

How Sri Lanka acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products

Sri Lanka ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) on 11 November 2003 as one of the foremost first parties to do so and then acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol) on 8 February 2016.

Sri Lanka has had a Tobacco Tax Act since 1999 (amended in 2004) and the Act on National Authority on Tobacco and Alcohol (NATA) of 2015 (first promulgated in 2006) is the law largely governing Tobacco Control in Sri Lanka and comprehensively provides for measures regulating smoking in public places, restricting advertising, promotion and sponsorship as well as pictorial and health warnings covering 80% of cigarettes packages. There are also regulations prohibiting manufacture, importation, and sale of smokeless tobacco products, e-cigarettes containing tobacco, and flavoured, coloured, or sweetened cigarettes.

Being a party to the WHO FCTC was instrumental to Sri Lanka in the passage of the 2006 Act as Ministry of Health had to face legal challenge before the Supreme Court after the industry filed two cases against the Act. The support by Media and NGO was appreciated during the process of winning the court cases and ultimately the law was passed by the Parliament.

Having ratified the FCTC, Sri Lanka was determined to fulfill its responsibility as a party to the convention to its fullest capacity. Considering the problem of smuggled cigarettes in the country and the trends in the world, Sri Lanka decided to go ahead with the process towards ratification of Protocol.

In this context, Sri Lanka participated actively in the Intergovernmental Negotiating Body (INB) which drafted the Protocol to Eliminate Illicit Trade in Tobacco Products from 2008-2012. It was also represented in the two Intersessional drafting groups established by the third session of the INB for the South East Asian Region amending certain sections of the draft Protocol.

A special meeting with the officials of the Department of Customs was conducted on 20th May 2015 to familiarize all the provisions in the protocol and to understand the step by step implementation in the future. They were convinced that the implementation is possible and the benefit out of it will be immense to ongoing activities at Customs reflected in the national Tobacco control programme.

On 10 August 2015, a multisectoral workshop to raise awareness about the accession to the Protocol was held, followed by a meeting to sensitize the Members of Parliaments on benefits of becoming a Party to the protocol.

An Inter-ministerial committee was established to discuss the input by other stakeholders outside the Health sector as well as the relevant sectors within the Health.

Most importantly, it was confirmed that there was adequate legislation pertaining to illicit trade of tobacco products in Sri Lanka to fulfill the obligations under the protocol.

Sri Lanka hosted and participated in the regional workshop held in Colombo, Sri Lanka, 13–14 October 2015 with the objectives of raising awareness on illicit trade in tobacco products and promote ratification of the Protocol in the South-East Asia Region

On 30 December, the Minister of Health submitted a draft cabinet memorandum seeking approval from the cabinet of ministers for accession to the Protocol. Subsequently, the cabinet approval for accession to the protocol was granted on 13 January 2016.

Illustrating the high political commitment, the President signed the instrument of accession on 27 January 2016 and forwarded it to the Ministry of Foreign Affairs on 1 February 2016 requesting them to deposit it at UN treaty section in New York.

On 08 February 2016, Sri Lanka became the first WHO FCTC Party in the South-East Asia to accede to the Protocol.

The main conditions that led to the accession to the Protocol by Sri Lanka were:

1. High political commitment and the country's policy of prioritizing health of nation
2. dedication by the health ministry officials
3. coordinated action lead by the Health sector with other stakeholders particularly, Customs and Foreign affairs
4. Awareness raising through the media. .