

**Needs Assessment
for implementation of the
WHO Framework Convention on
Tobacco Control
in Papua New Guinea**

**Convention Secretariat
March 2010**

Executive Summary

The extent and consequences of tobacco epidemic in Papua New Guinea were recognized quite early when in 1987 the Government of Papua New Guinea enacted tobacco control legislation in order to develop a comprehensive plan of action to combat the epidemic. This early recognition is validated by the scientific and clinical evidence indicating a rising trend of tobacco-related morbidity and mortality in general, and of oral cancer and cardiovascular diseases in particular. This pattern is likely to be further reinforced by an increase in tobacco use among the youth in the recent years, leading to further worsening in morbidity and mortality figures and will consequently increase the disease burden on the national health system and on the economy of the country.

The objective of the WHO Framework Convention on Tobacco Control, to which Papua New Guinea is a Party since 25 May 2006, is to protect present and future generations from devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke (Article 3 of the Framework Convention). The Convention calls for the development and implementation of comprehensive multisectoral national tobacco control strategies, plans and programmes. There is also a growing recognition today within Papua New Guinea that if strong tobacco control legislation was implemented effectively and meaningfully, the tremendous health and economic impact of tobacco use was avoidable, at least on a scale that they are present today.

The needs assessment mission looked at the implementation of the WHO FCTC in a comprehensive and integrated manner and also considered its implementation within the broader health policy and the collaborative partnerships between the Government of Papua New Guinea and international donor agencies. During the mission it was recognized that action in a number of areas was critical for strengthening the implementation of the WHO FCTC.

First, it was noticed that in spite of the Tobacco Products (Health Control) Act 1987 being in force for more than 20 years in Papua New Guinea, its implementation remained unfulfilled particularly due to lack of a regulatory framework complementing effective implementation. Given the political commitment of Papua New Guinea to tobacco control, which became manifest with the ratification of the Convention in 2006 the further delaying the finalization of a new draft legislation on tobacco control in line with the requirements of the treaty is unwarranted. The process for developing new legislation already initiated should be finalized as soon as possible at technical and inter ministerial levels, for the draft to be presented to the parliament for approval after which the draft legislation shall enter into force as law. The need for this legislation to be WHO FCTC compliant can hardly be over emphasized.

Second, it was noticed that the level of awareness on the treaty obligation of the government among different stakeholder departments was not adequate, primarily due to of lack of an inter ministerial mechanism/task force on tobacco control, as required under the WHO FCTC (Article 5.2). It was felt that inter ministerial mechanism/task force on tobacco control was urgently needed to be established in order to coordinate with all government departments on tobacco-related matters to facilitate effective implementation of the WHO FCTC in Papua New Guinea.

Third, it was noticed that tobacco taxation in Papua New Guinea does not keep pace with the rate of inflation e.g. the consumer price index. The level of tobacco taxes should be raised in a systematic manner so that the tobacco products become increasingly and progressively expensive in order for price and tax measures to have any meaningful effect. It was also noticed that the idea of dedication of a share of the collected tobacco taxes for the purposes of

securing sustainable funding for tobacco control programmes was gaining ground, but it still needs to be reflected in the new draft legislation. This requires support of the government in general and Ministry of Finance in particular.

Fourth, national capacities and infrastructure for tobacco control need to be strengthened. Providing secure and sustainable funding for the tobacco control unit by inserting a specific line in the budget of health ministry was noticed as an urgent issue together with establishment of a dedicated focal point for tobacco control. It was felt that this measure could be implemented immediately in the new budget. Also, dedicating more staff time in other ministries and government agencies who have a role in the implementation of the Convention should also be considered.

Fifth, it was recognized that tobacco control and implementation of the WHO FCTC did not receive adequate attention in the last 10 year National Health Plan (2002-2010). It was recognized that the next National Health Plan (2011-2020), currently under finalization should appropriately and adequately focus on tobacco control by giving priority to implementation of the WHO FCTC.

Sixth, a number of international donor agencies and development partners have been identified as being active in the health and development sectors in Papua New Guinea. It was recognized at the same time that any item relevant to tobacco control is included in any of the bilateral agreements and action plans worked out with these agencies. The Government of Papua New Guinea may wish to take advantage of the presence of international donor agencies in the country when promoting tobacco control programmes.

Seventh, it was identified that implementation of specific requirements of the treaty varies article by article, but no full implementation was observed in any of the articles of the Convention. Gaps between treaty obligations and Papua New Guinea's achievements concerning those specific areas have been identified and recommendations on how to address these gaps have been formulated in the respective sections of this report.

As the Government of Papua New Guinea addresses these areas, the Convention Secretariat is available to support the process of engaging potential partners and identifying internationally available resources for implementation of the Convention. This report of the joint needs assessment mission shall be the basis for proposals to be presented to relevant partners for support.

Introduction

Papua New Guinea ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) on 25 May 2006 and the treaty entered into force for the country on 23 August 2006. WHO FCTC is the first and only international public health treaty under the auspices of the World Health Organization.

The Convention recognizes the need to generate global action so that all countries are able to respond effectively in the implementation of the provisions of the Convention. Article 21 of the Convention calls on Parties to periodically submit to the Conference of Parties (COP) implementation reports, including any difficulties they may face during implementation of the treaty. Article 26 of the Convention recognizes the importance that financial resources play in achieving the objectives of the treaty. The COP further directed that detailed needs assessment be done at country level, especially in developing countries and countries with economies in transition, to ensure that lower resource Parties are supported to fully meet their obligations under the treaty.

The initiation of this process dates back to the first session of the COP (February 2006)), when it called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition (decision FCTC/COP1(13)). The COP also called upon the developing country Parties and Parties with economies in transition to conduct needs assessment in light of their total obligations related to the implementation of all provisions of the Convention and 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 asked the Convention Secretariat (Decision FCTC/COP2(10)¹) 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 session (November 2008), the COP adopted the workplan and budget for the current biennium of 2010–11. The workplan, inter alia, stressed the importance of assisting developing country Parties and Parties with economies in transition, strengthening coordination with international organizations, and aligning tobacco control policies at country level to promote the implementation of the Convention. Needs assessments, combined with the promotion of access to available resources, the promotion of treaty tools at country level, the transfer of expertise and technology, and south-to-south cooperation were outlined as major components of this work.

The assessment of needs is necessary to identify the objectives to be accomplished under the WHO FCTC and resources available to a Party for the implementation and any gaps thereof. It is therefore be comprehensive and based on all substantive articles of WHO FCTC with a view to establishing a baseline of needs that a Party requires to fulfill its obligations under the Convention. The needs assessment is also expected to serve as a basis for assistance in Programme and Project development for meeting the obligations under the Convention, particularly to lower resource countries with the view to promoting and accelerating access to internationally available resources for implementation of the Convention.

To be comprehensive, the needs assessment is carried out in three phases: (a) initial analysis of the status, challenges and potential needs deriving from the implementation report of the Party

¹ http://apps.who.int/gb/fctc/PDF/cop2/FCTC_COP2_DIV9-en.pdf

and other available sources of information; (b) visit of an international team to the country for a joint review with government representatives representing both the health and other relevant sectors; and (c) follow up with country representatives for further details and clarifications, review of additional materials jointly identified, and the development and finalization of 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 the implementation of the WHO FCTC was conducted by the Convention Secretariat and the Government of Papua New Guinea, with the participation of the WHO Representative in Papua New Guinea, from 9 to 13 November 2009. The detailed assessment involved various relevant ministries and agencies of the Government of Papua New Guinea (Annex 1). The following report is, therefore, based on the findings of the joint needs assessment mission.

The report contains a detailed overview of the status of implementation of substantive articles of the treaty and also identifies gaps therein and areas where further actions are needed to ensure full compliance with the requirements of the treaty. This is followed by specific recommendations concerning that particular area. The Executive Summary provides an overview of the joint needs assessment exercise, and an outline of key findings and recommendations.

Status of implementation, achievements and challenges

This section of the report follows the structure of the needs assessment instrument and takes into account the achievements of Papua New Guinea concerning the implementation of specific articles of the Framework Convention. It briefly mentions the requirements of each of the treaty's articles, reviews the stage of implementation of this particular article by Papua New Guinea and identifies the gaps between the requirements of the treaty and actual level of implementation by the country. Finally, it provides recommendations on how to address the gap (s) identified during the joint needs assessment mission with a view to close the gap (s) between the treaty requirements and the implementation status.

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

Article 2.1 of the Convention encourages Parties to implement measures beyond those required by the Convention and its protocols and that are in conformity with international law. The needs assessment team has not identified any measures which go beyond those provided for by the Convention.

Article 2.2 clarifies that the Convention does not affect the right of Parties to enter into bilateral or multi-lateral agreements on issues relevant or additional to the Convention, provided that such agreements are compatible with the Party's obligations under the Convention. Such agreements shall be communicated to the Conference of the Parties (COP) through the Convention Secretariat. No such information have been provided so far by Papua New Guinea. It is therefore recommended that the Government of Papua New Guinea considers this matter and reports on any previous and agreements it enters into as required by Article 2.2 of the treaty. Such agreements concluded after the entering into force of the Convention for Papua New Guinea should be reported retrospectively at any time.

General obligations (Article 5 of the Framework Convention)

Article 5.1

This article of the Framework Convention calls upon Parties to *"develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention"*.

The Tobacco Products (Health Control) Act 1987 (hereinafter called as the Tobacco Act) was adopted more than 20 years ago well before the WHO FCTC was even negotiated and Papua New Guinea became a Party to the Convention. While it addresses some areas where the treaty imposes obligations on the Parties, implementation of the Act remained patchy due to the fact that a regulatory mechanism has not been developed to assist its implementation by the concerned agencies. Without a regulation, which would have clarified and further detailed the mechanism of implementation of the legislation, enforcement has also been found difficult to achieve.

The "National Policy on Tobacco Control" (hereinafter called as National Policy) was adopted by the National Executive Council in September 2004 as a component of the 2001-2010 National Health Plan. The document was developed after the World Health Assembly adopted, in May 2003, the WHO Framework Convention on Tobacco Control, so that it reflected the content and

followed the intersectoral approach promoted by the treaty, even if the document was completed before the ratification of the treaty by Papua New Guinea (on 25 May 2006). This was a major sign of political commitment to the WHO FCTC.

However, while the National Policy has now been in force for more than five years, very few of its elements were actually implemented and/or enforced. The vast majority of its advanced content elements are still to be legislated to enable their proper implementation and enforcement. There is an urgent need, therefore, for its revitalization and its reflection, along with other treaty requirements, in the draft tobacco control legislation (yet to be adopted by the legislature), which shall amend or substitute the Tobacco Act.

In order to mainstream the implementation of the WHO FCTC, it may be appropriate to include it in the Draft National Health Plan 2011-2020 which is currently under formulation. This element was missing in the current plan (2001-2010). **It is therefore recommended that the National Department of Health includes all missing elements of the treaty requirements into the draft 2011-2020 plan, while in parallel, also completing the process of development of a new draft legislation to substitute the 1987 Act, to be followed by the enactment of the adopted legislation.**

Article 5.2

This article calls for the establishment of a national coordinating body/mechanism and nomination of a national focal point for tobacco control. A multisectoral task force has been functional in Papua New Guinea in early 2000s, and after it has been instrumental in developing the National Policy on Tobacco Control, its operation was discontinued. Actually, such a task force is still to be re-established. A tobacco control focal point is designated in the National Department of Health, but his responsibilities also cover programmes concerning other behavioural risk factors and other determinants of chronic, non-communicable diseases (tobacco control is put under the lifestyle diseases unit). Stakeholders with whom the needs assessment team met, are in support of the establishment of a separate unit in the health ministry tasked to exclusively deal with tobacco/WHO FCTC matters. This would also be in line with the requirements of Article 5.2 (a) of the treaty.

Ministerial Task Force on Tobacco Control

The Task Force was set up in 2001 *"to coordinate tobacco control policies, advise the government on effective intervention strategies and monitor implementation to control the [tobacco] epidemic. The Task Force is to be a multi-sectoral and interdepartmental body with the task of fulfilling the goals and objectives..."*² concerning prevention of uptake and reducing the number of users of tobacco products. The document also indicates that the membership was from "senior policy and management level" which represented the following government institutions and other bodies:

- Two members representing the National Department of Health ("Technical health services" and "Policy, planning and administration")
- Department of Finance and Treasury
- Department of Education
- Department of Agriculture and Livestock
- Department of Trade and Industry
- Consumer Affairs Council

² Department of Health: Ministerial Task Force on Tobacco Control. Document provided by the Health Promotion Unit of the Ministry of Health and HIV/AIDS.

- School of Medicine and Health Sciences (University of Papua New Guinea)
- Papua New Guinea Institute of Medical Research
- National Quarantine Authority

And, as technical advisors:

- World Health Organization
- Church Representative
- Papua New Guinea Sports Federation
- Media Representative

The Task Force is no longer operational. Its urgent re-establishment is recommended, which would be in line with the requirement of Article 5.2 of the Treaty. When re-established, it should be ensured that its membership is as broad as possible, therefore, it is recommended that the Task Force includes all the above mentioned stakeholders (government and non-government) and, in addition to these, seeks for the participation of the following departments: customs and excise; foreign affairs; department of police; defence; labour, transport and personnel management; environment and conservation; local level government which may also have a stake in the overall formulation and implementation of specific areas of a comprehensive tobacco control programme.

The Task Force can focus its attention on building a sustainable and adequately funded National Tobacco Control and Licensing Board and its Secretariat, in line with the provisions of the 2004 National Policy, to review, strengthen and enforce all existing regulations, develop new legislation and regulations on tobacco control

Human resources/national focal point for tobacco control

The WHO FCTC is a comprehensive treaty whose implementation requires the involvement of many sectors. To domesticate it requires formulation of comprehensive national legislation and an infrastructure for enforcement. The success of implementation shall be seen during monitoring and evaluation. The Convention also obligates Parties to report on the status of implementation nationally. All these different activities require well prepared personnel. At present, the duty of overseeing the implementation of various tobacco control programmes are scattered between different units of the National Department for Health. Moreover, there is no staff to dedicate their full-time to tobacco control in the health department, let alone the implementation of the Convention, as they have to also cover other duties. Even more importantly, the implementation of a comprehensive tobacco control action plan, reflecting on the content of the treaty requires capacity for coordinating tobacco control efforts with other departments of the Government; this capacity also seems to be insufficient within the health department. **It is recommended therefore that a unit to be established in the health department to work full-time on the implementation of the Convention. Other staff from within the Ministry could also support this work on a part-time basis. More staff time shall be realized from other ministries and agencies of government who have a role in the implementation of the Convention.**

Coordination with the civil sector

In the Preamble of the Framework Convention Parties also emphasized "*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". It is recommended that the Government identifies and invites for the participation in the Task Force of civil society organizations working in tobacco control.

Tobacco control unit and focal point for tobacco control

The establishment of a separate tobacco control unit within the health department, the nomination and description of duties of a national tobacco control focal point and the terms of reference for the intersectoral coordinating mechanism for tobacco control (task force) should be included in the draft tobacco control legislation under preparation. It should also be ensured that adequate and sustainable funding is provided for their operation, preferably in the national health budget. This is the way to ensure that all actors (governmental and non-governmental) can bring their contributions to the development of implementation of a national action plan. This would be in line with one of the guiding principles of the Framework Convention (Article 4), which stipulates that *"comprehensive multisectoral measures and responses to reduce consumption of all tobacco products at the national, regional and international levels are essential so as to prevent, in accordance with public health principles, the incidence of diseases, premature disability and mortality due to tobacco consumption and exposure to tobacco smoke"*.

Article 5.3

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

So far, there is only one transnational tobacco company active in Papua New Guinea (British American Tobacco). Another multinational is expected to receive license to start its operation in the country, but its details and whereabouts were not revealed during the discussions of the needs assessment team with the Internal Revenue Committee representatives. BAT is actively pursuing its interests in Papua New Guinea. In 2006, they developed a proposal for sensible regulation in response to the adoption of the National Tobacco Control Policy by the National Executive Committee. In addition to that they successfully lobbied for introduction of 5-piece cigarette packages in the local market for a period of one year, a measure contradicting Article 16 of the WHO FCTC. The overall level of interference of the tobacco industry with state administration and legislative bodies remains unknown.

It is recommended that the Government ensures, in line with the treaty obligations, that the tobacco industry does not participate, as active partner, in the development of any tobacco control policy. In line with recommendation 2.1 of the guidelines for implementation of Article 5.3. of the Convention, the Government should ensure that it only interacts with the tobacco industry and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products. Provisions along these lines should be included in the draft legislation on tobacco control under preparation.

Price and tax measures (Article 6 of the Framework Convention)

In Article 6.1 of the Framework Convention *"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"*. It should be ensured that government departments concerned with finance, revenue trade and customs matters as well as parliamentary committees concerned with these matters have a clear understanding of the significant importance tax and

price measures play in combating the tobacco epidemic and, consequently, the role they could play in the success of the country's overall tobacco control efforts. There is a need to raise awareness among these actors on the requirements of the treaty concerning taxation and price measures to decrease the demand for tobacco and to also promote the use of dedication of a share of the collected tobacco taxes for the purposes of securing sustainable funding for tobacco control programmes (hypothecation or earmarked tax).

Article 6.2

Taxation of tobacco products

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

Papua New Guinea applies specific taxes (applied per kg) on locally produced and specific taxes and import tax (same level as the specific component for locally made cigarettes) on imported cigarettes. From 1 June 2009, PGK 54,17 is applied on smoking tobacco, chewing tobacco, snuff, twist or trade tobacco, "homogenised" or "reconstituted" tobacco and other tobacco products. For "coarse shredded tobacco for roll-your-own cigarettes" the specific tax rate is little more than half of the above figure (PGK 29,18).

An additional 10% of sales tax is contained in the retail price of tobacco products. It is estimated that around 35% of the retail price of cigarettes consists of tax³.

The annual tax revenue from tobacco products is estimated at PGK 277 million (around USD 100 million).

The Excise Tariff (2008 Budget Amendment) Act of 2007 requires that the duty rate for tobacco products is adjusted at six monthly intervals, on May 31 and 30 November each year. The adjustment is calculated by multiplying the duty rate then applicable, by the lesser of the consumer price index (CPI) movement in the previous six months period, or 2.5%. The adjustment as calculated is added to the duty rate then applicable, to give the new duty rate. The new duty rate after each adjustment will replace the previous duty rate and will apply from the first day of the next month, i.e. from 1 June and 1 December.

For example, between March and September 2008, the CPI rose by 6.96%, while the adjustment of the specific duty on smoking tobacco was less than half, 2.5%.

This indicates that although tobacco taxes are raised regularly, they are well below the actual rate of inflation. This practice indicates that a net increase in tobacco taxes is perhaps never reached, thus this policy does not take into account the achievement of health objectives as required by article 6.2 of the Convention. **It is recommended therefore that Papua New Guinea revisits its tobacco taxation policy to ensure that regular tax increases not only offset an increase in CPI, but also exceeds that level. In parallel, street sales as well as sales of tobacco products by sticks or in packs of less than 20 pieces should be banned to ensure the highest possible tax revenue from the sales of tobacco products.**

³ GTCR report, Papua New Guinea.

The Papua New Guinea Customs Service (formed in mid-2009, formerly a division of the Internal Revenue Commission) is responsible, among others, for collecting the revenue that is due to the state as authorized by various laws, including the collection of taxes on excisable goods.

Officials from the Internal Revenue Commission also indicated that significant raises in tobacco taxes are not being considered due to concerns that such tax increases would result in an increase in illicit trade in tobacco products (in spite of this being estimated to be only 2-3% of the overall tobacco market). These fears may at least in part be fuelled by the tobacco industry.

Price of tobacco products

Despite the fact that the share of different taxes in the retail prices of tobacco products is relatively low in Papua New Guinea, the price of these products is quite high. The price of a pack of 20 of the most sold cigarette brand costs PGK 11.20 (around USD 4.2). This explains the fact that tobacco products are frequently sold in single sticks and also in "kiddie packs" of five pieces.

Importations of tobacco products and duty-free sales

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. Papua New Guinea complies in part, with this requirement of the treaty. The importation of tobacco products by international travellers is limited to 200 cigarettes per entry to the country; tax- and duty-free sales, however, are not limited.

With respect to a ban in duty-free sales, the National Policy provides for this measure within "an agreed timeframe". Further steps to set up such a timeframe were not made yet. The development of a new draft legislation is a good opportunity to implement this requirement of the treaty. There are good international precedents and experience with the ban in duty-free sales. For example, member states of the European Community apply a complete ban on duty free sales within the EU internal market, indicating that such measure is feasible and do not require additional resource investment. On the opposite, a ban on duty free sales would increase the overall tax income from tobacco products, so the country's economy at large would benefit from this measure.

Reporting of the rates of taxation

Article 6.3 of the Framework Convention requires that Parties provide their rates of taxation for tobacco products in their periodic reports to the Conference of the Parties in accordance with Article 21. This information, however, was missing from the two year report Papua New Guinea submitted to the COP on 30 June 2009. This indicates that further efforts should be made to improve communication between the health and finance sectors, not least aimed at providing the health sector with up-to-date information concerning trends in tobacco taxation and state revenues collected through the means of tobacco taxation. This could be achieved by ensuring that representatives of sectors such as finance, revenue, trade and customs are included in the Ministerial Task Force on Tobacco Control once that is re-established.

Protection from exposure to tobacco smoke (Article 8 of the Framework Convention)

In Article 8.1 of the Framework Convention *"Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability"*.

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"*.

Section 10 of the 1987 Tobacco Products Act provides the legal basis for regulating the use of tobacco products in public places by mandating the "Minister" [of health] to *"declare a place, including a part or section of a public transport vehicle, to be a place to which this section applies"*. Through its decree of 20 December 1991 the then minister of health extended the application of a complete ban on use of tobacco products to the following places:

- Public Motor Vehicles (as defined in the Motor Traffic Act)
- Cinemas and theatres
- Aeroplanes of flights within Papua New Guinea other than private charters
- All offices and buildings of all educational institutions
- All buildings of health institutions
- All government offices (including provincial government offices) and statutory authorities.

According to the decree, smoking or use of tobacco products in these places is an offence, subject to a fine of PGK 1,000 or imprisonment for a term not exceeding 12 months.

The decree does not refer to indoor workplaces, does only extend the ban to some indoor public places and public transport facilities and does not provide for complete protection from tobacco smoke in settings which it intends to regulate (such as all airplanes). Though the national airline (Air Niugini), in its jurisdiction, applies a complete ban on all its short and long-haul flights.

Another good example is that of the National Gaming Control Board, which in its own jurisdiction introduced a complete ban of smoking in all gaming areas as effective 1 April 2009. The feedback from the community and the public concerning this regulation was very positive and supportive.

Also, building upon initiatives and national programmes concerning other risk factors of cardiovascular diseases (such as diet and physical activity), tobacco control was introduced as an integral part of the overall efforts to control or reduce the impact of all lifestyle-related risk factors. Developing partnership with the PNG Sports Foundation in view of embracing tobacco-free sports in the country is another ongoing effort, which can be strengthened.

Collaboration with the National Road Safety Council and the Police Traffic Directorate to facilitate the implementation and enforcement of the regulation concerning smoking in public transport facilities has been included as an objective in the Global Road Safety Report of PNG, elaborated in 2008 under the umbrella of the WHO Global Safety Report.

Stakeholders indicated that the 1991 decree also lacks adequate enforcement; also, anecdotal evidence shows that the regulation is not complied with especially in public transport facilities. Neither of the 1987 Act nor the ministerial decree of 1991 provide for an authority, tasked with checking compliance with smoke-free regulations, which results in the lack of understanding on who should perform this task.

It is therefore important, that as part of a new tobacco control act strong measures to ban tobacco use in public places be introduced, along with the nomination of an enforcement authority and introduction of proper penalties for non-compliance, in line with the

recommendations of guidelines on Article 8 of the WHO FCTC. It is expected that the tobacco industry would express opposition to any strong regulation of tobacco use in public places; in its 2006 submission to the health ministry, BAT indicated that it only supports "sensible" regulation in this area, i.e. the use of ventilation or designation of smoking areas to comfort smokers who wish to smoke in settings covered by an eventual ban.

Regulation of the contents of tobacco products (Article 9 of the Framework Convention)

The treaty requires Parties to regulate and provide for testing/measuring of the content of tobacco products.

Section 7 of the 1987 Act prohibits the importation, manufacturing, sale or distribution in Papua New Guinea of tobacco products *"which are not marked with a declaration stating the level of harmful substances contained in or released by the tobacco products"*. The National Policy also foresees tobacco packaging to carry maximum levels of key ingredients and additives, which include tare and nicotine and *"other recognized harmful constituents of tobacco smoke"*. While the Act requires these information to be published on the packages, it does not regulate the levels of such constituents.

With respect to testing/measuring, Papua New Guinea does not have the necessary infrastructure and capacity in place to perform such testing. **This issue should be addressed in the new draft tobacco control legislation.**

Section 7 paragraph 2 of the 1987 Act indicates that *"the Regulations shall prescribe the conditions relating to the content, weight, filters and packaging of tobacco products"*. Such a regulation - despite the Papua New Guinea health ministry having developed, with assistance from the WHO two drafts (from 2001 and 2003, respectively) for it - is still to be adopted by the Parliament of Papua New Guinea.

Regulation of tobacco product disclosures (Article 10 of the Framework Convention)

The Convention requires Parties to *"adopt and implement effective ... 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"*.

Section 11 of the 1987 Act requires *"manufacturers and importers of, and dealers in, tobacco products"* to furnish various information, including information referring to the composition of tobacco products, *if the Minister so requires*. This section also refers to the handling of the information obtained from the tobacco sector, by indicating that these shall not be communicated to a third person, except for *"the purposes of this act"* and *"in proceedings in a court in relation to an offence under this Act"*. Disclosure of the content of tobacco products is also listed among the strategies concerning "Testing, reporting and restriction of toxic and other constituents" of the National Policy.

No document in which the Minister would have required disclosure of the composition of tobacco products is available, however. Also, neither the Act nor the National Policy envisages a

requirement for public disclosure of such information; on the opposite, the 1987 Act prevents the Minister to disclose these information to the public, except for the purposes provided above.

It is recommended that these items be addressed in the new draft legislation to ensure full compliance with the requirements of the treaty.

Packaging and labeling of tobacco products (Article 11 of the Framework Convention)

Section 7 of the Tobacco Act prohibits the importation, manufacturing, sale or distribution in Papua New Guinea of tobacco products which do not carry the *"prescribed health warning"*. There is one general warning: *"Government health Warning - Smoking is dangerous to health"*. The warning appears in both the front and the back of the package (English in the front and Pidgin on the back, but there is no warning in the third official language, Motu), the average size of the warnings is 30% (33% on the front of the pack and 25% on the back); it is located in the upper part of the package and is not damaged with the opening of the package; it is printed in black on white, in a black frame; it is clear, visible and legible. However, no multiple or rotating warnings are requested by legislation.

The National Policy also contains two sections (4 and 5) on health warnings and packaging and labeling, respectively. Their recommendations include:

- banning false, misleading and deceptive terms on tobacco packaging;
- requiring rotating warnings, with pictures and with a minimum size of 50% of the two largest sides of the pack;
- requiring package insert cards with additional health warnings;
- prohibiting any form of tobacco product which does not have the mandated health warning of the set standards;
- requiring that each package unit carries prominently the maximum levels of the key ingredients and additives.

Again, the National Policy refers these items to be tackled in the Regulations, which have not been developed yet.

Table 1 provides a comparison of the treaty requirements and the actual stage of complying with these requirements in Papua New Guinea concerning measures on Article 11.

Table 1.

Paragraph in Art. 11	Content	Level of compliance	Comments
1(a)	tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as	Not yet implemented	The National Policy is a strategic document which still needs to be embodied in the legislation

	“low tar”, “light”, “ultra-light”, or “mild”		
1(b)	each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.	Complies	Measure recommended by the National Policy, but this recommendation still needs to be embodied in the legislation
1(b)(i)	[The warning] shall be approved by the competent national authority	Complies	The warning states that this is a "government health warning"
1(b)(ii)	[The warnings] shall be rotating	Not yet implemented	Measure recommended by the National Policy, but this recommendation still needs to be embodied in the legislation
1(b)(iii)	[The warning] shall be large, clear, visible and legible	Complies	
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 yet implemented	Measure recommended by the National Policy, but this recommendation still needs to be embodied in the legislation
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	Not yet implemented	This item is also referred to in the guidelines for implementation of Article 11
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.	Comprised in the 1987 Tobacco Products Act, but never implemented because of the lack of regulation	
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.	Complies	Inclusion of a warning in the third official language is to be considered ⁴

Measures listed under Article 11.1 of the treaty are time-bound. Parties were given a three-year grace period for the implementation of these measures. Papua New Guinea had missed the deadline for implementation of Article 11 requirements. Therefore, **there is an urgent need for**

⁴ For the placement of different language warnings the example of Belgium, where there are three language warnings, can be consulted; <http://www.smoke-free.ca/warnings/Belgium%20-warnings.htm>

Papua New Guinea to ensure compliance with Article 11 of the treaty, by the inclusion of these requirements of the treaty in the new draft legislation.⁵

Education, communication, training and public awareness (Article 12 of the Framework Convention)

The 1987 Act does not provide for any measures or programmes in line with Article 12 of the treaty. Programmes reflecting requirements of Article 12 of the Convention appear in Chapter 4 of the National Policy under the title "Health promotion".

Important efforts have been put into sensitizing the public and communities through all media (radio, newspapers, TV) on the health, economic, social consequences of tobacco use and on measures to control tobacco. As part of these efforts, weekly programmes in the national radio were focused on tobacco and other lifestyle-related risk factors. In addition to these programmes and linked to the celebration of the World No Tobacco Day in 2009, a media campaign was aired in the national television and three radio channels. The programmes relating to the World No Tobacco Day were implemented by the Health Promotion Unit of the National Department of Health.

Awareness raising programmes aired through the media also facilitated the establishment of contact and further, developing partnership, with the Town Authority of the National Capital District. The main aim of this partnership is the strengthening of the enforcement of regulations of tobacco use within the jurisdiction of the Authority.

In addition to these, a seminar on smoke-free environments were organized during the mission, where representatives of different ministries, teachers and representatives of other government agencies were present. This effort was supported from the budget of the Non-communicable disease unit, actually hosting the tobacco control focal point in the health ministry. This effort also qualifies as a sensitization and awareness raising effort targeted at various, and primarily non-health-related stakeholders.

Issues related to substance abuse (including illicit drugs and tobacco) are included in the curricula of primary (subject called "Health") and secondary school students (subject called "Health and personal development").

As indicated above, there are some initiatives in place aimed at increasing the level of awareness in the society at large on tobacco-related matters, but a clear strategy on improving public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption (Article 12(f) of the Framework Convention) is still missing. As a consequence, effective and appropriate training, sensitization and awareness programmes on tobacco control in the population at large and especially in key target groups, such as health, community and social workers, media professionals, educators, decision-makers (with special regard to officials from departments other than health), administrators is still to be implemented. Also, the reach of such programmes, in the areas where initial efforts have been made, need to be improved. The content of the existent programmes also need further diversification. For example, the public has no access to a wide range of information on the tobacco industry, as required by Article 12(c) of the Convention and reiterated by the guidelines for the implementation of Article 5.3.

⁵ Sample texts of legislations on health warnings including pictures can be found on the website of Physicians for a Smoke-free Canada. <http://www.smoke-free.ca/warnings/default.htm>

In addition to these, there is no information yet available on the overall level of knowledge of the members of the society on matters related to tobacco use or on the level of public support for stronger tobacco control legislation. No such research programmes have been performed so far in Papua New Guinea.

It is understood that insufficient financial support for tobacco control programmes, in general, has a negative impact on the implementation of these resource-demanding programmes. **Therefore, within the frame of the new draft tobacco control act reference should be made not only to the implementation of measures concerning "education, communication, training and public awareness" as included in Article 12 of the Convention but also to a mechanism providing secure and sustainable funding (such as dedicated funds from tobacco tax for purposes of communication and public awareness on tobacco) for such tobacco control programmes (see section on infrastructure and financing).**

Tobacco advertising, promotion and sponsorship (Article 13 of the Framework Convention)

The 1987 Act (Section 8) prohibits advertising of tobacco products, including when appearing in an advertisement of another good or service. The law indicates that *"Regulations may prescribe further matters for the purposes of this section"*. Such regulation, however, remain to be worked out since the adoption of the 1987 Act.

The National Policy (Chapter 4, Sections 2 and 3) also addressed the issue of direct and indirect tobacco advertising and sponsorship, but again, without transposing this strategy paper into a national legislation, implementation and proper enforcement, is not feasible.

It is therefore essential that during the development of the new draft legislation the issue of tobacco advertising, promotion and sponsorship be properly addressed, also taking into account the content and recommendations of the Guidelines for implementation of Article 13. Special attention shall be given to the inclusion of cross-border advertising and arrangements for proper enforcement into this draft.

Measures concerning tobacco dependence and cessation (Article 14 of the Framework Convention)

There are no comprehensive and integrated guidelines concerning tobacco dependence and cessation developed in Papua New Guinea. Also, there are no effective measures put in place to promote cessation of tobacco use and adequate treatment of tobacco dependence in the country.

The National Policy states that *"initiatives that help smokers to quit smoking shall form a key component of the national tobacco control program"*. Unfortunately, very few measures have actually been put in place. Among the few, services to assist users of tobacco products to quit their habit are available in private health clinics and the national health insurance provides full coverage for counseling, but not pharmacotherapy. Nicotine replacement therapy is available in pharmacies on prescription, but its price is prohibitive. The Annual Action Plan for 2008 of the Lifestyle Diseases unit of the health department indicated the launching of cessation initiatives in communities, but the implementation of such projects is delayed due to lack of funding.

The non-communicable disease unit of the health department plans to establish a national quitline with the assistance of one of the mobile telephone companies.

Taking into account the resources which may be needed for the implementation of requirements of Article 14 of the treaty, the same recommendations apply as in the case of Article 12 measures.

Illicit trade in tobacco products (Article 15 of the Framework Convention)

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"*.

According to the Internal Revenue Commission around 2-3% of the overall tobacco market constitute of smuggled or counterfeit tobacco products. The main source of illicit products is the land border with Indonesia, which is largely unattended. Penalties for illicit trade in tobacco products are in place, but they are not deterrent. Confiscated counterfeit and contraband tobacco products are destroyed (burnt), but not using environmental-friendly methods. The National Policy (Chapter 5, Section 5) recommends further steps to control smuggling of tobacco products, but these are still be included in the national legislation to become effective and enforceable.

The Papua New Guinea Customs Service is a national authority with the following core functions: border protection; trade facilitation; and revenue collection. The ASYCUDA⁶ system is being used by Papua New Guinea; this computerized system could host a tracking and tracing regime as foreseen by the protocol on illicit trade in tobacco products.

The Papua New Guinea Customs Service also monitors and collects data on cross-border trade in tobacco products and shares those data with the Internal Revenue Commission and other government agencies, in line with the requirements of Article 15.4(a) of the Convention.

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

Table 2.

Paragraph in Art. 15	Content	Level of compliance	Comments
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 National Policy envisages that each manufacturer of tobacco products prints a unique serial number legibly on all packages of tobacco products sold in Papua New Guinea; this measure still

⁶ ASYCUDA is a computerized customs management system which covers most foreign trade procedures. The system handles manifests and customs declarations, accounting procedures, transit and suspense procedures. ASYCUDA generates trade data that can be used for statistical economic analysis. The ASYCUDA software is developed in Geneva by UNCTAD and it takes into account the international codes and standards developed by ISO (International Organization for Standardization), WCO (World Customs Organization) and the United Nations.

	marked to assist Parties in determining the origin of tobacco products.		needs to be embodied in the national legislation
2(a) and 3	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “ <i>Sales only allowed in (insert name of the country, subnational, regional or federal unit)</i> ” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.	Not yet implemented	To be included in the new draft national legislation
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 system used by Papua New Guinea is capable of using any track and trace regime; Papua New Guinea would welcome a system developed under the umbrella of the new protocol
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	Compliant	The format and exact volume of information owned is unknown
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes	Compliant	
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	Compliant	
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	Partial compliance	Work has been initiated by the IRC
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products	Compliant	

5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the Conference of the Parties, in accordance with Article 21.	Not yet implemented	The two-year report of Papua New Guinea did not include such information, but some information was obtained during the mission
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.	Compliant	Details not known
7	Each Party shall endeavor 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.	Not yet implemented	The National Policy (Chapter 6, Section 2) provides for licensing of tobacco sales and production in the same way as for alcohol; this recommendation is still to be included in the national legislation.

In summary, areas of non-compliance listed above need to be addressed during the preparation of the new tobacco control legislation.

In the meantime, IRC and the Department of Finance have been actively engaged in the current process of developing a Protocol on Illicit Trade in Tobacco Products under the umbrella of the WHO FCTC. If adopted, the protocol is expected to stimulate within PNG the establishment of an intersectoral team to strengthen efforts for implementation of Article 15 of the Convention.

Sales to and by minors (Article 16 of the Framework Convention)

Section 9 of the 1987 Tobacco Products Act stipulates that *"a person shall not sell or hand over (a) tobacco products to a person who is or apparently is under the age of 18 years; or (b) imitations of tobacco products which may encourage or induce the use of, or consumption by, a person who is or apparently is under the age of 18 years"* and also foresees the application of fines for non-compliance.

The above measures comply with the requirements of Article 16.1, 16.1(c) (with the amendment suggested below) and 16.6 (penalties against sellers) of the treaty. Our discussions with stakeholders indicate that vending machines are not in use in Papua New Guinea, so that Article 16.1(d) is not actually applicable to the country - although the National Policy also provides for a ban of vending machines. Taking into account that, in the near future, tobacco companies may wish to introduce vending machines to provide for more opportunities for their products to be available, it will be useful that such provision be introduced in the new draft legislation.

Building partnership with the National Capital District Commission with requiring them to use their regulating power to remove street sales of tobacco (and betel nut) is an ongoing work of the Lifestyle Unit of the National Department of Health. This will contribute to making tobacco products inaccessible to minors. This coalition building effort also relates to the process of strengthening the control of illicit trade in tobacco products.

Other requirements of Article 16 of the treaty are partly addressed or remain completely unaddressed in the actual Tobacco Products Act or in the National Policy. **These measures should be pursued as elements of the new legislation as follows:**

- Require sellers to place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, request that each tobacco purchaser provide appropriate evidence of having reached full legal age (Article 16.1(a));
- Banning the sale of tobacco products in any manner by which they are directly accessible, such as store shelves (Article 16.1(b));
- In the case of Article 16.1(c), there may be need for a more exact wording in line with this article of the treaty, for the actual section 9(b) of the Tobacco Act;
- Prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors (Article 16.2);
- Prohibit the sale of cigarettes individually or in small packets (Article 16.3);
- Sales of tobacco products by minors (Article 16.7).

Provision of support for economically viable alternative activities and protection of the environment and the health of persons (Articles 17 and 18 of the Framework Convention)

Article 17 of the Convention 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 large scale tobacco growing in Papua New Guinea. Moreover, the actual policy of the Department of Agriculture and Livestock is to ban commercial cultivation of tobacco. All the tobacco leaf used for manufacturing tobacco products are imported.

The small scale (but still commercial) local tobacco cultivation by an Australian-based tobacco company was abandoned in the 1980s and the Department does not encourage local cultivation on a commercial scale. Nevertheless, tobacco is grown widely in Papua New Guinea by villagers for their own use and is often sold at local markets, in the form of dried leaves.

Providing economically viable alternatives to smaller scale tobacco growing is currently being considered; this measure would be in line with requirements of Article 17 of the Convention, it should be therefore pursued. Also, international donor agencies may be interested in funding such programmes, as part of their efforts targeted at rural development and poverty reduction.

The National Department of Health currently works with the National Capital District Commission to find alternative livelihoods for tobacco and betel nut street sellers in collaboration also with other government agencies (agriculture, community development, trade and industry).

With respect to the protection of the environment and the health of persons, there were no measures reported by Papua New Guinea. **Introducing wording on this requirement of the treaty is to be considered when developing the new draft legislation.**

Liability (Article 19 of the Framework Convention)

Article 19 of the Convention promotes the use of legislative actions or promotion of Parties' existing laws, including criminal and civil liability as tools for tobacco control. No such as efforts has been initiated so far in Papua New Guinea. **Including language concerning Article 19 of the Convention in the new draft legislation should be considered.**

Research, surveillance and exchange of information (Article 20 of the Framework Convention)

Papua New Guinea implemented the Global Youth Tobacco Survey (GYTS) in 2007; this survey provides data for tobacco use among teenagers aged 13-15. The STEPS survey coordinated by the World Health Organization was implemented in 2008, but its findings have not been published yet. This survey provides prevalence data for adults aged 15-64. The Global Health Professional Students Survey was conducted in 2009 and the report will be published in 2010. In addition to these, a tobacco sales and pricing survey has been performed in 2009 by local researchers.

No other tobacco-related research has been performed so far in Papua New Guinea. Also, there is no national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators. The National Policy (Chapter 7, Sections 1 and 2) reflects the content of Article 20 of the Convention, therefore, its implementation should be pursued. The promotion of and advocacy for the new legislation also requires good quality and genuine local data on tobacco use and related indicators.

With respect to the establishment of a surveillance system to monitor tobacco use, the system already in place for the collection of morbidity data from community health care units and hospitals can be used as a basis. There are plans to include questions about tobacco use in the medical record forms. Another opportunity is to include tobacco-related questions in the national census which is being implemented five-yearly, next in 2010.

Papua New Guinea should be provided with technical help for a further and more detailed assessment of and, based on that, the establishment of a national surveillance system.

Reporting and exchange of information (Article 21 of the Framework Convention)

Papua New Guinea has provided its two-year report on the implementation of the Convention on 30 June 2009, accompanied by attachments providing more background information in relation to the implementation of certain provisions of the treaty.

The second implementation report of Papua New Guinea, in the format adopted by the third session of the Conference of the Parties in November 2008, should be submitted by 25 May 2011. The Government is welcome to request technical support from the Convention Secretariat, if needed, for the preparation of the second report.

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

In early 2000, there were two attempts to develop a regulation to assist the implementation of the Tobacco Act (in 2001) and to develop a textual proposal for its amendment (in 2003), respectively. WHO provided the necessary assistance to these efforts. Neither of them has been taken forward, however.

In the context of further activating and bringing on board the issue of implementation of the WHO FCTC into the development agenda in Papua New Guinea, this mission utilized the opportunity to meet the UN Resident Coordinator and a discussion was held concerning the inclusion of some aspects of treaty implementation in the context of cooperation between the UNDP and the Government of Papua New Guinea, to be facilitated through the WHO Representative to Papua New Guinea.

It was found that the current national health plan is coming to the end of its cycle in 2010. The next national health plan for the period 2011-2020 is currently under drafting stage and is likely to be finalized by mid year in 2010. **It is envisaged that the implementation of the WHO FCTC will figure more prominently in the next national health plan both from the health and development perspectives.** A copy of this report as well as a presentation on the development dimension of the WHO FCTC will be provided to WHO Representative and the UN resident coordinator for their information and use during their interventions with high level officials.

Financial resources (Article 26 of the Framework Convention)

In Article 26 *"Parties recognize the important role that financial resources play in achieving the objective of this Convention"*. Article 26.2 calls on Parties 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"*. These resources should be availed by the responsible ministries and government agencies.

The National Department of Health is currently supporting tobacco control activities under the budget of the unit for non-communicable diseases. There is no information on allocation in the budgets of the other relevant ministries that contribute to the implementation of the Convention. **The National Department of Health can therefore be urged to:**

- i. **Establish within its budget, a dedicated line for implementation of the Convention.**
- ii. **Urge the other relevant ministries to provide in their budgets, funds to support implementation of the relevant provisions of the Convention as their responsibility towards meeting obligations of the treaty.**
- iii. **Collate the sums in the various Ministry budgets to estimate the total government financing of implementation of the Convention.**
- iv. **Consider the establishment of a specific fund for tobacco control, using a determined part of the collected tobacco tax (earmarking).**

Article 26.3 of the Convention 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". The following international donor agencies have been identified to be active in health and development sectors in Papua New Guinea:

- Australian Government Agency for Overseas Aid Programme (AusAID)
- New Zealand's International Aid and Development Agency (NZAID)
- Japan International Cooperation Agency (JICA)
- Korea International Cooperation Agency (KOICA)
- United Nations Development Programme (UNDP)

AusAID and NZAID act as development partners, while KOICA is known to be active in technical capacity building areas. The UNDP coordinates the overall development process, including collaboration between the development agencies in Papua New Guinea.

It is recommended that, in the spirit of Article 26.3 of the Framework Convention, the Government of Papua New Guinea takes advantage of the presence of international donor agencies in the country and promotes the inclusion of tobacco control in bilateral agreements and action plans worked out with these agencies. Article 26.3 specifically points out, that projects promoting "*economically viable alternatives to tobacco production, including crop diversification*" should be addressed and supported in the context of nationally developed strategies of sustainable development.

ANNEX 1

The assessment involved the following ministries, departments and agencies of the government of Papua New Guinea:

- WHO Representative
- National Department of Health, Minister of Health
- National Department of Health, Noncommunicable Diseases Department (focal point for the visit)
- National Department of Health, Health Promotion department (2 experts, project implementation and legal)
- Ministry of Provincial and Local Affairs
- Internal Revenue Commission, 5 experts and separately, the Director General
- UNDP, UN Resident Coordinator and Assistant Resident Representative
- Mo Education Representatives
- National Gaming Control Board
- Department of Provincial and Local Level Government
- National Economic and Fiscal Commission
- Representative of the Cityhall, Port Moresby

Tobacco use in Papua New Guinea

The **WHO STEPwise survey** has been implemented in Papua New Guinea in 2008. While the final report has not been published yet, preliminary information indicate that more than two thirds of the adult population (15-60 years of age) consumes tobacco in a form or other (75.4% of males; 72.2% of females; 73.9% combined).

Consumption (chewing) of betel nut is also widespread and practiced publicly. In 2000, Papua New Guinea is the world leader as standardized rates for oral cavity cancer (linked to both smoking and betel nut chewing) are concerned. Tobacco control therefore provides an opportunity to also addressing this habit culturally enrooted in the whole society.

The **Global Youth Tobacco Survey (GYTS)**⁷ provides data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price, environmental tobacco smoke exposure (ETS), cessation, media and advertising, and school curriculum. The Papua New Guinea GYTS was a school-based survey of students in grades 6-9 (to include students aged 13 - 15) conducted in 2007.

A two-stage cluster sample design was used to produce representative data for Papua New Guinea. At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 100%, the student response rate was 82.1%, and the overall response rate was 82.1%. A total of 1362 students aged 13 – 15 years participated in the Papua New Guinea GYTS.

Prevalence

- 55.3% of students had ever smoked cigarettes (Male = 64.4%, Female = 47.0%)
- 47.7% of students currently use any tobacco product (Male = 55.4%, Female = 40.3%)
- 43.8% of students currently smoke cigarettes (Male = 52.1%, Female = 35.8%)
- 15.9% of students currently use other tobacco products (Male = 21.1%, Female = 11.1%)
- 16.0% of students never smokers are likely to initiate smoking next year

Knowledge and Attitudes

- 62.3% think boys and 43.0% think girls who smoke have more friends
- 14.4% think boys and 10.9% think girls who smoke look more attractive

Access and Availability—Current Smokers

- 18.3% of students usually smoke at home
- 51.6% of students buy cigarettes in a store
- 63.8% of students who bought cigarettes in a store were NOT refused purchase because of their age

Environmental Tobacco Smoke

- 73.9% of students live in homes where others smoke in their presence
- 86.4% of students are around others who smoke in places outside their home

⁸Data is available at: <http://www.wpro.who.int/sites/tfi/data/WTCDc.htm>

- 52.0% of students think smoking should be banned from public places
- 51.9% of students think smoke from others is harmful to them
- 36.4% of students have one or more parents who smoke
- 20.1% have most or all friends who smoke

Cessation—Current Smokers

- 82.3% of students want to stop smoking
- 84.7% of students tried to stop smoking during the past year
- 94.5% of students have ever received help to stop smoking

Media and Advertising

- 89.7% of students saw anti-smoking media messages, in the past 30 days
- 83.8% of students saw pro-cigarette ads on billboards, in the past 30 days
- 81.6% of students saw pro-cigarette ads in newspapers or magazines, in the past 30 days
- 18.9% of students have an object with a cigarette brand logo
- 10.5% of students were offered free cigarettes by a tobacco company representative

School

- 72.2% of students had been taught in class, during the past year, about the dangers of smoking
- 57.3% of students had discussed in class, during the past year, reasons why people their age smoke
- 69.4% of students had been taught in class, during the past year, the effects of tobacco use