point(s).

With the above objectives and process in view, a joint assessment of the needs concerning implementation of the WHO FCTC was conducted by the Government of RMI and the Convention Secretariat from March to October 2013, including a mission to RMI by a team from the Convention Secretariat from 9-16 September 2013. The detailed assessment involved relevant ministries and agencies of RMI. The following report is based on the findings of the joint needs assessment exercise described above.

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

Status of implementation, gaps and recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, reviews the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by RMI. 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".*

RMI does not currently have in place measures which 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".*

RMI has a Compact of Free Association with the United States of America. Funds are also provided to support the tobacco control programme in the Ministry of Health under the Compact. The agreement provides US federal-funded block grants to assist RMI in preventing and reducing substance abuse, including tobacco.

RMI is a party to several international conventions and treaties. Representatives of the Ministry of Foreign Affairs indicated their willingness to review other multilateral agreements and later to report on any information therein which is relevant to implementation of the WHO FCTC.

Gap – Currently no agreements that might have an influence on implementation of the Convention have been reported.

It is therefore recommended that Ministry of Foreign Affairs and other relevant ministries review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements are identified, it is requested that RMI communicate these to the Convention Secretariat either as part of their next WHO FCTC implementation report or independently.

Guiding Principles (Article 4)

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

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

There are a number of relevant nongovernmental organizations (NGOs) in RMI. KUMIT Bobrae Coalition, Inc. is an organization directly involved in tobacco control awareness raising, monitoring, training and enforcement. KUMIT works very closely with relevant government agencies and programs, the local government, policy-makers, communities and retailers to raise awareness of tobacco-free legislation and banning sales to minors. The KUMIT Bobrae Coaltion has seven community coalitions in Majuro, Kwajelein, Jaluit, Ailinglaplap and Wotje atolls.

Women United Together in the Marshall Islands supports health promotion and tobacco control activities and carries out prevention and community outreach on tobacco and alcohol, with an emphasis on young girls. The organization's main focus is on raising awareness concerning second-hand smoke.

Youth to Youth in Health Inc. is working on substance abuse prevention and treatment including peer education among youth, youth leadership seminars, outreach, drama, media, screening, brief intervention and referral for treatment. Marshall Islands Epidemiology & Prevention Initiative Inc. is a member of the Framework Convention Alliance. Its work includes data collection, monitoring and evaluation of substance abuse, including tobacco use.

Marshall Islands Epidemiology and Prevention Initiative (MIEPI), is a member of the Framework Convention Alliance. Its work includes data collection, monitoring and evaluation of substance abuse including tobacco use.

A number of faith-based, school-based and community based programs directly support the national efforts in tobacco control. Most, if not all of the NGOs are currently supported by the Single State Authority through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) US Dept. of Health and Human Services.

The Marshall Islands has met its obligations under Article 4.7 of the Convention. It is recommended that the Government mobilize more civil society organizations to be active in supporting implementation of the Convention, particularly at the local and community levels, to improve outreach to the general public. It is also recommended

that RMI when establishing the National Noncommunicable Disease (NCD) Coalition include the relevant active NGOs.

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"*.

RMI has not yet developed a strategic plan of action for tobacco control. RMI had a national multisectoral NCD/nutrition strategy covering the years 2008–2012 (KUMIT) which included tobacco and betel nut control as one of the six components. Priorities to implement the Convention, such as reviewing and enforcing the legislation, raising awareness through social marketing, and promoting counselling were identified in the strategy. RMI has in place a Comprehensive Strategic Plan for Substance Abuse Prevention 2009–2014 that includes tobacco control but that does not address implementation of the Convention in a comprehensive manner.

The Economic Policy, Planning & Statistics Office (EPPSO) is drafting a National Strategic Plan with the participation of other ministries, including the Ministry of Health. The international team met the Director of EPPSO and discussed the importance of including implementation of the Convention in the Plan in order to adequately respond to the national NCD emergency. The Director took note and indicated a commitment to doing so, in consultation with the Ministry of Health.

On 29 October 2012, the President declared a state of health emergency due to the epidemic of NCDs in RMI, following the political commitment made at the United Nations High Level Meeting on NCDs in September 2011, declarations made at the Pacific Island Forum in New Zealand in August 2011 and by the Pacific Island Health Officers Association (PIHOA) in May 2010. The Ministry of Health is developing the RMI NCD Crisis Response Plan 2013–2018, which will include tobacco control as one of the key strategies with the aim of cutting current smoking to 10% by 2020/2025. The key areas identified in the draft plan are: (1) policy, legislation and taxation; (2) strengthening community action in schools, workplaces, villages and churches; and (3) cessation initiatives.

Gap – A comprehensive national action plan for tobacco control has not been updated .

It is therefore recommended that RMI highlight implementation of the WHO FCTC in its National Development Plan as an effective tool in prevention and control of NCDs. It is also recommended that the Critical Response Plan to NCD's include concrete multisectoral plans to comprehensively implement the Convention, and serve as the national action plan to implement the Convention. This needs assessment report can serve as a basis and reference document in developing such a strategy and action plan.

The Convention Secretariat is committed to facilitating provision of expertise and technical support in the development and finalization process of the national action plan for implementation of the Convention as part of the NCD Crisis Response Plan, upon request from the Ministry of Health.

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

A national focal point for tobacco control has been established since 2006 within the Health Ministry, with responsibility for other portfolios as well. This position is financed by the Government and serves as the focal point for implementation of the Convention. The Health Promotion Programme in the Ministry of Health has supported the national focal point in the tobacco control programmes. The Ministry of Health receives US$ 100 000 grant annually (covering 2009 to 2014) from the US CDC to prevention and control of tobacco use.

The Tobacco Control Act 2006 in its Part X calls for the establishment of a Tobacco Control Fund, comprised of the sum of all fines, fees and charges collected under the Act and regulations, of which 40% should be used to cover the costs of the Ministry of Health for the effective administration and enforcement of the Act. However, the Tobacco Control Fund has not yet been established.

With the declaration of the national NCD health emergency, the Government is in the final stage of establishing a National NCD Advisory which consists of the Chief Secretary and Secretaries of all ministries. The Advisory will serve as the multisectoral coordination mechanism to lead the national response to NCDs. It could at the same time serve as the national multisectoral coordination mechanism for implementation of the Convention. While awaiting final approval of the Cabinet, the Council has already met once.

Gaps –

1. RMI has not formally established and financed a multisectoral coordinating mechanism with a clear mandate to implement the Convention.
2. The Tobacco Control Fund or any other sustained funding mechanism has not been established.

It is therefore recommended that the National NCD Advisory Council, involving all key stakeholders, be established with the clear mandate to coordinate implementation of the Convention. A working group to take care of daily implementation activities should also be established or strengthened based on the existing group. It is also recommended that sufficient budget be allocated to implementation of the Convention and that the Tobacco Control Fund be established. While the Ministry of Health should take the lead in implementing the Convention, other relevant ministries should also designate focal points and allocate staff time and budget to support its implementation.

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".*

RMI has several pieces of legislation that cover various articles of the Convention.

The "Sale of Tobacco to Minors Act 1966" is still in force and has been amended on several occasions, most recently in 2003 (Marshall Islands Regulations Code (MIRC) 26,

Ch. 2). The "Prohibition of Smoking (in Public Premises and Public Vehicles) Act 1986" limits smoking in certain public places including vehicles, restaurants and aircraft (7 MIRC, Ch. 8).

The RMI Tobacco Control Act 2006 was passed to implement the Convention in a comprehensive manner. It has provisions on regulation of packaging and labelling, advertising and promotion, distribution, smoking in public and work places and measures to combat smuggling. It also contains provisions on inspection and enforcement and financial provisions. The prohibition of smoking in all public and work places is in line with the obligations under the Convention and the guidelines. Other provisions have some loopholes and need to be further strengthened. Although this legislation was passed, the enabling regulations have not been completed to allow for fuller implementation.

RMI introduced the Betel Nut Prohibition (Amendment) Act 2013 (Bill No: 35NDI). Because of the close association that often exists between betel nut and tobacco use and to enhance health, sanitation and cleanliness, this Act provides an option for local government to ban the importation, distribution, consumption and selling of betel nut. The Act has been effective since June 2013.

The international team provided detailed comments on the Act during the mission. Further details are also included in the relevant sections of the report on specific articles that follow.[1]

Gaps –

1. There are several pieces of legislation that exist which are sometimes not consistent with each other.
2. The Tobacco Control Act 2006 is not fully in line with the Convention and its guidelines.
3. Regulations have not been developed which hinders implementation of the Act.
4. The Betel Nut Prohibition (Amendment) Act 2013 allows the importation of betel nut for personal consumption but does not specify the amount.
5. There is a lack of enforcement of the tobacco control legislation.

It is recommended that the Act be amended to fully comply with the obligations under the Convention, including by introducing effective pictorial health warnings on packaging and labelling, and a complete ban on tobacco advertising, promotion and sponsorship. It is also recommended that the amended legislation contain all relevant tobacco control legislation in one Act, to make the legislation consistent and easy to implement and enforce. It is further recommended that regulations to enable full implementation of the legislation be developed and adopted at the earliest opportunity after the amendment of the Act. It is recommended that regulations to implement the Betel Nut Prohibition (Amendment) Act 2013 specify the amount allowed for personal consumption.

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"*.

[1] Articles 8, 9, 10, 11, 13, 15 and 16.

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"*.

While there is no strong tobacco industry presence in RMI, there are indications that the tobacco import and retail sector do have some influence with the Government. There is a code of conduct for civil servants that aims to remove conflict of interest. There is no evidence of any affiliation between Government agencies and the tobacco industry.

Gaps –

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

It is therefore recommended that RMI raise awareness of the need to protect public health policy from the vested interests of the tobacco industry, importers, distributors and retailers among all Government agencies and public officials. It is also recommended that RMI include the obligations under Article 5.3 and the recommendations of Article 5.3 in tobacco control legislation.

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"*.

RMI participated in the second, third, fourth and fifth sessions of the COP and the fourth session of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products. However, RMI has not participated in any of the working groups established by the COP.

Further cooperation and participation in such intergovernmental processes will facilitate implementation by RMI of the Convention, the 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"*.

RMI has cooperated with WHO, the Secretariat of the Pacific Community (SPC), US CDC and the Japanese International Cooperation Agency (JICA) to achieve the objectives of the Convention. Further details on international cooperation are given under Article 22.

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"*.

RMI has sought and receives funding from bilateral and international agencies including WHO, SPC and US CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA). RMI is encouraged to seek further support for tobacco control measures and implementation of the Convention.

Price and tax measures (Article 6)

In Article 6.1, the Parties recognize that *"price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons"*.

Article 6.2(a) stipulates that each Party should take account of its national health objectives concerning tobacco control in implementing *"tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption"*.

RMI has minimal taxes on tobacco products and they have not been raised in line with cost-of-living increases; there are indications that this minimal level was even decreased for a period. Import excise is currently US$ 1 per pack of 20 cigarettes or 151% of import cost for cigars. For other tobacco products, such as tinned leaf tobacco, excise is US$ 2.75 per 34.2 gram unit.

There has been no price increases for tobacco for some years. Retail prices for the major three brands range from US$ 2 to US$ 5 and Peter Jackson from US$ 1.75 to US$ 2.50. Copenhagen chewing tobacco sells for US$ 5 to US$ 7 per tin.

Gaps –

1. Currently the tobacco product taxation level in RMI is very low and has not been increased for many years.
2. Tax rates do not take into account changes in household incomes and have not kept up with inflation.

It is therefore recommended that the Government increase taxation and duty for tobacco and tobacco products on a regular basis, taking inflation into account to ensure a real increase in price, in order to reduce tobacco consumption. Tobacco products other than cigarettes should be taxed in a comparable way to limit substitution among products.

In support of the Government's effort to implement effective tax and price measures to reduce tobacco consumption, the Convention Secretariat is committed to facilitating provision of expertise and technical support upon request from the Government.

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"*.

RMI currently has generous allowances for importation of duty-free cigarettes and tobacco, enabling importation of "not more than three hundred (300) cigarettes, seventy-

five (75) cigars, or eight (8) oz [226.8 g] of smoking tobacco, for personal consumption and not for resale" (48 MIRC Ch. 2, § 206).

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

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

RMI has provided rates of taxation for tobacco products in its three implementation reports. RMI has met the obligation under Article 6.3 of the Convention.

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

Protection from exposure to tobacco smoke (Article 8)

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

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

RMI has implemented legislation under 7 MIRC Chapter 8 and Chapter 17 Part VI that ensures protection from exposure to tobacco smoke in indoor areas of any private or public workplace, or any public place, as required by Article 8.2. Smoking is prohibited in workplaces, health and educational institutions, public transport, Government buildings, and retail establishments. Under the Tobacco Control Act 2006, bars and restaurants are included in the ban. However, nightclubs are not included. There is also no definition of "public place", which leaves room for uncertainty.

The 2009 year Global Youth Tobacco Survey (GYTS) indicated that 55% of boys and 51% of girls aged 13–15 years had been exposed to tobacco smoke at home and 61% of boys and girls had been exposed to tobacco smoke in public places. This high percentage of young people who had been exposed to tobacco smoke indicated that much work remained to be done in implementing Article 8 and its guidelines.

The five-year deadline of 8 March 2010 as required by the guidelines for implementation of Article 8 of the Convention, to provide for universal protection, has been met.

However, it is recommended that RMI further raise awareness about the harms resulting from exposure to tobacco smoke and put in place measures to ensure that the current Act and regulations are enforced. It is also recommended that in amending the

Act, definitions of terms such as smoking, public places and workplaces should be added and the legislation should place the responsibility for compliance on the owner, manager or other person in charge of the premises. It is further recommended that enforcement should be enhanced.

In support of the Government's efforts to implement 100% smoke-free policies and enforce the tobacco control legislation, the Convention Secretariat is committed to facilitating the provision of expertise and technical support.

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.

RMI has legislation under Part II § 1704 of the Tobacco Control Act 2006 that aims to regulate the contents and emissions of tobacco products. The legislation establishes standards for manufacture, including the amount of substances contained in or emissions produced by tobacco products, the substances that may not be added, and design standards. The legislation also prescribes methods for testing and for the provision of information about the products to the Minister and the public. There has been no implementation of this legislation.

Gaps –

1. The regulations, standards and test methods have not been developed and therefore the Act has not been implemented.
2. No reports have been provided by tobacco manufactures or importers to the Ministry of Health as required by the Act.
3. The competent authority has not designated a laboratory for the testing of tobacco products.

It is recommended that the Ministry of Health utilize the partial guidelines on Article 9 and 10 in amending the Act and developing regulations and standards concerning contents, emissions and disclosures of tobacco products, including the banning of additives, as a strong public health measure. It is also recommended that RMI assess the arrangements for testing, including the option of utilizing capable laboratories in the region through bilateral arrangements. The tobacco company or importers should bear all the costs of such testing requirements. In support of RMI's efforts to regulate the contents of tobacco products, the Convention Secretariat is committed to sharing relevant international experiences.

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"*.

Part II § 1704 of the Tobacco Control Act 2006 requires that regulations should be developed to request manufacturers to provide relevant information about the products and their emissions, including sale data and information on product composition, ingredients, hazardous properties and brand elements to the Minister of Health or to the public.

Gaps –

1. The regulations have not been developed and therefore the Act has not been implemented.
2. There are no regulations that accompany the legislation to specify the scope of harmful constituents and emissions that are to be disclosed.

It is therefore recommended that the Ministry of Health develop the regulations on tobacco product disclosures. It is further recommended that RMI enable public access to information submitted by the tobacco industry.

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 of 8 March 2008 for RMI has not been met.

Part III of the RMI Tobacco Control Act 2006 outlines requirements for packaging and labelling, stipulating that all tobacco products shall carry the health warnings as regulated by the health authority, banning packaging and labelling that would mislead or deceive consumers, and including markers to facilitate the identification of illicit tobacco products and products on which tax has not been paid. However, as the regulations have not been developed, to date, the requirements of the Act have not been implemented. Therefore Article 11 and the guidelines for its implementation [1] have not been implemented in RMI.

Table 1. Comparison of the treaty requirements and level of compliance with these requirements in RMI, concerning measures under Article 11.

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including	NOT YET IMPLEMENTED	The Act in Part III bans packaging and labelling in a manner that allows a consumer or purchaser of a tobacco product to be deceived or misled concerning its character, properties, toxicity, composition, merit or safety.

[1] The guidelines for implementation of Article 11 of the Convention are available at http://www.who.int/fctc/protocol/guidelines/adopted/article_11/

	any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as "low tar", "light", "ultra-light", or "mild".		Detailed regulations are needed. The Act has not been implemented.
1(b)	Each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.	NOT YET IMPLEMENTED	The Act in Part III requires packaging and labelling to contain information on health hazards and effects from the use of the product or from its emissions, and other health-related messages. These are to be specified in the regulations. As regulations have not been developed, health warnings have not been implemented.
1(b)(i)	[The warning] shall be approved by the competent national authority.	NOT IMPLEMENTED	Regulations have not been developed.
1(b)(ii)	[The warnings] shall be rotating.	NOT IMPLEMENTED	Not mentioned in the Act but the regulations could specify this requirement.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	NOT IMPLEMENTED	
1(b)(iv)	[The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.	NOT IMPLEMENTED	
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	NOT IMPLEMENTED	
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	NOT IMPLEMENTED	The Act in Part III requires packaging and labelling to contain information on the product and its emissions. Regulations have not been developed and therefore the requirement in the Act has not been implemented.
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.	OBLIGATION NOT MET	The Act does not have these provisions.

Gaps –

1. The packaging and labelling requirements in the Act have not been implemented owing to the delay in developing regulations. Currently there are no health warnings approved by the Ministry of Health and the tobacco industry is free to use any packaging and labelling it chooses.
2. The three-year deadline has not been met.
3. The Act does not require pictorial health warnings.
4. The Act does not require that health warnings take up more than 50% of the space on principal display areas.
5. The Act does not require health warnings to be rotated.
6. The Act does not require health warnings to be in RMI's principal languages.

It is therefore recommended that the Ministry of Health together with the Attorney General's Office amend the RMI Tobacco Control Act 2006, so that RMI fully complies with Article 11 and the guidelines for its implementation, and once it is amended, develop the regulations in a prompt manner so that the legislation on health warnings is implemented. It is also recommended that RMI require the use of pictorial health warnings that occupy more than 50% of the main display areas of packaging and labelling. These health warnings should be in RMI's principal languages and rotated.

In support of the Government's efforts to implement Article 11 and the guidelines for its implementation, the Convention Secretariat is committed to facilitating provision of expertise and technical support, and granting of licences to use pictorial health warnings developed by other Parties, 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.

RMI has implemented a consistent and sustained programme of public awareness, training and communication activities for several years aimed at preventing and reducing tobacco consumption and exposure to tobacco smoke. The Ministry of Health works very closely with other ministries and agencies and television and radio channels to conduct awareness campaigns and community outreach activities. The national television and radio channels have been providing free air time for the broadcasting of educational tobacco control messages at the request of the Ministry of Health and other agencies. The Ministry of Health has also implemented various programmes on tobacco control that address health workers and professionals, particularly nursing and outer island health workers. These programmes involve pretesting, monitoring and evaluation to enhance

their effectiveness. There is a community-based awareness campaign on the adverse health effects of tobacco conducted by health workers.

The Ministry of Education has a strong tobacco-free policy for schools and an integrated curriculum related to tobacco use. Teachers are trained every year on tobacco control related issues as part of the routine in service training.

Several supportive NGOs play an important role; they receive most of their funding from the Government. Much of this work is supported through the Single State Authority of the Ministry of Finance as part of the prevention and treatment of substance abuse. Tobacco cessation training and services are provided by trained counsellors. The World No Tobacco Day has been annually observed in RMI with the participation of all key partners.

Several faith-based organizations in RMI contribute to education, training and public awareness on tobacco control.

Training has been provided to police officers in enforcement of the Tobacco Control Act and to counsellors in cessation counselling, both in health-care facilities and in the programme to reduce substance abuse.

The work in this area is in line with obligation under Article 12 of the Convention.

In support of the Government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat is committed to facilitating the 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 RMI was 8 March 2010.

Part IV of the RMI Tobacco Control Act 2006 covers advertising and promotion. The Act bans any person from promoting, or causing promotion by any other person, of tobacco products or tobacco-product-related brand elements. However, the Act provides some

exemptions such as allowing promotion if accompanied by approved health warnings. Under the Act, outdoor tobacco advertising and brand stretching is banned. Tobacco sponsorship is banned, with the exception of sponsorship by corporations that produce or import tobacco products but whose name does not include any brand name, trademark, trade-name, etc. of a tobacco product. Part V of the Act, on distribution, bans the sale or offering for sale of a tobacco product unless it is hidden from the view of the general public at point of sale.

Data from the 2009 GYTS suggest that there is room for improvement in the area of enforcement and compliance with the provisions of the Act. Among students aged 13 to 15 years, 17.6% had an object with a cigarette or tobacco logo on it and 22.8% had ever been offered a free cigarette by a tobacco company representative.

Gaps –

1. The Act has not completely banned tobacco advertising, promotion and sponsorship; with exemptions include allowing promotion along with health warnings and opportunities for sponsorship by tobacco importers and retailers.
2. "Socially responsible" activities by the tobacco industry have not been clearly banned by the Act.
3. Some stores still prominently display tobacco products at the point of sale.

It is therefore recommended that RMI amend the Tobacco Control Act 2006 to be fully in line with Article 13 and the guidelines for its implementation, in particular by banning tobacco advertising, promotion and sponsorship without any exemptions. Such a ban should cover any sponsorship, including "socially responsible" activities by the tobacco industry, tobacco product importers, distributors and retailers. It is also recommended that the Government routinely monitor compliance by sellers in order to better implement the prohibition of displays and visibility of tobacco products at point of sale. It is further recommended that public and inter-ministerial awareness of the need to eliminate tobacco advertising, promotion and sponsorship be enhanced.

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

Currently RMI 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"*.

RMI has not yet implemented any measures to ban cross-border tobacco advertising, promotion and sponsorship entering and originating from its territory.

It is therefore recommended that the amended Act include measures to ban cross-border tobacco advertising, promotion and sponsorship entering and originating from its territory.

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"*.

Gap – RMI has not adapted or developed guidelines on tobacco dependence and cessation.

It is therefore recommended that RMI make full use of the guidelines for implementation of Article 14 of the Convention, adopted by COP4, in designing and developing its own comprehensive guidelines or adapting other countries' guidelines concerning tobacco dependence and cessation, taking into account national circumstances and priorities.

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.

Training has been given to some 30 health-care staff on cessation of tobacco use. Smoking behaviour is routinely asked during all medical visits. Recording of tobacco use in medical history notes is mandatory. However, there is only very limited treatment available in tobacco dependence and counselling services. Nicotine gum and patches are available through pharmacies, but is of limited supply and is unaffordable by the majority of the population. Questions concerning smoking are included in the behavioural health screening form for substance abuse and used by trained abuse counsellors in surveillance for NCDs. There is one full-time staff member working specifically in this area.

Gaps –

1. There is no comprehensive and integrated programme on tobacco dependence and cessation in RMI.
2. Some health workers at primary health-care level have been trained and mobilized to provide cessation counselling and brief cessation advice, but such counselling/advice is not routinely provided.
3. There is no national quit line.
4. Pharmaceutical products for the treatment of tobacco dependence are not freely available or affordable through the public health service.
5. No outcome analysis has been undertaken to evaluate the effectiveness of these cessation clinics and interventions.

It is therefore recommended that: (i) national programmes and services that provide diagnosis and treatment of tobacco dependence and cessation counselling services be

established and promoted in different settings (e.g. educational institutions, health-care facilities, primary health-care centres, workplaces and sporting environments) – community-based counselling and cessation programmes should be a primary approach; (ii) all health-care workers and counsellors be trained to give brief advice and encourage quit attempts; (iii) the RMI Supplemental Health Plan consider including cessation and treatment of tobacco dependence and make medication more accessible and affordable; (iv) RMI collaborate with other Parties to facilitate accessibility and affordability of pharmaceutical products for treatment of tobacco dependence; (v) RMI establish a national quit line; and (vi) curricula on tobacco dependence treatment be enhanced in health-care training. These services should be integrated into the national health and education systems.

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"*.

RMI has had limited smuggling of cigarettes or tobacco products for some years. The current legislation – the Import Duties Act 1989 – has been updated and revised, most recently in 2010. While not specifically outlining what comprises illicit trade, the Act only allows importation of tobacco and alcohol products by a limited number of licence holders (not more than 30). Potential licence holders go through an annual bidding process, with a bidding fee of US$ 50 and a licence fee of US$ 100 for successful applicants.

The Tobacco Control Act 2006 in its Part VII stipulates measures to combat smuggling and focus on the requirements for export.

The Protocol to Eliminate Illicit Trade in Tobacco Products adopted at COP5 provides an additional legal instrument to reduce supply. The Protocol is open for signature by all Parties at United Nations Headquarters in New York until 9 January 2014.

An overview of the measures against illicit trade in tobacco products, with identified needs, is given in **Table 2** below.

Table 2. Overview of measures taken against illicit trade in tobacco products in Party X

Paragraph in Art. 15	Content	Level of compliance	Comments and identified gaps
2	Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are	NOT YET IMPLEMENTED	The origin of tobacco products is recorded in the customs entry form. But there is no legislation on packaging and labelling requirements that would assist RMI in determining the origin of

	marked to assist Parties in determining the origin of tobacco products.		tobacco products.
2(a) and 3	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: *"Sales only allowed in (insert name of the country, subnational, regional or federal unit)"* or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.	NOT YET IMPLEMENTED	
2(b) and 3	consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.	NOT YET IMPLEMENTED	The Tobacco Control Act 2006 requires regulations on tracking and tracing to be developed. The customs authorities keep records of imports and exports. Most tobacco is imported from the U.S., Australia and the Philippines.
4(a)	monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements.	OBLIGATION MET	RMI is a member of the Oceania Customs Organization and shares data with this organization. RMI is not a member of the World Customs Organization.
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.	OBLIGATION MET	
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law.	OBLIGATION MET	Confiscated cigarettes are destroyed using the best available local incineration facilities. However the Tobacco Control Act once amended should make it clear that all confiscated tobacco products shall be destroyed using environmentally-friendly methods.
4(d)	adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction.	OBLIGATION MET	
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.	NOT YET IMPLEMENTED	

5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the COP, in accordance with Article 21.	PARTIALLY COMPLIANT	
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.	OBLIGATION MET	Information is shared among law enforcement agencies at national level. RMI is a member of the Oceania Customs Organization and cooperates in monitoring and reporting on illicit trade, including tobacco products.
7	Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.	OBLIGATION MET	Importers and retailers must apply for licences; there is a limit of 30 licenses each year to be granted to business involved in tobacco importation.

Gaps –

1. There is no tracking and tracing system that would enable the illicit trade in tobacco products to be combated more effectively.
2. There is no requirement for products to include markings that indicate origin and final destination.
3. Greater coordination and training is needed for customs officers and other law enforcement forces to enhance efforts to combat illicit trade in tobacco products in line with the requirement of the Protocol to Eliminate Illicit Trade in Tobacco Products.

It is therefore recommended that RMI develop a tracking and tracing system. It is also recommended that RMI amend its tobacco legislation and require that products include the statement "Sales only allowed in RMI" or other effective markings to indicate final destination. RMI is encouraged to strengthen coordination among the Ministry of Health, the Customs Department and other law enforcement agencies to combat illicit trade in tobacco products. It is further recommended that RMI become a signatory to the Protocol to Eliminate Illicit Trade in Tobacco Products, followed by ratification, and promote international bilateral and multilateral cooperation to curb illicit trade in tobacco products.

Sales to and by minors (Article 16)

Article 16 requires "*measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen*."

Article 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*;".

RMI passed the "Act to Prohibit Sale of Tobacco to Minors" in 1966 (26 MIRC Ch.2). The Act prohibits the sale and distribution of tobacco products by any manufacturer, retailer, distributor or any other person to any minor (defined as someone aged less than 18 years). There is a penalty of not more than US$ 100 for this offence. Furthermore, the Tobacco Control Act (7 MIRC Ch. 17 §1707) prohibits selling or offering to sell tobacco to a child. The law does not provide a defence for the above if the person appeared to be 18 years or older.

According to RMI Behavioural Risk Epidemiological Profile 2012, 22.5% of youth purchased cigarettes at stores or gas stations.

KUMIT Bobrae Coalition has implemented a programme to ensure that clear and prominent indicators are placed at all points of sale concerning the ban on sales to minors.

Gaps –

1. There is no provision in the Act specifically requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of sales to minors.

2. Clause (4) of section 1707 of the Act allows young people to be given or receive tobacco as part of a gift in traditional, spiritual or cultural practices and ceremonies.

It is therefore recommended that the regulations include the requirement for all sellers of tobacco products to place a clear and prominent indicator inside their point of sale about the prohibition of sales to minors. It is also recommended that clause (4) of section 1707 of the Tobacco Control Act 2006 be removed and no exception given to the ban on access to tobacco products by minors.

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

The Tobacco Control Act (7 MIRC §1707 Clauses (8) and (10)) prohibits the display of brands as well as the ability to handle cigarettes before purchase. Most stores have cigarettes under the counter and/or do not have point-of-sale displays, but this provision is not uniformly implemented.

Gap – Some larger supermarkets have displays and free access to cigarette packs.

It is therefore recommended that law enforcement efforts be enhanced to ensure that the legislation is fully implemented at all points of sale.

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*".

RMI does not have any legislation in line with the requirements of Article 16.1(c)

It is therefore recommended that RMI amend the tobacco control legislation so that the manufacture, importation or sales of sweets, snacks, toys or other objects in the form of tobacco products that appeal to minors are banned.

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"*.

Section §1707 (10) of the Act prohibits the sale of tobacco products through a vending machine. There are no vending machines currently being used in RMI.

RMI has met the obligations under Article 16.1(d).

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

RMI Tobacco Control Act in 7 MIRC §1707 Clause (5) prohibits the selling or offering for sale of tobacco products, except in a package containing the quantities or number of units prescribed by the regulations. However, the accompanying regulations have not yet been developed for approval by Cabinet.

Cigarettes are still widely sold in RMI individually or as a set of three. The latter may be purchased for 25 cents.

Gaps –

1. The regulations defining pack size are not yet in force.
2. Enforcement of the existing legislation is not systematic and rigorous.

It is therefore recommended that the regulations be developed at the earliest opportunity to define the minimum pack size, which will facilitate enforcement of the legislation. It is also recommended that enforcement of the ban on sales of single sticks and small packets of cigarettes be strengthened and enforced.

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*."

There is no provision in the legislation to prohibit sales of tobacco products by minors.

RMI has not met its obligations under Article 16.7.

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".

There is no tobacco growing or local manufacturing in RMI. All tobacco products are imported. There are currently 25 licences granted by the Ministry of Finance to tobacco importers and retailers.

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".*

There is no cultivation and manufacturing of tobacco in RMI. All tobacco and tobacco products are imported.

Liability (Article 19)

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

The Government of RMI took the lead among the Pacific island countries in bringing a case in 1997 against five U.S. tobacco companies to recoup US$ 4.6 billion in expenses resulting from disease caused by tobacco. Unfortunately, the case was dismissed in both Lower and High Court actions.

RMI is encouraged to take into account the recommendations of the expert group on Article 19 that will be presented to the COP6.

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"*.

RMI included questions on tobacco use in the 2011 Census on Population and Housing, 2011. The data were provided by a population of 12 520, who were asked six questions in relation to current and previous use of tobacco, whether smoked or chewed, and of betel nut use. The data showed that 24.71% of respondents (44.1% male and 5.0% female) smoked or had ever smoked cigarettes or other smoked tobacco products; 7.44% (12.2% male and 2.6% female) chewed or had ever chewed tobacco, including Copenhagen and other snuff; and 7.84% (14.4% male and 1.37 female) chewed or had ever chewed betel nut, including betel nut with tobacco.

The Behavioural Health Epidemiological Profile 2012 was endorsed by the Government in April 2013. These data show that the adult smoking rate in 2012 was 26% for males and 2.7% for females. Further information on the location, time of day and type of tobacco used is also available from this source.

RMI also conducted the GYTS in 2009 and the WHO STEPs Survey in 2002.

The 2009 GYTS indicated that 17% of boys and 10.6% of girls aged 13–15 years were current smokers, while 22.6% of boys and 15.8% of girls used other tobacco products. 9.3% of young people aged 13–15 years were susceptible to initiating smoking.

Data from the Youth Risk Behaviour Survey (YRBS) conducted in 2003, 2007, 2009 and 2011 showed higher use, with one third of high school students having smoked on one or more days in the previous month. Trend data showed a peak in 2003 and a plateau at 30% since 2007. Daily use has trended down since 2003 with 16.4% of students indicating daily use. Lifetime use has also trended down from 70% in 2003 to 63% in 2011.

RMI implements the Synar policy that tracks retailer violations of the ban on sales to minors. From a high of 99.1% in 1999 this has now dropped to 18.7% of retailers violating the law in 2013.

There is a wealth of data available in RMI, although the comparability and reliability of the data are difficult to determine. For example, the 2011 census data show male smoking at close to 60% which is almost three times higher than the Behavioural Risk data.

Gap – There is a lack of national data on the burden of disease caused by tobacco and on direct costs attributable to tobacco use.

It is therefore recommended that the Government of RMI:

1. ***ensure that current methods of data collection and surveillance are better coordinated to build research capacity and ensure comparability with standard surveys;***
2. ***include questions on tobacco consumption and if possible exposure to tobacco smoke in the next census, Demographic and Health Survey and other important surveys including the annual epi-profile for NCDs;***
3. ***conduct research addressing the determinants and consequences of tobacco consumption and exposure to tobacco smoke, including data on mortality and morbidity attributable to tobacco use;***
4. ***utilize research findings and surveillance results in developing the national tobacco control programme and interventions.***

In support of the Government's efforts to strengthen research and surveillance, the Convention Secretariat and the WHO 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*".

RMI has provided three reports. The first report was submitted on 4 April 2007, the second on 24 March 2010 and the third on 30 November 2012.

RMI has met the obligation under Article 21 of the Convention.

It is recommended that the Government start the preparation of the next implementation report well in advance of the deadline established by the COP in 2014 (1 January – 15 April 2014), and similarly for subsequent reporting years.

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"*.

With the support of WHO, RMI conducted the STEPs survey in 2002 and the GYTS in 2009. RMI also conducted the biannual YRBS with support from US CDC. The RMI Census on Population and Housing 2011 was supported by several international partners. WHO provides technical support and some funds for programme activities in the country. The US Government, through the five-year Compact, funds the tobacco control programme in RMI. SPC supports capacity building and training. Japanese International Cooperation Agency (JICA) has provided technical support in health promotion including tobacco control.

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. In decision FCTC/COP4 (17), the COP 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. The decision encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the United Nations agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level.

The current UNDAF for the Pacific Region covers the period 2013–2017. The UNDAF acknowledges that NCD risk factors in the Pacific are among the highest in the world. In some Pacific island countries, four out of every five adults smoke tobacco, and expenditures on tobacco consumption contribute strongly to household poverty. Under outcome area 4: Basic services (health and education), RMI identified as a priority strengthening and enhancing implementation of the RMI National Health Policy, specifically in the areas of NCDs, TB, HIV/AIDS, reproductive health, immunization and breastfeeding. Under outcome area 5: Government and human rights, RMI highlighted the implementation of international conventions as a priority, as follows: "A society based on good governance whose people and institutions uphold traditional, national, and international laws and conventions". The Government endorsed the regional and national UNDAF in December 2012. The international team met the Country Development

Manager, UN Joint Presence in RMI, and discussed implementation of the UNDAF programme activities to support RMI in meeting its obligations under the Convention and contributing to the prevention and control of NCDs.

The work in this area is in line with obligations under Article 22 of the Convention.

It is therefore recommended that the Ministry of Health follow up with the UN Joint Presence and the Ministry of Foreign Affairs to include implementation of the prioritized areas of the Convention under the UNDAF programming activities. The activities may include priorities identified on the basis of this report. It is further recommended that the Government of RMI 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"*.

RMI recognizes the important role that financial resources play in achieving the objective of the Convention.

As noted above, under Article 5.2(a), the Tobacco Control Act 2006 in its Part X calls for the establishment of a Tobacco Control Fund, comprised of the sum of all fines, fees and charges collected under the Act and regulations, of which 40% should be used to cover the costs of the Ministry of Health for the effective administration and enforcement of the Act. However, the Tobacco Control Fund has not yet been established.

The Substance Abuse Prevention Advisory Council was appointed by the Cabinet in 2009 as a multisectoral coordination mechanism to prevent substance abuse, including tobacco consumption and exposure to tobacco smoke. The Council may be able to contribute to the national coordination mechanism for implementation of the Convention once such a mechanism is established.

KUMIT has indicated that US$ 1,146,000 was committed to controlling substance abuse including tobacco and betel nut control over the period 2008–2012. This is divided between the national level, communities, workplaces and schools. Funding is received from US SAMHSA and a smaller amount from WHO. Few other sources have been made available in support of tobacco control.

Gaps – Other ministries that have obligations to implement the Convention have not allocated staff time and budget.

It is therefore recommended that all relevant Government agencies allocate budget and staff time to implementation of the Convention and enforcement of the Act and the regulations.

Article 26.3 requires Parties to *"promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition"*.

Some international organizations and development partners are active in RMI including WHO, US CDC, SAMHSA, HRSA and SPC.

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

It is therefore recommended in line with Article 26.3 of the Convention that the Government of RMI seek assistance from development partners and promote inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

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

RMI does not produce tobacco and there is no local manufacturing of tobacco products. This provision of the Convention is therefore is not applicable.

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"*.

RMI has promoted implementation of the Convention in the context of prevention and control of NCDs in the United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases, the Pacific Islands Forum, the PIHOA and other regional forums.

It is therefore recommended that RMI utilize the potential of Article 26.4 to continue to advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, such as the Ministries of Foreign Affairs, Education, Internal Affairs, Finance, EPPSO, etc., representing RMI in other regional and global forums, proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries to support them in implementation of the Convention.

ANNEX

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

Ministry of Health

Honourable David Kabua, Minister of Health
Russell Edwards, Acting Secretary of Health
Mailyng Konelios-Langinlur, Assistant Secretary, Primary Health Care
Francyne Wase-Jacklick, Administrator, Bureau of Primary Health Care
Francis Hicking, Director, Health Promotion & Disease Prevention
Neiar Kabua, Coordinator, National Cancer Program

Participating Government agencies

Frederick deBrum, Director, Economic Planning and Statistics Office
Gary Ueno, Secretary of Education, Ministry of Education
Bernard Adenine, Assistant Attorney General, Attorneys General's Office
Molly Helkena, Assistant Secretary, Policy, Planning and Assessment, Ministry of Internal Affairs
Wallace Peter, Assistant Secretary, Ministry of Internal Affairs
John Henry, Data Analyst, Economic Planning and Statistics Office
Thomas Kijiner Jr. President & CEO National Telecommunications Authority
Glorina Harris, Health Curriculum Specialist, Ministry of Education
Daniel Timothy, Customs, Ministry of Finance
Julia Alfred, Director, Single State Authority (SSA), Ministry of Finance
Journal Jilly, Coordinator for Compliance, SSA, Ministry of Finance
Carl Roki, Lead Data Analyst, SSA, Ministry of Finance
Paul Alee, Treatment Manager, SSA, Ministry of Finance
Jim Philipo, Assistant Commissioner, National Police Department

Convention Secretariat

Guangyuan Liu, Convention Secretariat
Harley Stanton, Temporary Adviser, Convention Secretariat

Nongovernmental organizations

Janet Nemra, Director, KUMIT Bobrae Coalition
Aluka Rakin, Director, Youth to Youth in Health
Anole Jacob, Behavioural Health – Substance Abuse Program Manager, Women United Together Marshall Islands.
Molly Murphy, Data Analyst, Marshall Islands Epidemiological Prevention Initiative
Brandon Buck, Principal, Marshall Islands Baptist Academy

In addition, the international team met Terry Keju, Country Development Manager, United Nations Joint Presence in RMI