



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

FCTC/COP/4/REC/1

**CONFERENCE OF THE PARTIES
TO THE WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL**

Fourth session

PUNTA DEL ESTE, URUGUAY, 15–20 NOVEMBER 2010

**DECISIONS AND
ANCILLARY DOCUMENTS**

GENEVA
2011



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

FCTC/COP/4/REC/1

**CONFERENCE OF THE PARTIES
TO THE WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL**

Fourth session

PUNTA DEL ESTE, URUGUAY, 15–20 NOVEMBER 2010

**DECISIONS AND
ANCILLARY DOCUMENTS**

GENEVA
2011

PREFACE

This section of the proceedings of the fourth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control contains the decisions, list of participants and ancillary documents.

CONTENTS

	Page
Preface.....	iii
Agenda	vii
List of documents	xi
Officers of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.....	xiv
List of decisions	xv
Decisions.....	1
List of participants.....	99

AGENDA¹

1. Opening of the session

1.1 Adoption of the agenda and organization of work

Documents FCTC/COP/4/1 Rev.1 and FCTC/COP/4/1 Rev.1 (annotated)

1.2 Credentials of participants

Document FCTC/COP/4/25

2. Applications for observer status to the Conference of the Parties to the WHO Framework Convention on Tobacco Control

Document FCTC/COP/4/2 Rev.1

3. Invited speaker

4. Report of the Convention Secretariat, followed by a general debate

Document FCTC/COP/4/3

5. Treaty instruments and technical matters

5.1 Protocol to eliminate illicit trade in tobacco products

Documents FCTC/COP/4/4, FCTC/COP/4/5, FCTC/COP/4/INF.DOC./1 and FCTC/COP/4/INF.DOC./3

5.2 Guidelines for implementation of Articles 9 and 10 of the Convention: “*Regulation of the contents of tobacco products*” and “*Regulation of tobacco product disclosures*”

Documents FCTC/COP/4/6 and FCTC/COP/4/INF.DOC./2

5.3 Guidelines for implementation of Article 12 of the Convention: “*Education, communication, training and public awareness*”

Document FCTC/COP/4/7

5.4 Guidelines for implementation of Article 14 of the Convention: “*Demand reduction measures concerning tobacco dependence and cessation*”

Document FCTC/COP/4/8

¹ Adopted at the first plenary meeting.

- 5.5 Economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the Convention): progress report of the working group

Document FCTC/COP/4/9

- 5.6 Measures that would contribute to the elimination of cross-border advertising, promotion and sponsorship (in relation to recommendations of the former working group on Article 13 of the Convention)

Document FCTC/COP/4/10

- 5.7 Technical report on price and tax policies (in relation to Article 6 of the Convention)

Document FCTC/COP/4/11

- 5.8 Control and prevention of smokeless tobacco products and electronic cigarettes

Document FCTC/COP/4/12

- 5.9 Implementation of Article 19 of the Convention: “*Liability*”

Document FCTC/COP/4/13

- 5.10 Commercial interests related to the implementation of the WHO FCTC

Document FCTC/COP/4/Conf.Paper No.1

6. Reporting, implementation assistance and international cooperation

- 6.1 Reports of the Parties and global progress report on implementation of the Convention

Documents FCTC/COP/4/14 and FCTC/COP/4/14 Add.1

- 6.2 Standardization and harmonization of data and data collection initiatives

Document FCTC/COP/4/15

- 6.3 Financial resources and mechanisms of assistance

Document FCTC/COP/4/16

- 6.4 Cooperation with international organizations and bodies for strengthening implementation of the Convention

Document FCTC/COP/4/17

- 6.5 Promoting South–South cooperation for implementation of the Convention

Document FCTC/COP/4/18

7. Budgetary and institutional matters

AGENDA

- 7.1 Performance report for the 2008–2009 workplan and budget
 - Documents FCTC/COP/4/19 and FCTC/COP/4/19 Add.1
- 7.2 Interim performance report for the 2010–2011 workplan and budget
 - Documents FCTC/COP/4/20, FCTC/COP/4/20 Add.1, FCTC/COP/4/20 Add.2 and FCTC/COP/4/INF.DOC./5
- 7.3 Proposed workplan and budget for the financial period 2012–2013
 - Documents FCTC/COP/4/21 and FCTC/COP/4/INF.DOC./4
- 7.4 Review of accreditation of nongovernmental organizations
 - Document FCTC/COP/4/22 Rev.1
- 7.5 Logo of the WHO Framework Convention on Tobacco Control: report of the Secretariat
 - Document FCTC/COP/4/23
- 7.6 Date and venue of the fifth session of the Conference of the Parties
 - Document FCTC/COP/4/24
- 7.7 Election of the President and the five Vice-Presidents of the Conference of the Parties
- 7.8 Review of the role of the Bureau of the Conference of the Parties
- 7.9 Coordination between WHO's Tobacco Free Initiative and the Convention Secretariat
- 7.10 Process related to the renewal of the contract (or otherwise) of the current Head of the Convention Secretariat and to future appointments and renewals

8. Closure of the session

LIST OF DOCUMENTS

FCTC/COP/4/1 Rev.2	Agenda
FCTC/COP/4/2 Rev.1	Application for the status of observer to the Conference of the Parties to the WHO Framework Convention on Tobacco Control
FCTC/COP/4/3	Report of the Secretariat on its activities
FCTC/COP/4/4	Report of the Chairperson of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products to the fourth session of the Conference of the Parties
FCTC/COP/4/5	Draft protocol to eliminate illicit trade in tobacco products
FCTC/COP/4/6 Rev.1	Draft guidelines for implementation of Articles 9&10 of the WHO Framework Convention on Tobacco Control
FCTC/COP/4/7	Draft guidelines for implementation of Art 12 of the WHO Framework Convention on Tobacco Control
FCTC/COP/4/8	Draft guidelines for the implementation of Article 14 of the WHO Framework Convention on Tobacco Control
FCTC/COP/4/9	Economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO Framework Convention on Tobacco Control)
FCTC/COP/4/10	Measures that would contribute to the elimination of cross-border advertising, promotion and sponsorship (decision FCTC/COP3(14))
FCTC/COP/4/11	Price and tax policies (in relation to Article 6 of the Convention) Technical report by WHO's Tobacco Free Initiative
FCTC/COP/4/12	Control and prevention of smokeless tobacco products and electronic cigarettes
FCTC/COP/4/13	Implementation of Article 19 of the Convention: "Liability"
FCTC/COP/4/14 FCTC/COP/4/14 Add.1	Reports of the Parties and global progress in implementation of the Convention: key findings
FCTC/COP/4/15	Standardization and harmonization of data and data collection initiatives
FCTC/COP/4/16	Financial resources and mechanisms of assistance
FCTC/COP/4/17	Cooperation with international organizations and bodies for strengthening implementation of the Convention

FOURTH CONFERENCE OF THE PARTIES

FCTC/COP/4/18	South–South cooperation and implementation of the WHO Framework Convention on Tobacco Control
FCTC/COP/4/19 FCTC/COP/4/19 Add.1	Performance report for the 2008–2009 workplan and budget
FCTC/COP/4/20 FCTC/COP/4/20 Add.1 FCTC/COP/4/20 Add.2	Interim performance report for the 2010–2011 workplan and budget
FCTC/COP/4/21	Proposed workplan and budget for the financial period 2012–2013
FCTC/COP/4/22 Rev.1	Review of accreditation of nongovernmental organizations with observer status to the Conference of the Parties to the WHO Framework Convention on Tobacco Control
FCTC/COP/4/23	Logo of the WHO Framework Convention on Tobacco Control
FCTC/COP/4/24	Date and venue of the fifth session of the Conference of the Parties to the WHO FCTC
FCTC/COP/4/25 Rev.2	Report on credentials
FCTC/COP/4/26	Review of the role of the Bureau of the Conference of the Parties
FCTC/COP/4/27 FCTC/COP/4/27 Corr.1	Coordination between WHO’s Tobacco Free Initiative and the Convention Secretariat
FCTC/COP/4/28	Report of Committee A
FCTC/COP/4/29	Report of Committee B
Information documents	
FCTC/COP/4/INF.DOC./1	Financial implications of measures contained in the draft protocol to eliminate illicit trade in tobacco products
FCTC/COP/4/INF.DOC./2	Work in progress in relation to Articles 9 and 10 of the WHO Framework Convention on Tobacco Control
FCTC/COP/4/INF.DOC./3	Options for concluding the negotiations on a protocol to eliminate illicit trade in tobacco products
FCTC/COP/4/INF.DOC./4	Proposed workplan and budget for the financial period 2012–2013 Explanatory note

LIST OF DOCUMENTS

FCTC/COP/4/INF.DOC./5 Consolidated status of collection of voluntary assessed contributions (VAC) for the financial periods 2006–2007, 2008–2009 and 2010–2011 as at 31 October 2010 (US\$)

Diverse documents

FCTC/COP/4/DIV/1 Rev.1 List of participants

FCTC/COP/4/DIV/2 Guide for participants

FCTC/COP/4/DIV/3 Address by Dr Margaret Chan, Director-General of WHO
15 November 2010

FCTC/COP/4/DIV/4 Report of the Convention Secretariat on its activities
Address by Dr Haik Nikogosian, Head of the Convention Secretariat
(15 November 2010)

FCTC/COP/4/DIV/5 Statement by Dr Anne Marie Worning, Executive Director of the
Office of the Director-General of WHO

FCTC/COP/4/DIV/6 Decisions

**OFFICERS OF THE CONFERENCE OF THE PARTIES
TO THE WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL**

President

Mr T.D. Mseleku (South Africa)

Vice-Presidents

Dr A.M. Al-Bedah (Saudi Arabia)

Mr C. Otto (Palau)

Mr A.M.M. Nasiruddin (Bangladesh)

Dr C. Chocano (Peru)

Mr J.G.H. Draijer (Netherlands)

Committee A

Chairperson: Dr Nuntavarn Vichit-Vadakan (Thailand)

Vice-Chairpersons: Mr O.O. Salagaj (Russian Federation)

Dr J.A. Segnon Agueh (Benin)

Committee B

Chairperson: Mr Yi Xianliang (China)

Vice-Chairpersons: Mr R.Y. Ibrahim (Sudan)

Mr L.L. Viegas (Brazil)

LIST OF DECISIONS

FCTC/COP4(1)	Adoption of the agenda and organization of work	1
FCTC/COP4(2)	Credentials of the Parties.....	2
FCTC/COP4(3)	Application of international nongovernmental organizations for observer status to the Conference of the Parties.....	3
FCTC/COP4(4)	Election of the officers of Committees A and B	4
FCTC/COP4(5)	Punta del Este Declaration on the Implementation of the WHO Framework Convention on Tobacco Control	5
FCTC/COP4(6)	Head of the Convention Secretariat	7
FCTC/COP4(7)	Guidelines for implementation of Article 12 of the WHO Framework Convention on Tobacco Control (Education, communication, training and public awareness).....	8
FCTC/COP4(8)	Guidelines for implementation of Article 14 of the WHO Framework Convention on Tobacco Control (Demand reduction measures concerning tobacco dependence and cessation)	27
FCTC/COP4(9)	Economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO Framework Convention on Tobacco Control).....	40
FCTC/COP4(10)	Partial guidelines for implementation of Articles 9 and 10 of the WHO Framework Convention on Tobacco Control (Regulation of the contents of tobacco products and Regulation of tobacco products disclosures).....	42
FCTC/COP4(11)	Draft protocol to eliminate illicit trade in tobacco products	58
FCTC/COP4(12)	Measures that would contribute to the elimination of cross-border advertising, promotion and sponsorship of tobacco products	60
FCTC/COP4(13)	Working group on Article 6 (Price and tax measures to reduce the demand for tobacco).....	61
FCTC/COP4(14)	Control and prevention of smokeless tobacco products and electronic cigarettes.....	63
FCTC/COP4(15)	Implementation of Article 19 of the Convention: “Liability”	64
FCTC/COP4(16)	Update and harmonization of reporting arrangements under the WHO Framework Convention on Tobacco Control	65

LIST OF DECISIONS

FCTC/COP4(17)	Financial resources, mechanisms of assistance and international cooperation	67
FCTC/COP4(18)	Cooperation between the Convention Secretariat and the World Trade Organization	70
FCTC/COP4(19)	Promoting South–South cooperation for implementation of the WHO Framework Convention on Tobacco Control.....	72
FCTC/COP4(20)	Workplan and budget for the financial period 2012–2013	73
FCTC/COP4(21)	Harmonization of travel support available to Parties to the WHO Framework Convention on Tobacco Control	92
FCTC/COP4(22)	Arrears in the payment of financial contributions	93
FCTC/COP4(23)	Review of accreditation of nongovernmental organizations with observer status to the Conference of the Parties	94
FCTC/COP4(24)	Review of the role of the Bureau of the Conference of the Parties	96
FCTC/COP4(25)	Date and venue of the fifth session of the Conference of the Parties ..	97
FCTC/COP4(26)	Election of the President and the five Vice-Presidents of the Conference of the Parties	98

DECISIONS

FCTC/COP4(1) Adoption of the agenda and organization of work

The Conference of the Parties,

1. **ADOPTS** the provisional agenda prepared by the Convention Secretariat, with amendments, as contained in document FCTC/COP/4/1 Rev. 2;
2. **AGREES** that the Conference of the Parties will, following the practice of the first three sessions of the Conference of the Parties, establish two committees to work in parallel;
3. **DECIDES**, following the practice of the first three sessions of the Conference of the Parties, and in order to ensure regional representation, that each committee will have a chairperson and two vice-chairpersons as its officers.

(First plenary meeting, 15 November 2010)

FCTC/COP4(2) Credentials of the Parties

The Conference of the Parties,

RECOGNIZES the validity of the credentials of the representatives of the following Parties:

Albania, Antigua and Barbuda, Armenia, Australia, Austria, Azerbaijan, Bangladesh, Barbados, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Brazil, Burkina Faso, Cambodia, Canada, Central African Republic, Chad, China, Colombia, Comoros, Cook Islands, Cyprus, Democratic Republic of the Congo, Denmark, Djibouti, Ecuador, Estonia, European Union, Finland, France, Georgia, Germany, Ghana, Greece, Guatemala, Guinea, Honduras, Hungary, India, Iran (Islamic Republic of), Iraq, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kenya, Kuwait, Kyrgyzstan, Lesotho, Liberia, Luxembourg, Madagascar, Malaysia, Maldives, Mali, Malta, Mauritania, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Namibia, Nepal, Netherlands, New Zealand, Niger, Nigeria, Niue, Norway, Panama, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Republic of Moldova, Russian Federation, Rwanda, Saint Lucia, Samoa, Sao Tome and Principe, Saudi Arabia, Senegal, Serbia, Seychelles, Singapore, Slovenia, South Africa, Spain, Sudan, Sweden, Syrian Arab Republic, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Tuvalu, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay, Vanuatu, Viet Nam, Yemen and Zambia.

The representatives of the following Parties were entitled to participate provisionally in the session with all rights in the Conference, pending arrival of their formal credentials:

Afghanistan, Burundi, Chile, Congo, Côte d'Ivoire, Croatia, Egypt, Gambia, Guinea-Bissau, Kazakhstan, Lao People's Democratic Republic, Marshall Islands, Nauru, Nicaragua, Pakistan, Palau, Poland, Sierra Leone, Solomon Islands, Sri Lanka, Swaziland, and Venezuela (Bolivarian Republic of).

(Fourth and Eight plenary meetings, 16 and 18 November 2010)

**FCTC/COP4(3) Application of international nongovernmental organizations for
observer status to the Conference of the Parties**

The Conference of the Parties, in accordance with Rule 31.2 of its Rules of Procedure and decision FCTC/COP2(6),

Having considered the recommendations contained in document FCTC/COP/4/2 Rev.1,

DECIDES:

(1) to grant the status of observer to the Conference of the Parties to the following nongovernmental organizations:

- the European Network for Smoking and Tobacco Prevention;
- the International Network of Women Against Tobacco;

(2) to reject the application for observer status submitted by the following nongovernmental organizations:

- the Global Acetate Manufacturers Association;
- the Liga Italiana Anti Fumo;
- the International Tobacco Growers Association;

(3) to defer consideration of the application for observer status of the Human Rights and Tobacco Control Network until such time as the organization has fully established itself and submitted a report on relevant activities conducted internationally that would support its application.

(First plenary meeting, 15 November 2010)

FCTC/COP4(4) Election of the officers of Committees A and B

The following officers were elected to Committees A and B:

Committee A: Chairperson Dr Nuntavarn Vichit-Vadakan (Thailand)

Vice-Chairpersons Mr O.O. Salagaj (Russian Federation)
Dr J.A. Segnon Agueh (Benin)

(First meeting of Committee A, 17 November 2010)

Committee B: Chairperson Mr Yi Xianliang (China)

Vice-Chairpersons Mr R.Y. Ibrahim (Sudan)
Mr L.L. Viegas (Brazil)

(First meeting of Committee B, 17 November 2010)

FCTC/COP4(5) Punta del Este Declaration on the implementation of the WHO Framework Convention on Tobacco Control

Recalling the preamble of the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being;

Recalling the preamble of the WHO Framework Convention on Tobacco Control (WHO FCTC), which states that the Parties to the Convention are determined to give priority to their right to protect public health, due to the devastating worldwide health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke;

Recognizing that the spread of the tobacco epidemic is a global problem with serious consequences for public health and that scientific evidence has unequivocally established that tobacco consumption and exposure to tobacco smoke cause death, disease and disability affecting all segments of the population in every country in the world, particularly the younger population;

Recognizing that measures to protect public health, including measures implementing the WHO FCTC and its guidelines fall within the power of sovereign States to regulate in the public interest, which includes public health;

Taking into account the fact that Article 5.3 of the WHO FCTC states that: “in setting and implementing their 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 in accordance with national law”;

Recalling Article XX (b) of The General Agreement on Tariffs and Trade (GATT 1947) which states that nothing in the agreement shall be construed to prevent the adoption or enforcement by any contracting party of measures necessary to protect human health, subject to the requirement that such measures are not applied in a manner which would constitute a means of arbitrary or unjustifiable discrimination between countries where the same conditions prevail, or a disguised restriction on international trade;

Recalling Article 2.2 of the Agreement on Technical Barriers to Trade, which states that Members shall ensure that technical regulations are not prepared, adopted or applied with a view to or with the effect of creating unnecessary obstacles to international trade and for this purpose, technical regulations shall not be more trade-restrictive than necessary to fulfil a legitimate objective, such as the protection of human health or safety, taking account of the risks non-fulfilment would create;

Recalling Article 7 of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), which states that the protection and enforcement of intellectual property rights should contribute to the promotion of technological innovation and to the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge and in a manner conducive to social and economic welfare and to a balance of rights and obligations;

Recalling Article 8 of the TRIPS Agreement, which states that Members may adopt measures necessary to protect public health provided that such measures are consistent with the provisions of the said Agreement;

Recalling paragraph 4 of the Doha Declaration on the TRIPS Agreement and Public Health which states that: “the TRIPS Agreement does not and should not prevent Members from taking measures to protect public health. Accordingly, while reiterating our commitment to the

TRIPS Agreement, it can and should be interpreted and implemented in a manner supportive of WTO Members' right to protect public health";

Recalling also that paragraph 5(a) of the said Declaration recognizes in the light of paragraph 4 that: "while maintaining our commitments in the TRIPS Agreement, we recognize that these flexibilities include, (...) in applying the customary rules of interpretation of public international law, each provision of the TRIPS Agreement shall be read in the light of the object and purpose of the Agreement as expressed, in particular in its objectives and principles",

The Parties to the WHO Framework Convention on Tobacco Control declare:

1. The firm commitment to prioritize the implementation of health measures designed to control tobacco consumption in their respective jurisdictions.
2. Their concern regarding actions taken by the tobacco industry that seek to subvert and undermine government policies on tobacco control.
3. The need to exchange information on the activities of the tobacco industry, at a national or international level, which interfere with the implementation of public health policies with respect to tobacco control.
4. That in the light of the provisions contained in Articles 7 and 8 of the TRIPS Agreement and in the Doha Declaration, Parties may adopt measures to protect public health, including regulating the exercise of intellectual property rights in accordance with national public health policies, provided that such measures are consistent with the TRIPS Agreement.
5. That Parties have the right to define and implement national public health policies pursuant to compliance with conventions and commitments under WHO, particularly with the WHO FCTC.
6. The need to urge the United Nations Ad Hoc Interagency Task Force on Tobacco Control to support multisectoral and interagency coordination for the strengthening of the implementation of the WHO FCTC within the whole United Nations system.
7. The need to include the topic "challenges to tobacco control" in the agenda of the summit on non-communicable diseases, which will be organized by the United Nations in 2011.
8. The need to urge all countries that have not done so, to ratify the WHO FCTC and implement its provisions and take measures recommended in its guidelines.

(Sixth plenary meeting, 18 November 2010)

FCTC/COP4(6) Head of the Convention Secretariat

The Conference of the Parties,

Recalling its decision FCTC/COP1(10) on the establishment of a permanent secretariat of the Convention,

DECIDES:

- (1) to establish an Evaluation Panel of three representatives from each region, including the six members of the Bureau of the Conference of the Parties elected by the Conference of the Parties at its third session, the six members of the Bureau of the Conference of the Parties elected by the Conference of the Parties at its fourth session, as well as six members to be identified by their respective regional groups, to recommend to the Director-General of WHO whether to renew the term of office of the current Head of the Convention Secretariat;
- (2) that the recommendation of the Evaluation Panel shall be based on formal and transparent criteria derived from: Article 24(3) of the WHO Framework Convention on Tobacco Control (WHO FCTC); the job description for the Head of the Convention Secretariat; and the workplans approved by the Conference of the Parties;
- (3) that the Evaluation Panel shall provide its recommendation to the Director-General of the World Health Organization no later than 28 February 2011. It shall also provide a report thereon to the Parties of the WHO FCTC by that date;
- (4) that the work of the Evaluation Panel shall be conducted within existing budgetary resources of the Convention Secretariat and shall, to the extent possible, employ electronic means of communication in order to reduce costs;
- (5) that in the event the term of office of the current Head of the Convention Secretariat is not renewed, a selection shall be made in accordance with decision FCTC/COP1(10);
- (6) to request the Bureau, with the support of the Convention Secretariat, to propose for consideration at the fifth session of the Conference of the Parties a process to appoint the Head of the Convention Secretariat, including his or her term of office, and for considering renewal of the term of office, taking into account decision FCTC/COP1(10) and this decision.

(Eighth plenary meeting, 18 November 2010)

FCTC/COP4(7) Guidelines for implementation of Article 12 of the WHO Framework Convention on Tobacco Control (*Education, communication, training and public awareness*)

The Conference of the Parties,

Taking into account Article 12 (*Education, communication, training and public awareness*) of the WHO Framework Convention on Tobacco Control (WHO FCTC);

Recalling its decision FCTC/COP2(14) to establish a working group to elaborate guidelines on the implementation of Article 12 of the WHO FCTC and its decision FCTC/COP3(11) requesting the working group to continue its work and to submit draft guidelines to the Conference of the Parties for consideration at its fourth session;

Emphasizing that the aim of these guidelines is to assist Parties to meet their obligations under Article 12 of the WHO FCTC and that they are not intended to increase Parties' obligations under this article,

1. ADOPTS the guidelines for implementation of Article 12 of the WHO FCTC contained in the Annex to this decision;
2. REQUESTS the Convention Secretariat:
 - (1) to identify options for development and the financing of an international database in relation to the guidelines for implementation of Article 12 of the WHO FCTC, preferably as part of an overarching database of good practices, instruments and measures to support the implementation of all guidelines adopted by the Conference of the Parties. To ensure synergy and efficiency, such a database would build upon the existing database of Parties' implementation reports and also take into account other information available from relevant international sources. Support and collaboration should be sought from Parties and competent international organizations, particularly from WHO through its Tobacco Free Initiative and other relevant departments;
 - (2) to make available within a specific period of time, preferably within 60 days, via a web site or other appropriate means, international, regional and national resources for tobacco control education, communication, training and public awareness;
 - (3) to upload on the web site a resource list of organizations, both governmental and nongovernmental which can assist the Parties in planning and implementing their public education and training efforts;
3. DECIDES to consider at its sixth session whether to initiate a review of these guidelines.

ANNEX

**GUIDELINES FOR THE IMPLEMENTATION OF ARTICLE 12 OF THE WHO
FRAMEWORK CONVENTION ON TOBACCO CONTROL (EDUCATION,
COMMUNICATION, TRAINING AND PUBLIC AWARENESS)****PURPOSE, OBJECTIVES AND PRINCIPLES OF THE GUIDELINES****Purpose**

1. The purpose of the guidelines is to assist Parties in meeting their obligations under Article 12 and other related articles of the WHO Framework Convention on Tobacco Control. The guidelines propose measures to increase the effectiveness of education, communication and training efforts that raise public awareness of matters related to tobacco control. The guidelines draw on the available research-based evidence, best practices and experience gained by Parties, to establish a high standard of accountability for treaty compliance and to assist Parties in achieving the highest attainable standard of health through education, communication and training. Parties are also encouraged to implement any necessary measures beyond those required by the Convention and its protocols or suggested in these guidelines, in accordance with Article 2.1 of the Convention.¹

Objectives

2. The objectives of the guidelines are:

- (a) to identify key legislative, executive, administrative, fiscal and other measures necessary to successfully educate, communicate with and train people on the health, social, economic and environmental consequences of tobacco production,² consumption and exposure to tobacco smoke; and
- (b) to guide Parties in establishing an infrastructure that includes the sustainable resources required to support such measures, based on scientific evidence and/or good practice.

Guiding principles

3. The following guiding principles underpin the implementation of Article 12.

- (i) *The exercise of fundamental human rights and freedoms.* The duty to educate, communicate with and train people to ensure a high level of public awareness of tobacco control, the harms of tobacco production, consumption and exposure to tobacco smoke, and the strategies and practices of the tobacco industry to undermine tobacco control efforts (as embodied in Article 12), derives from the Convention and reflects fundamental human rights and freedoms. These include, but are not limited to the *right to life*, the *right to the highest*

¹ Parties are directed to the WHO Framework Convention on Tobacco Control web site (<http://www.who.int/fctc/>) where further sources of information on topics covered by these guidelines are maintained.

² Including growing, manufacturing and marketing.

*attainable standard of health and the right to education.*¹ The mandate of Article 12 is widely reflected throughout the WHO Framework Convention on Tobacco Control.²

(ii) *Protection from threats to fundamental rights and freedoms.* Governments should adopt and implement effective legislative, executive, administrative or other measures to protect individuals from threats to their fundamental rights and freedoms.^{1,2}

(iii) *A comprehensive multisectoral approach.* Effective education, communication and public awareness programmes on the harm caused by the use of all tobacco products, including new and alternative products, and the impact these may have on vulnerable groups, as well as the strategies and practices of the tobacco industry to undermine tobacco control efforts, all call for a comprehensive multisectoral approach, as specified in Articles 4.4 and 5.2 of the Convention.

(iv) *Protection of public health policies from the tobacco industry.* The development and implementation of public health policies and programmes should be protected from commercial and other vested interests of the tobacco industry, as embodied in Article 5.3 of the Convention and elaborated in the guidelines on implementing Article 5.3, in particular guiding principle 1.³

(v) *Research-based⁴ evidence and best practices.* Research-based evidence and best practices with regard to the circumstances in each country are fundamental to the elaboration, management and implementation of education, communication and training programmes aimed at raising public awareness of tobacco-control issues. Where resources permit, such programmes should undergo rigorous pre-testing, monitoring and evaluation at local, national/federal, regional and/or international level, as outlined in Article 20 of the Convention. Where resources do not permit and where evidence is not available in a specific country, evidence collected in and shared by other countries can be a starting-point for programme development, as described in Articles 20 and 22 of the Convention.

¹ These rights are recognized in many international legal instruments (including Articles 3 and 25 of the Universal Declaration of Human Rights, the Preamble to the Constitution of the World Health Organization, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the International Covenant on Economic, Social and Cultural Rights), are formally incorporated into the Preamble of the WHO Framework Convention on Tobacco Control and are recognized in the constitutions of many countries. The right to education is specified in Article 13 of the International Covenant on Economic, Social and Cultural Rights and the United Nations Economic and Social Council General Comment No. 13 (E/C.12/1999/10).

² These rights are addressed in following articles of the Framework Convention: Article 2 (Relationship between this Convention and other agreements and legal instruments), Article 3 (Objective), Article 4 (Guiding principles), Article 5 (General obligations), Article 8 (Protection from exposure to tobacco smoke), Article 10 (Regulation of tobacco product disclosures), Article 11 (Packaging and labelling of tobacco products), Article 14 (Demand reduction measures concerning tobacco dependence and cessation), Article 17 (Provision of support for economically viable alternative activities), Article 18 (Protection of the environment and the health of persons), Article 19 (Liability), Article 20 (Research, surveillance and exchange of information), Article 21 (Reporting and exchange of information), and Article 22 (Cooperation in the scientific, technical and legal fields and provision of related expertise).

³ See *WHO Framework Convention on Tobacco Control: guidelines for implementation. Article 5.3; Article 8; Article 11; Article 13*. Geneva, World Health Organization, 2009.

⁴ The term “research-based” refers to the use of rigorous, systematic, and objective methodologies to obtain reliable and valid knowledge relevant to education, communication and training activities and programmes. Specifically, such research in this case requires: (a) development of a logical, evidence-based chain of reasoning; (b) methods appropriate to the questions posed; (c) observational or experimental designs and instruments that provide reliable and generalizable findings; (d) data and analysis adequate to support findings; (e) explication of procedures and results clearly and in detail, including specification of the population to which the findings can be generalized; (f) adherence to professional norms of peer review; (g) dissemination of findings to contribute to scientific knowledge; (h) access to data for reanalysis, replication, and the opportunity to build on findings; (i) adherence to research ethics, including an unbiased approach and equipoise; and (j) independence from the commercial and other vested interests of the tobacco industry.

- (vi) *International cooperation.* International cooperation and mutual support are fundamental to and necessary for strengthening the capacity of Parties to elaborate, manage and implement education, communication and training programmes, as described in Articles 4.3, 5.5, 20 and 22 of the Convention. Research-based outcomes and best practices should be regularly identified, implemented and shared among Parties.
- (vii) *Norm change.* It is essential to change social, environmental and cultural norms and perceptions regarding the acceptability of the consumption of tobacco products, exposure to tobacco smoke, and aspects of the growing, manufacturing, marketing and sale of tobacco and tobacco products.
- (viii) *Adequacy of resources.* It is essential to ensure that adequate resources are available to sustain comprehensive, multisectoral tobacco-control education and other awareness-raising programmes, making use, where appropriate, of bilateral and multilateral funding mechanisms as set out in Articles 5.6 and 26 of the Convention.
- (ix) *Communication with all people.* It is essential that every person is aware of and has access to accurate and comprehensible information on the adverse health, socioeconomic and environmental consequences of tobacco production, consumption and exposure to tobacco smoke; on the benefits of cessation of tobacco use and of living a tobacco-free life; and a wide range of information on the tobacco industry, as outlined in Articles 4.1 and 12 of the Convention.
- (x) *Consideration of key differences.* The consideration of key differences among population groups in relation to gender, age, religion, culture, educational background, socioeconomic status, literacy and disability is of paramount importance in the development and implementation of education, communication and training programmes for tobacco control.
- (xi) *Active participation of civil society.* The active participation of and partnership with civil society, as specified in Article 4.7 of the Convention, is essential to the effective implementation of these guidelines.

PROVIDING AN INFRASTRUCTURE TO RAISE PUBLIC AWARENESS

Background

4. Public awareness of tobacco-control issues is essential to ensure social change. Tools to raise public awareness are important means of bringing about change in the behavioural norms around tobacco consumption and exposure to tobacco smoke. Comprehensive tobacco-control programmes contain research-based tools in education, communication and training – the three pillars of public awareness.

5. Infrastructure to raise public awareness refers to the organizational structures and capacity needed to ensure sustained education, communication and training programmes. It provides the means and resources needed to gather knowledge, translate research results and good practices into useful and understandable messages for individual target groups, communicate the relevant messages, and then monitor the effects of these messages on knowledge, attitude and behavioural outcomes.

6. Building on effective national coordinating mechanisms or focal points, the infrastructure should take into account local, national/federal and regional specificities, including traditional structures, to ensure that various population groups in both urban and rural settings are reached.

Recommendation¹

7. Parties should establish an infrastructure to support education, communication and training and ensure that they are used effectively to raise public awareness and promote social change, in order to prevent, reduce or eliminate tobacco consumption and exposure to tobacco smoke.

Action points²

8. Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

9. Establish a coordinating mechanism or focal points according to Article 5.2(a) of the Convention. Define its role, in order to ensure, within the overall tobacco control strategies, plans and programmes, good planning, management and adequate funding for programmes based on Article 12 of the Convention. This coordinating mechanism or focal point should play a catalytic, coordination, and facilitation role in the delivery of tobacco-related education, communication and training programmes, by setting specific objectives, and then monitoring and evaluating their progress and outcomes.

10. Specify the people, bodies or entities responsible for tobacco-control education, communication and training, and define the role of governmental and nongovernmental bodies involved, to ensure cooperation within and between governments (including relevant authorities, such as ministries of education and science, health and consumer protection, finance and customs, economy and technology).

11. Define the role of programmes based on Article 12 of the Convention in relation to other public health programmes.

12. Establish action plans for the implementation of education, communication and training activities within a comprehensive tobacco-control programme.³

13. Ensure legitimacy and formal recognition of programmes based on Article 12 of the Convention through broad consultation among implementing bodies or entities and enforcing authorities. Ensure that the programme is research-based, that it uses regular situation analysis and assessment to determine needs and resources, and that it provides for mid-course correction if its objectives are not being met. This includes, but is not limited to: delineating the current status of tobacco-control research and identifying individuals and institutions engaged in research to determine local expertise; and identifying areas where gaps in research exist to determine the allocation of technical assistance and resources.⁴

14. Provide adequate human, material and financial resources to establish and sustain the programme at local, national/federal, regional and international levels, possibly using technical experts to design and execute the programme. To ensure sustainability of the programme, use existing funding sources and explore other potential sources, in accordance with Article 26 of the Convention. Potential funding mechanisms include but are not limited to raising tobacco excise taxes and

¹ *Recommendations* are general political and programmatic suggestions to assist Parties in implementing Article 12 of the Convention.

² *Action points* are measurable objectives, practices and undertakings consistent with the recommendations. They are the proposed means of attaining the successful implementation of the recommendations.

³ See Appendix 1 for an indicative list of items to cover in an action plan.

⁴ See Appendix 2 for an indicative list of research-based strategies and programmes.

introducing dedicated taxes (e.g. earmarking), licensing fees and other taxation schemes. The establishment of special foundations for tobacco-control education, communication and/or training are other potential funding mechanisms. All potential funding mechanisms must be protected against interference by the tobacco industry in accordance with the principles laid down in Article 5.3 of the Convention and its guidelines.

15. Provide cost-effective logistic and management support to tobacco-control programmes.
16. Ensure that new and developing tobacco-control organizations receive and use appropriate research-based training, training in strategic planning and technical assistance to carry out their missions and achieve sustainability.
17. Ensure that local, national/federal, regional and international data are collected to build a tobacco-control database or establish a central repository of research results, and ensure that the public has access to these data.

RUNNING EFFECTIVE EDUCATION, COMMUNICATION AND TRAINING PROGRAMMES

Background

18. Article 12 of the Convention calls for the use of all available communication tools to promote and strengthen public awareness of tobacco-control issues. Specific guidance on education, communication and training measures concerning tobacco dependence and cessation is suggested in the guidelines on Article 14.
19. Education, communication and training are the means of raising public awareness and achieving social change on tobacco use and exposure to tobacco smoke. To achieve the highest level of attainable health in all populations, social norms should provide enabling environments which protect against exposure to tobacco smoke, promote tobacco-free lifestyles, help tobacco users to quit tobacco use and prevent others, particularly young people, from starting.
20. In tobacco control, **education** comprises a continuum of teaching and learning about tobacco which empowers people to make voluntary decisions, modify their behaviour and change social conditions in ways that enhance health.
21. In tobacco control, **communication** is essential to change attitudes about tobacco production, manufacture, marketing, consumption and exposure to tobacco smoke, discourage tobacco use, curb smoking initiation, and encourage cessation, as well as being necessary for effective community mobilization towards providing enabling environments and achieving sustainable social change.
22. In tobacco control, **training** describes the process of building and sustaining the necessary capacity for a comprehensive tobacco-control programme through attaining vocational or practical skills and knowledge that relate to specific core competencies.
23. **Promotion of social and environmental change** refers to strategies, events or actions that promote visible and sustained changes in social and environmental norms and behaviour patterns within social groups. It is an important means of bringing about change in the behavioural norms around tobacco production, consumption and exposure to tobacco smoke.

Recommendation

24. Parties should use all available means to raise awareness, provide enabling environments and facilitate behavioural and social change through sustained education, communication and training.

Action points

25. Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

General

26. When planning, implementing and evaluating education, communication, training and other public-awareness programmes, develop a coordinated research-based approach.¹

27. Ensure inclusiveness of priority populations, consider and address key differences among population groups.² Interventions should include effective messages and ensure that everyone is reached without discrimination or unequal allocation of resources. Special attention should be paid to those most affected by marketing and rising tobacco use, such as young people, particularly young women, who are targeted as “replacement smokers”, as well as frequently neglected groups such as those who are illiterate, uneducated or undereducated, the poor, and people with disabilities. In addition, measures could be taken to raise awareness among parents, teachers, educators and pregnant women.

28. Ensure that the adverse health, socioeconomic and environmental consequences of tobacco production and consumption, of exposure to tobacco smoke, and the strategies and practices of the tobacco industry to undermine tobacco control efforts are communicated as widely as possible, and that the benefits of cessation of tobacco use and of a tobacco-free life are highlighted.³

29. Combine formative research, process evaluation and outcome evaluation to ensure the greatest possible likelihood that the programmes will effectively build knowledge and awareness, and change attitudes and behaviours as intended. Such research and evaluation should be as current as possible and evidence-based as far as possible, but not limit innovative approaches.

30. Identify and implement best practices at the local, national/federal and regional levels, and facilitate international cooperation through sharing research-based outcomes and best practices as specified in Article 22 of the Convention.

31. Introduce measures to ensure that entities involved in education, communication and training, and related research, including but not limited to academia, professional associations and governmental agencies, fully respect the principles laid down in Article 5.3 of the Convention and its guidelines, and thus do not accept any direct or indirect tobacco industry funding.

32. Consumption, tobacco advertising, promotion and sponsorship, and sales of tobacco products should be banned on premises used for educational or training purposes in order to complement tobacco-free messages, in accordance with Articles 8 and 13 of the Convention and the guidelines on their implementation.

¹ See Appendix 2 for an indicative list of research-based strategies and programmes.

² In accordance with guiding principle (x).

³ See Appendix 3 for an indicative list of areas to cover.

33. Personnel involved in education, training and communication should avoid using tobacco because:

- (a) they are role models and by using tobacco, they undermine public health messages about its effect on health; and
- (b) it is important to reduce the social acceptability of tobacco use and personnel involved in education, training and communication should set a good example in this respect.

Public education and communication activities

34. Develop and implement public education programmes at different levels, following a life-course approach.¹

35. Develop or adapt existing communication tools and activities, such as campaigns, according to the needs, knowledge, attitudes and behaviours of each target population, particularly aiming to ensure taking into account that they:

- (a) are appropriate to the target audience;
- (b) are of high frequency/long duration;
- (c) contain refreshed and targeted messages;
- (d) use a variety of methods and media vehicles;²
- (e) use lessons learnt from other successful campaigns; and
- (f) use integrated evaluation.

36. Communicate messages that are relevant, comprehensible, interesting, realistic, accurate, persuasive and empowering, while taking into account the effectiveness of key messages and the results of sound scientific research, where available. Acknowledge the potential role of both negative and positive messages by including a wide range of relevant information.³

37. Identify the most appropriate media to reach the intended audience, based on reach and relevance to the target groups. The opportunities and potential risks of using new and innovative communication and marketing vehicles, as well as new technologies, should be investigated and applied or avoided accordingly.

38. Consider supplementing mass media with community-based (including traditional) communication approaches, which may, for example, be used to reach low-income urban and rural populations in developing countries.

39. Maximize the coverage of education and communication campaigns by targeting vulnerable populations, including low-income and rural populations. Outreach can also be increased by encouraging and supporting nongovernmental organizations and other members of civil society active in the field of tobacco control, and not affiliated with the tobacco industry, to complement

¹ See Appendix 4 for an indicative list of venues for educational programmes.

² See Appendix 5 for an indicative list of methods and media vehicles.

³ See Appendix 3 for an indicative list of information to cover in communication and education campaigns.

governmental programmes through joint and/or independent educational activities and communication campaigns. Campaigns by, and with the participation of, civil society could be integrated into existing community education and mobilization programmes.

40. Monitor and evaluate the outcomes of public education and communication interventions in different target groups and take key differences, such as gender, cultural and educational background, age, and literacy into account in such monitoring and evaluation work. Identify effective research-based key messages for each of the target groups and use them to improve the responsiveness of programmes to each group, in particular those with the greatest needs.

Training¹

41. Identify training needs at the local, national/federal, regional and international levels, design a relevant training plan and select, implement and evaluate the resulting training programmes in different settings, focusing on the various needs. To increase reach and relevance, training programmes may follow the concept of place, people and practice, covering different environmental settings (e.g. rural, urban, and suburban), educational facilities (e.g. in formal, non-formal, and continuous education), and health-care providers (e.g. hospitals, primary health-care facilities and traditional healers) and so on.

42. Provide training for key professionals, as appropriate, including: physicians and other health workers; community workers; social workers; media professionals; educators; decision-makers; traditional communicators; healers (traditional medical or spiritual practitioners); religious and spiritual counsellors; administrators and fiscal, customs and justice officials; tobacco growers/workers; and other concerned persons.

43. Design a research-based training plan to ensure continued training of the relevant groups in the required competencies, including knowledge of effective tobacco-control measures and the vocational or practical skills needed to achieve them. Training programmes should include information about the strategies and practices of the tobacco industry to undermine tobacco-control efforts.

44. Identify the appropriate training methods for each target group,² including the integration of novel approaches into training programmes.³

45. Integrate the different aspects of tobacco control, including the adverse health, social, economic, and environmental consequences of tobacco production and consumption, as well as information on new tobacco products, into relevant curricula of universities, professional schools and other relevant vocational teaching institutions. Advance the introduction of tobacco-control education or training into the licensing requirements for relevant professions, as well as into requirements for continuous professional development.

46. Involve both practitioners and academic experts in capacity building and the development of research-based training tools, including professional associations, student organizations, and organizations active in formal and non-formal education and training. Identify influential groups and role models, such as government focal point staff, policy-makers, administrators, health professionals, media professionals or others who can contribute to training activities.

¹ Further recommendations covering training on demand-reduction measures are given in the draft guidelines on implementation of Article 14 (document FCTC/COP/4/8).

² See Appendix 6 for an indicative list of types of training (including examples of training for specific target groups).

³ See Appendix 7 for an indicative list of different types of novel approaches.

47. Monitor and evaluate the outcomes of training programmes at the local, national/federal, regional and international levels to identify the most appropriate training methods to be used for each target group.¹

48. Introduce and sustain budgetary provisions to meet the requirements for implementing training curricula and updating them periodically.

INVOLVING CIVIL SOCIETY

Background

49. The Preamble and Article 4.7 of the Convention emphasize the contribution of nongovernmental organizations and other members of civil society. The participation of civil society² is of vital importance to national and international tobacco-control efforts. Vigilance must be exercised to ensure they are not affiliated with the tobacco industry, in accordance with the guidelines on Article 5.3 of the Convention.

Recommendation

50. Parties should actively involve members of civil society, in different phases such as planning, developing, implementing, monitoring and evaluating education, communication and training programmes.

51. Parties should restrict their collaboration to members of civil society not affiliated with the tobacco industry.³

Action points

52. Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

53. Regularly consult, cooperate and form effective partnerships with civil society involved in tobacco control education, communication and training, including but not limited to bodies representing key target groups.

54. Ensure civil society involvement in and collaboration with the governmental coordinating mechanism or focal point in planning, developing, implementing, monitoring and evaluating tobacco control education, communication and training programmes, including physical representation.

55. Work with civil society to create a climate of attitude that:

- (a) engenders public and political support for action to control tobacco use;
- (b) supports the government in its tobacco-control efforts;
- (c) identifies legislative priorities and helps develop and enforce legislative measures;

¹ See Appendix 8 for an indicative list of different approaches to training methods for specific target groups.

² See Appendix 9 for an indicative list of members of civil society to consider actively involving in education, communication, training and public awareness programmes.

³ In accordance with the guidelines on Article 5.3 of the Framework Convention, this includes the tobacco industry itself as well as organizations and individuals that work to further the interests of the tobacco industry.

- (d) makes the case that tobacco-control measures are reasonable and effective;
- (e) increases awareness of tobacco industry interference; and
- (f) provides a powerful and respectable public image for education, communication, training and awareness campaigns.

56. Identify key professionals, including but not limited to health professionals, teachers, journalists and other media professionals, and involve them as role models and agents of change in education, communication and training.

57. Build and strengthen tobacco-control movements and support effective tobacco-control alliances, for example by providing seed grants to support civil society groups and coalitions for tobacco control.

ENSURING WIDE ACCESS TO INFORMATION ON THE TOBACCO INDUSTRY¹

Background

58. Evidence demonstrates that tobacco companies use a wide range of tactics to interfere with tobacco control. Such strategies include direct and indirect political lobbying and campaign contributions, financing of research, attempts to affect the course of regulatory and policy machinery and engaging in so-called “corporate social responsibility” initiatives as part of public relations campaigns. The implementation guidelines on Article 5.3 of the Convention, especially recommendation 5.5, outline the information that Parties should require from the tobacco industry and those working to further its interests. To ensure that the obligations under Article 12 of the Convention are met, the public needs to have access to this information and all programmes should be protected from commercial and other vested interests of the tobacco industry (as described in Article 5.3).

Recommendation

59. Parties should ensure that the public has free and universal access to accurate and truthful information on the strategies and activities of the tobacco industry² and its products,¹ as appropriate, and that education, communication, training and public awareness programmes include a wide range of information on the tobacco industry as they require and in accordance with Articles 12(c) and 20.4(c) of the Convention.

Action points

60. Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

61. Adopt and implement effective measures that require the tobacco industry to be accountable and to provide accurate and transparent information in accordance with Article 12(c) and the implementing guidelines on Articles 5.3, 9, 10, 11 and 13 of the Convention.

¹ In accordance with Articles 9 and 10 of the Convention and the draft implementation guidelines on these articles (document FCTC/COP/4/6).

² See the implementation guidelines on Article 5.3, recommendation 5.2.

62. Provide public access to all information relevant to the strategies and activities of the tobacco industry, through such means as publicly accessible databases, monitoring instruments and research-based literature, and by publicizing trustworthy sources of information on the tobacco industry.
63. Consider putting in place education programmes, communication campaigns and training courses that can effectively inform and educate the public and all branches of government about:
- (a) tobacco industry interference with activities related to education, communication and training, such as tobacco industry funded or co-funded youth prevention programmes, which have been demonstrated to be ineffective and even counterproductive, and have been publicly disapproved by the World Health Organization; and
 - (b) tobacco industry interference with Parties' tobacco-control policies.¹
64. Consider ways to build sufficient capacity to enable effective monitoring and surveillance of the tobacco industry and its products, by training researchers and other relevant professionals, and by providing easy public access to relevant data on the tobacco industry and its products, as required in Article 12(c) of the Convention.
65. Develop and implement communication tools to facilitate public access to a wide range of information on the tobacco industry and its products.² Depending on cultural appropriateness, reach and accessibility, such communication tools could include:
- (a) public repositories on the tobacco industry, such as the Legacy Tobacco Industry Documents Library;³ and
 - (b) counter-advertising campaigns using the media and/or relevant forms of modern technology.

STRENGTHENING INTERNATIONAL COOPERATION

Background

66. International collaboration, mutual support and sharing of information, knowledge and relevant technical capacity are vitally important to strengthen Parties' capacities to meet their obligations under Article 12 of the Convention and to successfully counter the adverse health, socioeconomic and environmental consequences of tobacco production, consumption and exposure to tobacco smoke. The duty to cooperate in the development of effective measures, procedures and guidelines for implementation of the Convention, to cooperate with international and regional organizations and to use bilateral and multilateral funding mechanisms, derives from Articles 4.3, 5.4, 5.5, 20, 21 and 22 of the Convention.

Recommendation

67. Parties should collaborate at the international level to raise global public awareness.

¹ As specified in recommendations 1.1 and 1.2 of the implementation guidelines on Article 5.3 of the Convention.

² In accordance with recommendation 5.5 of the guidelines on Article 5.3 of the Convention.

³ See <http://legacy.library.ucsf.edu/>.

Action points

68. Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

69. Make available to other Parties strategies, data and experiences on planned and/or implemented public education programmes, communication campaigns and training efforts, impart practical skills and core competencies, and share best practices. Where appropriate, use international reporting mechanisms, such as the regular reporting instruments of the Convention on implementation, and take advantage of bilateral and multilateral contacts.

70. Use the multisectoral approach of the Convention. Raise awareness of its implementation in relevant international organizations, platforms and civil society to ensure that raising awareness of the Convention is not confined to tobacco-control meetings and the health sector.

MONITORING OF IMPLEMENTATION AND REVISION OF THE GUIDELINES**Background**

71. Monitoring and evaluation of the implementation of Article 12 of the Convention are essential to ensuring that adequate means are employed to raise public awareness. Monitoring and evaluation at both national and international levels optimize the gains in implementation of the Convention. At country level, progress made becomes measurable and best practices can be identified to make effective use of resources. At the international level, the sharing of experiences and information allows Parties to adapt and improve their strategies and actions to have a broader impact on public awareness.

Recommendations

72. Parties should monitor, evaluate and revise their communication, education and training measures nationally and internationally to meet their obligations under the Convention, to enable comparisons and observe any trends.

73. Parties reporting via the existing reporting instrument of the Convention should provide information on education, communication, training and raising public awareness.

74. Parties should make use of the Convention and its monitoring instruments to raise awareness on its implementation, for example by communicating success stories and addressing gaps in the implementation of Article 12 of the Convention. Parties could also consider carrying out activities to raise the profile of the Convention as an effective international tobacco control strategy.

Action points

75. Parties should implement the actions listed below, taking into account national circumstances, priorities and resources.

76. Ensure that programmes in education, communication, and training are regularly monitored and evaluated, and the results made available for comparison and used for programme improvement.

77. Determine the needs, formulate measurable objectives and identify the resources required to implement actions based on these guidelines, and identify key indicators such as relevance, persuasion or behaviour change to assess the progress for each objective and achievement of outcomes.

78. Routinely collect data on the implementation of Article 12 of the Convention through surveys and other relevant research undertaken by government, nongovernmental organizations, or any other relevant entities.

79. Use the reporting instrument of the Convention to capture and share information on the policies adopted and any other measures taken in the implementation of Article 12.¹

KEY MESSAGES

80. With respect to the implementation of Article 12 of the WHO Framework Convention on Tobacco Control, Parties should:

- (a) establish an infrastructure and build capacity to support education, communication and training, thereby raising public awareness and promoting social change;
- (b) use all available means to raise awareness, provide enabling environments and facilitate behavioural and social change;
- (c) actively involve civil society in relevant phases of public awareness programmes;
- (d) ensure that education, communication, and training programmes include a wide range of information on the tobacco industry, its strategies and its products;
- (e) collaborate at the international level to raise global public awareness;
- (f) monitor, evaluate and revise education, communication and training measures nationally and internationally to enable comparisons and observe any trends;
- (g) provide information on education, communication, and training via the existing reporting instrument of the Convention to monitor its implementation; and
- (h) make use of the WHO Framework Convention on Tobacco Control and its monitoring instruments to raise awareness on its implementation and consider carrying out activities to raise the profile of the Convention as an effective international tobacco control strategy.

Appendix 1

Indicative (non-exhaustive) checklist for an action plan for the implementation of education, communication and training activities within a comprehensive tobacco-control programme

1. State the vision
2. Develop a mission statement
3. Formulate goals and objectives
4. Select strategies and expected results for each objective
5. Prepare a budget plan

¹ See Appendix 10 for an indicative list of useful information to consider in reporting at the international level.

6. Indicate who is responsible for each activity
7. Set target dates and determine the resources required
8. Identify progress indicators to enable measurement of the effectiveness of implementation
9. Monitor and evaluate implementation and outcomes
10. Disseminate results to people, bodies or entities responsible for tobacco-control education, communication and training¹

Appendix 2

Indicative (non-exhaustive) checklist for research-based strategies and programmes

1. Conduct regular situation analyses and assessments of needs
2. Identify priority target groups
3. Determine behavioural change objectives
4. Identify indicators
5. Develop and pre-test messages
6. Select intervention methods
7. Obtain financing
8. Identify partners
9. Monitor and evaluate
10. Coordinate among governmental and related bodies
11. Disseminate results, including through earned media

Appendix 3

Indicative (non-exhaustive) list of areas to cover in education, communication and training programmes

1. The benefits of a tobacco-free life and cessation of tobacco use.

¹ As specified in paragraph 10 of these guidelines.

2. The health effects of tobacco agriculture, production, consumption and exposure to tobacco smoke, including but not limited to epidemiological data on the contribution of tobacco to morbidity and mortality and information on novel tobacco products.
3. The health, social, environmental and economic costs and consequences of tobacco agriculture, production and consumption, including health-care costs, lost productivity, premature deaths, environmental impact, and contribution to poverty.
4. Local, national/federal, regional and international policies and reports related to tobacco and tobacco control, including but not limited to the Convention and its implementation guidelines.
5. Information on the strategies and activities of the tobacco industry to undermine tobacco-control efforts, and on the ineffectiveness of activities related to tobacco control funded by the tobacco industry, e.g. public-awareness campaigns aimed at youth.
6. Techniques for effective behaviour support (counselling skills) for tobacco dependence.

Appendix 4

Indicative (non-exhaustive) list of venues for educational programmes

1. Homes
2. Schools and school-like environments, including primary and secondary schools, colleges and universities, as well as continuous education and lifelong-learning programmes
3. Sports, recreation and leisure facilities
4. Workplaces
5. Health-care facilities
6. Communities
7. Reformative and rehabilitative facilities

Appendix 5

Indicative (non-exhaustive) list of appropriate methods and media vehicles

1. **Methods** include counter-marketing by means of:
 - (i) paid advertising;
 - (ii) media placements; and
 - (iii) earned media including but not limited to events which capture the attention of journalists and the public.

2. **Media vehicles** include:
- (i) television;
 - (ii) radio;
 - (iii) newspapers;
 - (iv) magazines;
 - (v) billboards; and
 - (vi) electronic media, e.g. text messages, e-mail, web sites, blogs, social networks, etc.

Appendix 6

Indicative (non-exhaustive) list of types of training

1. Orientation training and interaction (with survivors of tobacco-related diseases and disability)
2. Public speaking skills (for people talking to news media and other organizations about tobacco control)
3. Media advocacy skills and media training
4. Networking training
5. Campaign planning
6. Evaluation training
7. Peer education
8. Training on the negative impacts of tobacco and cost-effectiveness of tobacco-control interventions
9. News media staff training on tobacco-control issues
10. Capacity building on tobacco industry interference in school-based training programmes and so-called youth smoking prevention programmes
11. Social media training

Appendix 7

Indicative (non-exhaustive) list of types of novel approaches

1. E-learning and web-based approaches

2. Peer education
3. Train-the-trainer models
4. Cross-training opportunities through existing programmes, such as reproductive health programmes (including those on HIV/AIDS), disease-management programmes (e.g. DOTS), substance-abuse prevention programmes (e.g. those aimed at alcohol or illicit drugs) or environmental protection programmes

Appendix 8

Indicative (non-exhaustive) list of different approaches of training methods for specific target groups

Monitoring data should distinguish, inter alia, between the different training methods used according to:

- (a) the place of the intervention (settings such as educational facilities, workplaces, and health-care facilities);
- (b) the people performing the intervention (providers, such as health workers, social workers, educators, and counsellors); and
- (c) the practice involved (method used to reach the target audience, such as radio, skits, and lectures).

Appendix 9

Indicative (non-exhaustive) list of members of civil society to consider actively involving in education, communication, training and public awareness programmes

1. Nongovernmental organizations, including women's, youth, environmental and consumer groups
2. Foundations
3. Professional organizations
4. Private agencies
5. Academia
6. Teaching and training institutions
7. Health-care institutions

Appendix 10

**Indicative (non-exhaustive) list of useful information to consider
in reporting at the international level**

1. Results of monitoring and evaluating of education, communication, training and public-awareness interventions
2. Outcomes of evaluations undertaken at the national level
3. The most appropriate strategies identified in each country
4. The major challenges faced
5. The activities of the tobacco industry

(Ninth plenary meeting, 19 November 2010)

FCTC/COP4(8) Guidelines for implementation of Article 14 of the WHO Framework Convention on Tobacco Control (*Demand reduction measures concerning tobacco dependence and cessation*)

The Conference of the Parties,

Taking into account Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) of the WHO Framework Convention on Tobacco Control (WHO FCTC);

Recalling its decision FCTC/COP3(15) to establish a working group to elaborate guidelines on the implementation of Article 14 of the WHO FCTC and to present a progress report or, if possible, draft guidelines for consideration by the Conference of the Parties at its fourth session;

Emphasizing that the aim of these guidelines is to assist Parties in fulfilling their obligations under Article 14 of the WHO FCTC,

1. ADOPTS the guidelines for implementation of Article 14 of the WHO FCTC contained in the Annex to this decision; and
2. REQUESTS the Convention Secretariat to maintain a database of information sources related to these guidelines, based on the information presented by the Parties through their implementation reports and other international sources, as appropriate.

ANNEX

**GUIDELINES FOR THE IMPLEMENTATION OF ARTICLE 14 OF THE WHO
FRAMEWORK CONVENTION ON TOBACCO CONTROL (DEMAND
REDUCTION MEASURES CONCERNING TOBACCO
DEPENDENCE AND CESSATION)****INTRODUCTION**

1. Article 14 of the WHO Framework Convention on Tobacco Control (WHO FCTC) states that “each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”.
2. Tobacco dependence treatment is defined differently by different cultures and in different languages. It sometimes includes measures to reduce tobacco use in the population as a whole, but often only refers to interventions at the individual level. These guidelines cover both, and therefore employ the term “promotion of tobacco cessation” as well as “tobacco dependence treatment”. Further effective measures to promote cessation of tobacco use are contained in other articles of the WHO FCTC and in the guidelines on their implementation.
3. Parties are encouraged to use these guidelines to assist them in fulfilling their obligations under the WHO FCTC and in protecting public health. They are also encouraged to implement measures beyond those recommended by the guidelines, in accordance with the provisions of Article 2.1 of the Convention.¹

Purpose

4. The purpose of these guidelines is to assist Parties in meeting their obligations under Article 14 of the WHO FCTC, consistent with their obligations under other provisions of the Convention and with the intentions of the Conference of the Parties, on the basis of the best available scientific evidence and taking into account national circumstances and priorities.
5. To this end the guidelines:
 - (i) encourage Parties to strengthen or create a sustainable infrastructure which motivates attempts to quit, ensures wide access to support for tobacco users who wish to quit, and provides sustainable resources to ensure that such support is available;
 - (ii) identify the key, effective measures needed to promote tobacco cessation and incorporate tobacco dependence treatment into national tobacco control programmes and health-care systems;
 - (iii) urge Parties to share experiences and collaborate in order to facilitate the development or strengthening of support for tobacco cessation and tobacco dependence treatment.

¹ Parties are directed to the WHO FCTC web site (<http://www.who.int/fctc/>) where further sources of information on topics covered by these guidelines are maintained.

Use of terms

6. For the purpose of these guidelines, the following definitions apply:
- “Tobacco user”: a person who uses any tobacco product.
 - “Tobacco addiction/dependence”: a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated tobacco use and that typically include a strong desire to use tobacco, difficulties in controlling its use, persistence in tobacco use despite harmful consequences, a higher priority given to tobacco use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.¹
 - “Tobacco cessation”: the process of stopping the use of any tobacco product, with or without assistance.
 - “Promotion of tobacco cessation”: population-wide measures and approaches that contribute to stopping tobacco use, including tobacco dependence treatment.
 - “Tobacco dependence treatment”: the provision of behavioural support or medications, or both, to tobacco users, to help them stop their tobacco use.²
 - “Behavioural support”: support, other than medications, aimed at helping people stop their tobacco use. It can include all cessation assistance that imparts knowledge about tobacco use and quitting, provides support and teaches skills and strategies for changing behaviour.
 - “Brief advice”: advice to stop using tobacco, usually taking only a few minutes, given to all tobacco users, usually during the course of a routine consultation or interaction.

UNDERLYING CONSIDERATIONS

7. **Tobacco use is highly addictive.**^{3,4} The use of tobacco and exposure to tobacco smoke have severe negative health, economic, environmental and social consequences, and people should be educated about these negative consequences and the benefits of cessation.⁵ Knowledge of these negative consequences is a powerful component of most tobacco users’ motivation to quit, and therefore it is important to ensure that they are fully understood by the public and policy-makers.

8. **It is important to implement tobacco dependence treatment measures synergistically with other tobacco control measures.** The promotion of tobacco cessation and treatment of tobacco dependence are key components of a comprehensive, integrated tobacco control programme. Support for tobacco users in their cessation efforts and successful treatment of their tobacco dependence will reinforce other tobacco control policies, by increasing social support for them and increasing their acceptability. Implementing cessation and treatment measures in conjunction with population level

¹ Definition adapted from: *International statistical classification of diseases and related health problems*, tenth revision (ICD–10). Geneva, World Health Organization, 2007.

² Sometimes called “cessation support” in this document.

³ See *International statistical classification of diseases and related health problems*, tenth revision (ICD–10). Geneva, World Health Organization, 2007.

⁴ The terms addiction and dependence are used interchangeably in these guidelines, as in the Preamble and Articles 4 and 5 of the WHO FCTC.

⁵ As outlined in Article 12 of the WHO FCTC.

interventions covered by other articles of the WHO FCTC, will have a synergistic effect and thus maximize their impact.

9. **Tobacco cessation and tobacco dependence treatment strategies should be based on the best available evidence of effectiveness.** There is clear scientific evidence that tobacco dependence treatment is effective and that it is a cost-effective health-care intervention, and thus that it is a worthwhile investment for health-care systems.

10. **Treatment should be accessible and affordable.** Tobacco dependence treatment should be widely available, accessible and affordable, and should include education¹ on the range of cessation options available.

11. **Tobacco cessation and tobacco dependence treatment should be inclusive.** Tobacco cessation strategies and tobacco dependence treatment should take into account factors such as gender, culture, religion, age, educational background, literacy, socioeconomic status, disability, and the needs of groups with high rates of tobacco use. Tobacco cessation strategies should be as inclusive as possible, and should where appropriate be tailored to the needs of individual tobacco users.

12. **Monitoring and evaluation are essential.** Monitoring and evaluation are essential components of successful tobacco cessation and tobacco dependence treatment programmes.

13. **Active partnership with civil society.** The active participation of and partnership with civil society, as specified in the Preamble and in Article 4.7 of the WHO FCTC, are essential to the effective implementation of these guidelines.

14. **Protection from all commercial and vested interests.** Development of strategies to implement Article 14 of the WHO FCTC should be protected from the commercial and other vested interests of the tobacco industry, in line with Article 5.3 of the Convention and its guidelines, and from all other actual and potential conflicts of interest.

15. **Value of sharing experience.** Sharing of experience and collaboration with each other will greatly enhance Parties' abilities to implement these guidelines.

16. **Central role of health-care systems.** Strengthening existing health-care systems to promote tobacco cessation and tobacco dependence treatment is essential.

DEVELOPING AN INFRASTRUCTURE TO SUPPORT TOBACCO CESSATION AND TREATMENT OF TOBACCO DEPENDENCE

Background

17. Certain infrastructure elements will be needed to promote tobacco cessation and provide effective tobacco dependence treatment. Much of this infrastructure (such as a primary health care system) already exists in many countries. In order to promote tobacco cessation and develop tobacco dependence treatment as rapidly as possible and at as low a cost as possible, Parties should use existing resources and infrastructure as much as they can, and ensure that tobacco users at least receive brief advice. Once this has been achieved, other mechanisms for providing tobacco dependence treatment, including more specialist approaches (see "Developing cessation support: a stepwise approach" below), can be put in place.

¹ Further guidance on education is given in the guidelines on implementation of Article 12 of the WHO FCTC adopted in decision FCTC/COP/4(7).

18. Professional associations and other groups with relevant expertise in this area should be involved at an early stage in the design and development of the necessary infrastructure, but with the process protected from all actual and potential conflicts of interest.

Recommendation

19. Parties should implement the actions listed below in order to strengthen or create the infrastructure needed to promote cessation of tobacco use effectively and provide adequate treatment for tobacco dependence, taking into account national circumstances and priorities.

Actions

Conduct a national situation analysis

20. Analyse, where appropriate: (1) the status of all tobacco control policies in the country and their impact, especially in motivating tobacco users to quit and creating demand for treatment support; (2) policies to promote tobacco cessation and provide tobacco dependence treatment; (3) existing tobacco dependence treatment services and their impact; (4) the resources available to strengthen the promotion of tobacco cessation and tobacco dependence treatment services (or to create such services where they do not yet exist), including training capacity,¹ health-care infrastructure, and any other infrastructure that may be helpful; (5) any monitoring data available (see “Monitoring and evaluation” below). Use this situation analysis where appropriate to create a strategic plan.

Create or strengthen national coordination

21. Ensure that the national coordinating mechanism or focal point facilitates the strengthening or creation of a programme to promote tobacco cessation and provide tobacco dependence treatment.

22. Maintain or consider creating an up-to-date, easily accessible information system on available tobacco cessation services and qualified service providers for tobacco users.

Develop and disseminate comprehensive guidelines

23. Parties should develop and disseminate comprehensive tobacco dependence treatment guidelines based on the best available scientific evidence and best practices, taking into account national circumstances and priorities. These guidelines should include two major components: (1) a **national cessation strategy**, to promote tobacco cessation and provide tobacco dependence treatment, aimed principally at those responsible for funding and implementing policies and programmes; and (2) **national treatment guidelines**² aimed principally at those who will develop, manage and provide cessation support to tobacco users.

24. A national cessation strategy and national tobacco dependence treatment guidelines should have the following key characteristics:

- they should be evidence based;
- their development should be protected from all actual and potential conflicts of interest;

¹ Further guidance on training is given in the guidelines on implementation of Article 12 of the WHO FCTC adopted in decision FCTC/COP4(7).

² Treatment guidelines are systematically developed statements to help service managers, practitioners and patients to make decisions about appropriate treatment for tobacco dependence and cessation.

- they should be developed in collaboration with key stakeholders, including but not limited to health scientists, health professional organizations, health-care workers, educators, youth workers and nongovernmental organizations with relevant expertise in this area;
- they should be commissioned or led by government, but in active partnership and consultation with other stakeholders; however, if other organizations initiate the treatment guidelines development process, they should do so in active collaboration with government;
- they should include a dissemination and implementation plan, should highlight the importance of all service providers (within or outside the health-care sector) setting an example by not using tobacco, and should be periodically reviewed and updated, in the light of developing scientific evidence, and in accordance with the obligations established by Article 5.1 of the WHO FCTC.

25. Additional key characteristics of national treatment guidelines:

- they should be widely endorsed at national level, including by health professional organizations and/or associations;
- they should include as broad a range of interventions as possible, such as systematic identification of people who use tobacco, provision of brief advice, quitlines, face-to-face behavioural support provided by workers trained to deliver it, systems to make medications accessible and free or at an affordable cost, and systems to support the key steps involved in helping people to quit tobacco use, including reporting tobacco use status in all medical notes;
- they should cover all settings and all providers, both within and outside the health-care sector.

Address tobacco use by health-care workers and others involved in tobacco cessation

26. Health-care workers should avoid using tobacco because:

- they are role models and by using tobacco they undermine public health messages about its effects on health;
- it is important to reduce the social acceptability of tobacco use and health-care workers have a particular responsibility to set a good example in this respect.

27. Specific programmes promoting cessation of tobacco use and offering tobacco dependence treatment should therefore be provided for health-care workers and any other groups involved in helping tobacco users to quit.

Develop training capacity¹

28. In most countries the health-care system² and health-care workers should play a central role in promoting tobacco cessation and offering support to tobacco users who want to quit. However other groups should be involved where appropriate.

¹ Further guidance on training is given in the guidelines on implementation of Article 12 of the WHO FCTC adopted in decision FCTC/COP4(7).

² Including but not limited to governmental bodies, public and private health-care facilities, and funding organizations.

29. All health-care workers should be trained to record tobacco use, give brief advice, encourage a quit attempt, and refer tobacco users to specialized tobacco dependence treatment services where appropriate.
30. Outside health-care settings, other individuals can be trained to give brief advice, encourage a quit attempt, and refer tobacco users to specialized tobacco dependence treatment services where appropriate, and therefore also have a role to play in tobacco cessation and tobacco dependence treatment.
31. Both health-care workers and those outside health-care settings who deliver intensive specialized support (see “Key components of a system to help tobacco users to quit” below) should be trained to the highest possible standard and receive continuous education.
32. Tobacco control and tobacco cessation should be incorporated into the training curricula of all health professionals and other relevant occupations both at pre- and post-qualification levels, and in continuous professional development. Training should include information about tobacco use and the harm it does, the benefits of cessation, and the influence that trained workers can have in prompting quitting.
33. Training standards should be set nationally by competent authorities.

Use existing systems and resources to ensure the greatest possible access to services

34. Parties should use existing infrastructure, in both health-care and other settings, to ensure that all tobacco users are identified and provided with at least brief advice.
35. Parties should use existing infrastructure to provide tobacco dependence treatment for people who want to stop using tobacco. Such treatment should be widely accessible, evidence based, and affordable.
36. Parties should consider using existing infrastructure that would provide the greatest possible access for tobacco users, including but not limited to primary health care and other services such as those providing treatment for tuberculosis and HIV/AIDS.

Make the recording of tobacco use in medical notes mandatory

37. Parties should ensure that the recording of tobacco use status in all medical and other relevant notes is mandatory, and should encourage the recording of tobacco use in death certification.

Encourage collaborative working

38. It is essential that governmental and nongovernmental organizations work in partnership, in accordance with the spirit of the underlying considerations of these guidelines, in order to make rapid progress in implementing the provisions of Article 14 of the WHO FCTC.

Establish a sustainable source of funding for cessation help

39. The strengthening or creation of a national infrastructure to promote tobacco cessation and to provide tobacco dependence treatment will require both financial and technical resources and it will therefore be essential to identify funding for that infrastructure, in accordance with Article 26 of the WHO FCTC.
40. In order to alleviate governmental budgetary pressure, Parties could consider placing the cost of cessation support on the tobacco industry and retailers, through such measures as: designated tobacco

taxes; tobacco manufacturing and/or importing licensing fees; tobacco product registration fees; tobacco selling licenses for distributors and retailers; noncompliance fees levied on the tobacco industry and retailers, such as administrative monetary penalties; and annual tobacco surveillance/control fees for the tobacco industry and retailers. Successful action to reduce the illicit trade in tobacco products (as outlined in Article 15 of the WHO FCTC) could also increase government revenue substantially.

KEY COMPONENTS OF A SYSTEM TO HELP TOBACCO USERS QUIT

Background

41. Support can be offered to tobacco users in a wide variety of settings and by a wide variety of providers, as described in the previous section, and can include a range of options, from less intensive population-wide approaches to more intensive approaches delivered by specialists who are trained and may be paid. The key components of a system to help tobacco users quit include approaches with a wide reach like brief advice and quitlines¹ more intensive approaches like behavioural support delivered by trained specialists, and effective medications. There is a substantial body of scientific evidence showing that behavioural support and medications are effective and cost-effective, separately and combined, and that they are more effective when combined.

Recommendations

42. In designing national cessation and treatment systems for health-care and other settings, Parties should include the components listed below, taking into account national circumstances and priorities.

43. Parties should provide cessation support and treatment in all health-care settings and by all health-care providers. Parties should additionally consider providing cessation support and treatment in non-health-care settings and by suitably trained non-health-care providers, especially where scientific evidence suggests that some populations of tobacco users² may be better served in this way.

Actions

Establish population-level approaches

44. **Mass communication.** Mass communication and education programmes are essential for encouraging tobacco cessation, promoting support for tobacco cessation, and encouraging tobacco users to draw on this support.³ These programmes can include both unpaid and paid media placements.

45. **Brief advice.** Brief advice should be integrated into all health-care systems. All health-care workers should be trained to ask about tobacco use, record it in the notes, give brief advice on stopping, and direct tobacco users to the most appropriate and effective treatment available locally. Brief advice should be implemented as an essential part of standard practice and its implementation should be monitored regularly.

46. **Quitlines.** All Parties should offer quitlines in which callers can receive advice from trained cessation specialists. Ideally they should be free and offer proactive support. Quitlines should be widely publicized and advertised, and adequately staffed, to ensure that tobacco users can always

¹ A quitline is a telephone counselling service that can provide both reactive and proactive counselling. A reactive quitline provides an immediate response to a call initiated by the tobacco user, but only responds to incoming calls. A proactive quitline involves setting up a schedule of planned calls to tobacco users.

² Such populations may include, but not be limited to young people, parents, and people of low socioeconomic status.

³ See the guidelines on implementation of Article 12 of the WHO FCTC adopted in decision FCTC/COP4(7).

receive individual support. Parties are encouraged to include the quitline number on tobacco product packaging.

Establish more intensive individual approaches

47. **Specialized tobacco dependence treatment services.** Tobacco users who need cessation support should, where resources allow, be offered intensive specialized support, delivered by specially trained practitioners. Such services should offer behavioural support, and where appropriate, medications or advice on the provision of medications. The services may be delivered by a variety of health-care or other trained workers, including doctors, nurses, midwives, pharmacists, psychologists, and others, according to national circumstances. These services can be delivered in a wide variety of settings and should be easily accessible to tobacco users. Where possible they should be provided free or at an affordable cost. Specialized treatment services should meet national or applicable standards of care.

Make medications available

48. Medications that have been clearly shown by scientific evidence to increase the chances of tobacco cessation should be made available to tobacco users wanting to quit and where possible be provided free or at an affordable cost.

49. Some medications can also be made available population wide, with fewer restrictions to access, taking into account relevant legislation. Experience in some countries has shown that increasing the accessibility and availability of some medications can increase the number of attempts to quit.

50. Collective bargaining by governments or regional economic organizations should be used to reduce medication prices by bulk purchase or other available means, to ensure that cessation treatment does not impose excessive costs on those stopping tobacco use. Where low-cost, effective¹ medications exist, these may be considered as a standard treatment.

Consider emerging research evidence and novel approaches and media

51. Parties should keep under review the developing scientific evidence of new approaches to promoting tobacco cessation and providing tobacco dependence treatment.

52. Parties should be open to new and innovative approaches to promoting tobacco cessation and providing tobacco dependence treatment, while at the same time prioritizing approaches that are more strongly based on the scientific evidence.

53. There is evidence from some countries that national No Smoking Days, sometimes held on World No Tobacco Day, can be effective low-cost interventions that motivate tobacco users to try to quit. Cellphone text messaging and Internet-based behavioural support may be especially useful in countries where telephone and Internet use are high. These and other approaches are being investigated in scientific trials, although there is insufficient evidence yet to recommend them as a core part of treatment provision. The potential of using electronic media like radio for delivering cessation messages and advice could also be explored, as in many countries radio is the most widespread and low-cost medium of mass communication. Some countries also have local and folk media which have wide access at the grass-roots level, and the use of these for disseminating information about availability of tobacco cessation facilities may be considered along with other culturally acceptable approaches to treatment.

DEVELOPING CESSATION SUPPORT: A STEPWISE APPROACH

¹ According to the scientific evidence (see “Monitoring and evaluation” below).

Background

54. Tobacco control policies which reduce the demand for tobacco, and which are covered in other articles of the WHO FCTC,¹ promote tobacco cessation by encouraging quitting and creating a supportive environment for the implementation of measures that support cessation. Implementing tobacco cessation and tobacco dependence treatment measures in conjunction with such policies will have a synergistic effect and thus maximize the impact on public health.

55. Even a country with a low proportion of tobacco users wanting to quit and needing help to do so may have large demand for cessation support, if the absolute number of tobacco users is high.

56. Introduction of the different components of a comprehensive, integrated system to promote tobacco cessation and treat tobacco dependence can be simultaneous or stepwise, according to each Party's circumstances and priorities. Some Parties already have comprehensive treatment systems, and all Parties should aim to provide the fullest complement of interventions for tobacco cessation and treatment of tobacco dependence.

57. Resources are finite however, so this section suggests the elements of a stepwise approach to developing tobacco dependence treatment, if such an approach is deemed appropriate.

Recommendations

58. Parties that have not already done so should implement measures to promote tobacco cessation and increase demand for tobacco dependence treatment contained in other articles of the WHO FCTC.²

59. Parties should use existing infrastructure, in both health-care and other settings, to ensure that all tobacco users are identified and provided with at least brief advice.

60. Parties should implement the actions listed below, taking into account national circumstances and priorities.

Actions

Actions that establish basic infrastructure and create an environment that prompts quit attempts

Establish system components

- Ensure that the population is well informed about the harmful effects of tobacco products.
- Strengthen or create – and fund – national coordination for tobacco cessation and tobacco dependence treatment, as part of the national tobacco control plan.
- Develop and disseminate a national tobacco cessation strategy and national tobacco dependence treatment guidelines.
- Identify and allocate sustainable funding for tobacco cessation and tobacco dependence treatment programmes.

¹ Including, but not limited to, Articles 6, 8, 11, 12 and 13.

² Including, but not limited to, Articles 6, 8, 11, 12 and 13.

- Where appropriate, ensure that health insurance or other funded health-care systems record tobacco dependence as a disease or disorder and include its treatment in services covered.

Address the issue in health-care workers

- Incorporate tobacco dependence and cessation into the core curriculum and continuing professional training of medical, dental, nursing, pharmacy and other relevant undergraduate and postgraduate courses and in licensing and certifying examinations.
- Train health-care workers to give brief advice according to a simple formula.
- Where appropriate train workers and service providers outside the health-care sector in tobacco cessation and tobacco dependence treatment skills.
- Promote tobacco cessation among health-care workers and service providers who use tobacco, and offer support to them to quit if they need it.

Integrate brief advice into existing health-care systems

- Ensure that tobacco use is recorded in medical notes and other relevant notes at all levels of care.
- Integrate brief advice into the existing primary health-care system.
- Involve all relevant sectors of a country's health-care system in providing brief advice.
- Integrate brief advice into other culturally relevant settings outside the health-care sector when the opportunity or necessity arises.
- Reimbursement of health-care workers' time for tobacco cessation counselling, and of the costs of medications, is recommended where appropriate.

Actions that increase the likelihood of quit attempts succeeding

Create capacity for tobacco cessation support and tobacco dependence treatment

- Ensure that the population is well informed about the availability and accessibility of tobacco dependence treatment services and encourage them to make use of them.
- Establish a free proactive quitline providing advice on how to quit, or if resources are scarce, start by establishing a free reactive quitline.
- Ensure that effective medications are readily available, accessible, and free or at an affordable cost.
- Establish a network of specialized comprehensive tobacco dependence treatment services that meet national or applicable standards of care.

MONITORING AND EVALUATION

Background

61. Monitoring and evaluation activities measure the progress and impact of an intervention or programme by collecting data/information showing change, or the lack of it. This includes periodically

reviewing interventions and programmes. Scientific evidence is evidence gained by scientific enquiry, usually through formal research, and includes evidence obtained through monitoring and evaluation.¹

62. Monitoring and evaluation are essential to ensure that the best means are employed to develop and deliver effective treatment to tobacco users. At national level, monitoring and evaluation ensure that progress is measured, so that interventions can be modified and improved as necessary, helping to ensure that the most efficient use is made of limited resources. Internationally, the sharing of experience will help Parties to adapt and improve their strategies.

63. There are national and international data collection systems that can be used to inform and support the collection of monitoring and evaluation data.

Recommendation

64. Parties should monitor and evaluate all tobacco cessation and tobacco dependence treatment strategies and programmes, including process and outcome measures, to observe trends. They should benefit from the experience of other countries through the exchange of information, in accordance with the provisions of Articles 20, 21 and 22 of the WHO FCTC.

Actions

65. Formulate measurable objectives, determine the resources required, and identify indicators to enable the assessment of progress towards each objective.

66. Encourage health-care workers and service providers to participate in the monitoring of service performance through clearly defined indicators, taking account of national circumstances and priorities.

67. Use data collection systems that are practical and efficient, built on strong methodologies, and are appropriate to local circumstances.

INTERNATIONAL COOPERATION

Background

68. International cooperation between Parties is a treaty obligation under Article 22 of the WHO FCTC. International cooperation in tobacco cessation and tobacco dependence treatment is also a means of supporting and strengthening the implementation of the Convention.

Recommendation

69. Parties should collaborate at the international level to ensure that they are able to implement the most effective measures for tobacco cessation, in accordance with the provisions of Articles 20, 21 and 22 of the WHO FCTC.

¹ See the guidelines on implementation of Article 12 of the WHO FCTC adopted in decision FCTC/COP4(7), for a definition of research-based evidence.

Actions

70. Share tobacco cessation and treatment experiences with other Parties, including strategies to develop and fund support for cessation of tobacco use, national treatment guidelines, training strategies, and data and reports from evaluations of tobacco dependence treatment systems.
71. Where appropriate, use international reporting mechanisms, such as regular reporting on the implementation of the WHO FCTC, and take advantage of bilateral and multilateral contacts and agreements.
72. Review and revise these guidelines periodically to ensure that they continue to provide effective guidance and assistance to Parties.

(Ninth plenary meeting, 19 November 2010)

**FCTC/COP4(9) Economically sustainable alternatives to tobacco growing
(in relation to Articles 17 and 18 of the WHO Framework
Convention on Tobacco Control)**

The Conference of the Parties,

Recalling the report of the study group on economically sustainable alternatives to tobacco growing to the Conference of the Parties at its third session;¹

Recalling its decision FCTC/COP3(16) establishing a working group on economically sustainable alternatives to tobacco growing in relation to Articles 17 and 18 of the WHO Framework Convention on Tobacco Control;

Noting the report of the working group to the Conference of the Parties at its fourth session on the progress of its work,²

1. DECIDES:

(1) to request the working group established by decision FCTC/COP3(16) to continue its work and to submit a working report to the Conference of the Parties at its fifth session, that may include, inter alia, policy options and recommendations for implementation of economically sustainable alternatives to tobacco growing in relation to Articles 17 and 18;

(2) to invite Parties, by 31 January 2011, to confirm to the Convention Secretariat their intention to continue as members of the working group or their intention to join the working group;³

2. ALSO DECIDES:

(1) to request the Convention Secretariat to provide assistance and to make the necessary arrangements, including budgetary arrangements, for the working group to complete its work and to ensure, in consultation with the Bureau, that Parties have access to the draft text (for example via a protected web site) and can provide comments, before the circulation of policy options and recommendations to the Conference of the Parties;

¹ Document FCTC/COP/3/11.

² Document FCTC/COP/4/9.

³ Current membership of the working group is as follows:

– Key Facilitators: Brazil, Greece, India, Mexico and Turkey;

– Partners: Bangladesh, China, Djibouti, European Union, Georgia, Ghana, Iran (Islamic Republic of), Lao People's Democratic Republic, Mali, Philippines, Syrian Arab Republic, Thailand, United Republic of Tanzania and Zambia.

(2) to adopt the timeline set out below:

Draft report made available by the Secretariat for comments by the Parties	At least six months before the fifth session of the Conference of the Parties
Submission of the final report by the working group to the Secretariat	At least three months before the opening day of the fifth session of the Conference of the Parties
Circulation to the Conference of the Parties	At least 60 days before the opening day of the fifth session of the Conference of the Parties in accordance with Rule 8 of the Rules of Procedure of the Conference of the Parties

(Ninth plenary meeting, 19 November 2010)

FCTC/COP4(10) Partial guidelines for implementation of Articles 9 and 10 of the WHO Framework Convention on Tobacco Control (*Regulation of the contents of tobacco products and Regulation of tobacco product disclosures*)

The Conference of the Parties,

Taking into account Article 7 (*Non-price measures to reduce the demand for tobacco*), Article 9 (*Regulation of the contents of tobacco products*) and Article 10 (*Regulation of tobacco product disclosures*) of the WHO Framework Convention on Tobacco Control (WHO FCTC);

Recalling its decision FCTC/COP1(15) to establish a working group to elaborate guidelines for implementation of Article 9 (*Regulation of the contents of tobacco products*) and Article 10 (*Regulation of tobacco product disclosures*) of the WHO FCTC, and its decision FCTC/COP2(14) to extend the work of the working group to include product characteristics, such as design features, to the extent that they affect the objectives of the WHO FCTC;

Recalling its decision FCTC/COP3(9) mandating the working group to continue to monitor the areas set out in its first progress report (document A/FCTC/COP/2/8) which include dependence liability and toxicology, to continue to examine the challenges and potential approaches to setting up a global data repository, to continue its work elaborating guidelines in a step-by-step process, and to submit a first set of draft guidelines to the Conference of the Parties for consideration at its fourth session;

Emphasizing that the aim of the guidelines is to assist Parties in meeting their obligations under Articles 9 and 10 of the WHO FCTC and to provide guidance for implementation of these Articles;

Mindful of the provisional nature of the guidelines and the need for periodical reassessment in light of the scientific evidence and country experience,

1. ADOPTS the partial guidelines for implementation of Article 9 (*Regulation of the contents of tobacco products*) and Article 10 (*Regulation of tobacco product disclosures*) of the WHO FCTC contained in the Annex to this decision;
2. WELCOMES the report of WHO's Tobacco Free Initiative to the Conference of the Parties (document FCTC/COP/4/INF.DOC./2);
3. REQUESTS the Convention Secretariat:
 - (a) to invite WHO's Tobacco Free Initiative to continue the validation of the analytical chemical methods for testing and measuring cigarette contents and emissions in accordance with the progress report (document FCTC/COP/3/6) and to inform the Conference of the Parties through the Convention Secretariat on a regular basis of the progress made;
 - (b) to make accessible, via a web site, the studies, research and other reference material used in the development of the guidelines for implementation of Articles 9 and 10 of the WHO FCTC;
4. DECIDES to mandate the working group to:
 - (a) continue its work in elaborating guidelines in a step-by-step process, and to submit draft guidelines on addictiveness and toxicity to future sessions of the Conference of the Parties for consideration;

- (b) continue to monitor areas such as dependence liability and toxicology;
- (c) examine the regulation of cigarette ignition propensity, as a product characteristic;
5. INVITES Parties, by 31 January 2011, to confirm to the Convention Secretariat their intention to continue as members of the working group or their intention to join the working group;¹
6. ALSO DECIDES, in accordance with decision FCTC/COP3(9):
- (a) to request the Convention Secretariat to provide assistance and make the necessary arrangements including budgetary arrangements for the working group to continue its work, and to ensure, in consultation with the Bureau of the Conference of the Parties, that Parties have access to the draft text (for example, via a protected web site) and can provide comments before the circulation of the draft guidelines to the Conference of the Parties;
- (b) to adopt the timeline set out below:

Draft report made available by the Secretariat for comments by the Parties	At least six months before the opening day of the fifth session of the Conference of the Parties
Submission of the final report by the working group to the Secretariat	At least three months before the opening day of the fifth session of the Conference of the Parties
Circulation to the Conference of the Parties	At least 60 days before the opening day of the fifth session of the Conference of the Parties in accordance with Rule 8 of the Rules of Procedure of the Conference of the Parties

¹ Current membership of the working group is as follows:

– Key Facilitators: Canada, European Union, Norway
 – Partners: Algeria, Australia, Brazil, Bulgaria, China, Congo, Denmark, Finland, Ghana, Hungary, India, Jordan, Kenya, Mali, Mexico, Netherlands, Singapore, Thailand, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland.

ANNEX

**PARTIAL GUIDELINES FOR IMPLEMENTATION OF ARTICLES 9 AND 10
OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
(REGULATION OF THE CONTENTS OF TOBACCO PRODUCTS
AND OF TOBACCO PRODUCT DISCLOSURES)****1. PURPOSE, OBJECTIVES AND USE OF TERMS****1.1 PURPOSE**

The purpose of the guidelines is to assist Parties in meeting their obligations under Articles 9 and 10 of the WHO Framework Convention on Tobacco Control (WHO FCTC). The guidelines, drawing on the best available scientific evidence and the experience of Parties, propose measures that may assist Parties in strengthening their tobacco-control policies through regulation of the contents and emissions of tobacco products and through regulation of tobacco product disclosures. Parties are also encouraged to implement measures beyond those recommended by these guidelines.¹

Whereas Article 9 deals with the testing and measuring of the contents and emissions of tobacco products, and their regulation, Article 10 deals with the disclosure of information on such contents and emissions to governmental authorities and the public. Owing to the close relationship between these two articles, guidance for their implementation has been consolidated into one set of guidelines.

1.2 OBJECTIVES**1.2.1 Regulation of the contents and emissions of tobacco products**

One objective of the guidelines is to support Parties in developing effective tobacco product regulation. Tobacco product regulation has the potential to contribute to reducing tobacco-attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) or reducing their overall toxicity.

1.2.1.1 Attractiveness

Tobacco products are commonly made to be attractive in order to encourage their use. From the perspective of public health, there is no justification for permitting the use of ingredients, such as flavouring agents, which help make tobacco products attractive. Other measures to reduce the attractiveness of tobacco products have been included in the guidelines on the implementation of Articles 11 and 13 of the WHO FCTC.²

The WHO FCTC, in its preamble, recognizes that tobacco products are harmful and create and maintain dependence. Any reduction of their attractiveness resulting from removing or reducing certain ingredients in no way suggests that those tobacco products are less dangerous for human health.

¹ Parties are directed to the WHO FCTC web site (<http://www.who.int/fctc/>) where further sources of information on topics covered by these guidelines are maintained.

² See *WHO Framework Convention on Tobacco Control: guidelines for implementation. Article 5.3; Article 8; Article 11; Article 13*. Geneva, World Health Organization, 2009.

1.2.1.2 Addictiveness (*dependence liability*)

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.¹)

1.2.1.3 Toxicity

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

1.2.2 Disclosure to governmental authorities

Pursuant to Article 10, the primary objective of requiring disclosure to governmental authorities is to obtain from manufacturers and importers relevant information on the contents and emissions of tobacco products, as well as on their toxicity and addictiveness. This information is required for the development and implementation of relevant policies, activities and regulations, such as further analysis of tobacco product contents and emissions, monitoring of market trends, and assessment of tobacco industry claims.

1.2.3 Disclosure to the public

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

1.3 USE OF TERMS

“Attractiveness” refers to factors such as taste, smell and other sensory attributes, ease of use, flexibility of the dosing system, cost, reputation or image, assumed risks and benefits, and other characteristics of a product designed to stimulate use.²

“Contents” means “constituents” with respect to processed tobacco, and “ingredients” with respect to tobacco products. In addition:

- “Constituents”:

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

- “Ingredients” include tobacco, components (e.g. paper, filter), including materials used to manufacture those components, additives, processing aids, residual substances found in tobacco (following storage and processing), and substances that migrate from the packaging material into the product (contaminants are not part of the ingredients).

“Design feature” means a characteristic of the design of a tobacco product that has an immediate causal link with the testing and measuring of its contents and emissions. For example, ventilation

¹ The guidelines are partial and will be completed in phases as new country experience, and scientific, medical and other evidence become available. Further progress will also depend on the validation of the analytical chemical methods for testing and measuring cigarette contents and emissions and other work pursuant to the decision by the Conference of Parties at its third session (decision FCTC/COP3(9)).

² WHO. The scientific basis of tobacco product regulation: Report of a WHO Study Group. WHO Technical Report Series 945. Geneva, World Health Organization, 2007.

holes around cigarette filters decrease machine-measured yields of nicotine by diluting mainstream smoke.

“Emissions” are substances that are released when the tobacco product is used as intended. For example, in the case of cigarettes and other combusted products, emissions are the substances found in the smoke. In the case of smokeless tobacco products for oral use, emissions are the substances released during the process of chewing or sucking, and in the case of nasal use, refer to substances released by particles during the process of snuffing.

“Expanded tobacco” is tobacco that has been expanded in volume by quick volatilization of a medium such as dry ice.

“Reconstituted tobacco” is a paper-like sheet material comprised mainly of tobacco.

“Tobacco industry” means, as defined in Article 1 of the WHO FCTC, “tobacco manufacturers, wholesale distributors and importers of tobacco products”.

“Tobacco products”, as defined in Article 1 of the WHO FCTC, are “products entirely or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing, or snuffing”.

2. PRACTICAL CONSIDERATIONS

2.1 APPROVAL AND IMPLEMENTATION OF MEASURES PURSUANT TO ARTICLE 9

As stated in Article 9 of the WHO FCTC, each Party shall, where approved by competent national authorities, adopt and implement effective legislative, executive and administrative or other measures, for the testing and measuring of the contents and emissions of tobacco products and for the regulation of these contents and emissions.

Parties should consider giving the authority responsible for tobacco control matters the responsibility for, or at a minimum the power to provide input into, the approval, adoption and implementation of the above-mentioned measures.

2.2 APPROVAL AND IMPLEMENTATION OF MEASURES PURSUANT TO ARTICLE 10

As stated in Article 10 of the WHO FCTC, each Party shall, in accordance with its national law, adopt and implement effective legislative, executive, administrative or other measures for the disclosure by manufacturers and importers of tobacco products to governmental authorities of information about the contents and emissions of tobacco products, as well as for the public disclosure of information about the toxic constituents of tobacco products and their emissions.

Parties should consider giving the authority responsible for tobacco control matters the responsibility for, or at a minimum the power to provide input into, the adoption and implementation of the above-mentioned measures.

2.3 FINANCING

Implementing effective tobacco product regulations and operating a programme for their administration require the allocation of significant resources by Parties. In order to alleviate

governmental budgetary pressure, Parties could consider placing these costs on the tobacco industry and retailers. There are various means of financing tobacco product regulation measures.

The list below sets out some options that Parties could consider using:

- (a) designated tobacco taxes;
- (b) tobacco manufacturing and/or importing licensing fees;
- (c) tobacco product registration fees;
- (d) licensing of tobacco distributors and/or retailers;
- (e) non-compliance fees levied on the tobacco industry and retailers; and
- (f) annual tobacco surveillance fees (tobacco industry and retailers).

See Appendix 1 for descriptive examples of means of financing tobacco product regulation measures.

2.4 LABORATORIES USED FOR PURPOSES OF DISCLOSURE

Laboratories used by manufacturers and importers of tobacco products for the purposes of disclosure to governmental authorities should be accredited in accordance with International Organization for Standardization (ISO) Standard 17025 (General requirements for the competence of testing and calibration laboratories), by a recognized accreditation body. The accreditation methods used should include, at a minimum, the methods set out in these guidelines.

2.5 LABORATORIES USED FOR COMPLIANCE PURPOSES

Laboratories used by Parties for compliance purposes should be either governmental laboratories or independent laboratories that are not owned or controlled, directly or indirectly, by the tobacco industry. In addition, such laboratories should be accredited as set out in the previous paragraph. Parties may consider making use of governmental or independent laboratories located in other countries.

2.6 CONFIDENTIALITY IN RELATION TO DISCLOSURE TO GOVERNMENTAL AUTHORITIES

Parties should not accept claims from the tobacco industry concerning the confidentiality of information that would prevent governmental authorities from receiving information about the contents and emissions of tobacco products. Governmental authorities should apply appropriate rules in accordance with their national laws when collecting information claimed to be confidential by tobacco manufacturers and importers in order to prevent unauthorized use and/or dissemination of this information.¹

2.7 CONFIDENTIALITY IN RELATION TO DISCLOSURE TO THE PUBLIC

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

¹ Guidance regarding public disclosure of this information is left to future guidelines.

2.8 CIVIL SOCIETY

Civil society has an important role to play in raising public awareness and building support for the regulation of the contents and emissions of tobacco products, and for the disclosure of information on these contents and emissions. Civil society should be involved as an active partner.

3. MEASURES

3.1 CONTENTS

3.1.1 Ingredients (Disclosure)

This section outlines measures that Parties could introduce to require the disclosure by manufacturers and importers of tobacco products of information about ingredients.

3.1.1.1 Background

By requiring manufacturers and importers to disclose information about ingredients to governmental authorities, valuable insight will be gained on the composition of tobacco products, which in turn will assist authorities in developing effective, product-appropriate measures.

3.1.1.2 Recommendations

- (i) Parties should require that manufacturers and importers of tobacco products disclose to governmental authorities information on the ingredients used in the manufacture of their tobacco products at specified intervals, by product type and for each brand within a brand family. Contrary to disclosing ingredients as part of a combined list, disclosing on a brand-by-brand basis and in a standardized format will provide opportunities to governmental authorities to analyse trends in product composition and keep track of subtle changes in the market.
- (ii) Parties should ensure that manufacturers and importers disclose to governmental authorities the ingredients used in the manufacture of each of their tobacco products and the quantities thereof per unit of each tobacco product, including those ingredients present in the product's components (e.g. filter, papers, glue), for each brand within a brand family. Parties should not accept disclosure only of maximum quantities by category of ingredient, or only of the total quantity. To do so would seriously limit the kind of analysis that could be performed.
- (iii) Parties should require that manufacturers and importers disclose further information on the characteristics of the tobacco leaves they used, for example:
 - (i) type(s) of tobacco leaves (e.g. Virginia, Burley, Oriental), and percentage of each type used in the tobacco product;
 - (ii) percentage of reconstituted tobacco used;
 - (iii) percentage of expanded tobacco used;
 - (iv) Parties should require that manufacturers and importers notify governmental authorities of any changes to tobacco product ingredients when the change is made;

(v) Parties should require that manufacturers and importers provide governmental authorities with a statement setting out the purpose¹ of the inclusion of an ingredient in the tobacco product and other relevant information;

(vi) Parties should require that manufacturers disclose the name, address and other contact information of each ingredient's supplier to facilitate direct disclosure to the Party by the supplier, where appropriate, and for compliance monitoring purposes.

3.1.2 Ingredients (Regulation)

This section outlines measures that Parties could introduce to regulate ingredients.

Parties should introduce the measures outlined in this section, in accordance with their national laws, taking into account their national circumstances and priorities.

Parties should consider scientific evidence, other evidence and experience of others countries when determining new measures on ingredients of tobacco products and they should aim to implement the most effective measures that they can achieve.

3.1.2.1 Background

Regulating ingredients aimed at reducing tobacco product attractiveness can contribute to reducing the prevalence of tobacco use and dependence among new and continuing users. The preamble to the WHO FCTC states that Parties recognize “that cigarettes and some other products containing tobacco are highly engineered so as to create and maintain dependence”.

Attractiveness and its impact on dependence should be taken into account when considering regulatory measures. The guidelines on implementation of Article 13 of the WHO FCTC, on tobacco product advertising, promotion and sponsorship, recommend that restrictions apply to as many as possible of the features that make tobacco products more attractive to consumers. Such features include coloured cigarette papers and attractive smells. Similarly, this section presents measures that will help limit inducements to use tobacco.

3.1.2.2 Tobacco products

(i) Ingredients used to increase palatability

The harsh and irritating character of tobacco smoke provides a significant barrier to experimentation and initial use. Tobacco industry documents have shown that significant effort has been put into mitigating these unfavourable characteristics. Harshness can be reduced in a variety of ways including: adding various ingredients, eliminating substances with known irritant properties, balancing irritation alongside other significant sensory effects, or altering the chemical properties of tobacco product emissions by adding or removing specific substances.

Some tobacco products contain added sugars and sweeteners. High sugar content improves the palatability of tobacco products to tobacco users. Examples of sugars and sweeteners used in these products include glucose, molasses, honey and sorbitol.

¹ Examples include substances that are used as adhesives, binders, combustion modifiers, addictiveness enhancers, flavours, humectants, plasticizers, casings, smoke enhancers and colourings.

Masking tobacco smoke harshness with flavours contributes to promoting and sustaining tobacco use. Examples of flavouring substances include benzaldehyde, maltol, menthol and vanillin.

Spices and herbs can also be used to improve the palatability of tobacco products. Examples include cinnamon, ginger and mint.

Recommendation:

Parties should regulate, by prohibiting or restricting, ingredients that may be used to increase palatability in tobacco products.

Ingredients indispensable for the manufacturing of tobacco products and not linked to attractiveness should be subject to regulation according to national law.

(ii) Ingredients that have colouring properties

Colouring agents are added to various components of tobacco products to make the resulting product more appealing. Attractively-coloured cigarettes (e.g. pink, black, denim blue) have been marketed in some countries. Examples of colouring agents include inks (e.g. imitation cork pattern on tipping paper) and pigments (e.g. titanium dioxide in filter material).

Recommendation:

Parties should prohibit or restrict ingredients that have colouring properties in tobacco products. However, Parties should consider allowing the use of colouring agents for tax-related markings or for health warnings and messages.

(iii) Ingredients used to create the impression that products have health benefits

Various ingredients have been used in tobacco products to help create the impression that such products have health benefits, or to create the impression that they present reduced health hazards. Examples include vitamins, such as vitamin C and vitamin E, fruit and vegetables (and products resulting from their processing such as fruit juices), amino acids, such as cysteine and tryptophan, and essential fatty acids such as omega-3 and omega-6.

Recommendation:

Parties should prohibit ingredients in tobacco products that may create the impression that they have a health benefit.

(iv) Ingredients associated with energy and vitality

Energy drinks, popular with young people in some parts of the world, are perceived to increase mental alertness and physical performance. Examples of stimulant compounds contained in such drinks include caffeine, guarana, taurine and glucuronolactone. Tobacco industry documents and patent applications show that some of these (caffeine and taurine) have also been considered for use in tobacco products.

Recommendation:

Parties should prohibit ingredients associated with energy and vitality, such as stimulant compounds, in tobacco products.

3.1.3 Constituents (Disclosure)

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

3.1.4 Constituents (Regulation)

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

3.2 EMISSIONS

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

3.3 PRODUCT CHARACTERISTICS

3.3.1 Disclosure

This section outlines measures that Parties could introduce to require the disclosure by manufacturers and importers of tobacco products of information about product characteristics, such as design features.

3.3.1.1 Background

Collecting data on product characteristics, such as design features, will help Parties improve their understanding of the impact these characteristics have on smoke emission levels, properly interpret measurements obtained and, more importantly, keep abreast of any changes to cigarette design features.

3.3.1.2 Recommendations

- (i) Parties should require that manufacturers and importers of tobacco products disclose information on design features to governmental authorities at specified intervals, and as appropriate, including the results of tests conducted by the tobacco industry.
- (ii) In order to establish and maintain the consistency of the data reported to them by the tobacco industry, Parties should specify the recommended methods, where applicable, for the reporting of design features as set out in Appendix 2.
- (iii) Parties should ensure that every manufacturer and importer provides to governmental authorities a copy of the laboratory report where a laboratory test was performed for the measurement of a particular design feature, as well as the proof of accreditation of the laboratory that performed the analysis.
- (iv) Should there be any change to the design features of a particular brand of tobacco product, Parties should require that manufacturers notify governmental authorities of the change and provide the updated information when the change is made.

3.3.2 Regulation

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

3.4 DISCLOSURE TO GOVERNMENTAL AUTHORITIES – OTHER INFORMATION

3.4.1 Background

In order to put effective product regulation in place, including regulation of ingredients, it is essential that governmental authorities have accurate market information. Governmental authorities need to know the importance of a particular tobacco product compared to others to help determine regulatory needs and priorities. Furthermore, consistent with Article 20.2 of the WHO FCTC, information on tobacco companies and on their sales will help assess the magnitude and patterns of tobacco consumption.

3.4.2 Recommendations

Parties should require that manufacturers and importers of tobacco products disclose general company information, including the name, street address and contact information of the principal place of business and of each manufacturing and importing facility. This information may prove useful for compliance monitoring purposes.

Parties should consider requiring that tobacco manufacturers and importers disclose, at specified intervals, for each brand within a brand family, sales volume information in units (e.g. number of cigarettes or cigars, or weight of roll-your-own tobacco). These disclosures should be on a national basis, and where appropriate on a sub-national basis as well.

3.5 DISCLOSURE TO THE PUBLIC

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

4. COMPLIANCE AND ENFORCEMENT

4.1 COMPREHENSIVE APPROACH

Effective legislative, executive, administrative or other measures should impose legal responsibilities for compliance on manufacturers and importers of tobacco products and should provide penalties for violations. Legislative, executive, administrative or other measures should identify the authority or authorities responsible for enforcement, and should include a system both for monitoring compliance and for prosecuting violators.

4.2 INFRASTRUCTURE AND BUDGET

Parties should consider ensuring that the infrastructure necessary for compliance monitoring and enforcement activities exists. Parties should also consider providing a budget for such activities.

4.3 STRATEGIES

To enhance compliance, Parties should inform stakeholders of the requirements of the law before it comes into force.

Parties should consider using inspectors or enforcement agents to conduct regular visits to manufacturing and importing facilities, as well as at points of sale, to ensure compliance. It may not be necessary to create a new inspection system if mechanisms are already in place that could be extended to inspect business premises as required.

4.4 DEADLINE – PROHIBITED OR RESTRICTED INGREDIENTS

Parties should specify a deadline following which tobacco industry and retailers must only supply tobacco products that comply with requirements.

4.5 INSPECTIONS – PROHIBITED OR RESTRICTED INGREDIENTS

Parties should consider conducting visits to manufacturing facilities to verify whether any prohibited or restricted ingredient is being used. Inspection should include direct access to the raw supplies storage area and to the finished products storage area, as well as direct observation of the manufacturing process. Inspections should not constitute an approval or certification of the tobacco products, nor recognition of their manufacturing procedures.

4.6 SAMPLING AND TESTING – PROHIBITED OR RESTRICTED INGREDIENTS

Parties should consider having samples of tobacco products collected from importers' facilities, from retail outlets and, where needed, from manufacturers' facilities. These samples should then be tested for the presence of prohibited or restricted ingredients in laboratories used for compliance purposes (see Appendix 3).

4.7 AUDITS FOLLOWING DISCLOSURE TO GOVERNMENTAL AUTHORITIES

Parties should consider conducting audits at manufacturers' facilities to ensure that information received concerning tobacco products is complete and accurate. Audits should not constitute an approval or certification of the tobacco products, nor recognition of their manufacturing procedures.

4.8 RESPONSE TO NON-COMPLIANCE

Parties should ensure that their enforcement authorities are prepared to respond quickly and decisively to instances of non-compliance. Strong, timely responses to early cases will make it clear that compliance is expected and will facilitate future enforcement. Parties should consider making the results of enforcement action public in order to send a strong message that non-compliance will be investigated and that appropriate action will be taken.

4.9 SANCTIONS

In order to deter non-compliance with the law, Parties should specify appropriate sanctions, such as criminal sanctions, monetary amounts, corrective actions, and the suspension, limitation or cancellation of business and import licences.

4.10 SEIZURE, FORFEITURE AND DESTRUCTION

Parties should ensure that they have authority to have non-compliant tobacco products seized, forfeited and destroyed, under supervision in accordance with national law.

4.11 PENALTIES

Parties should specify a range of fines or other penalties commensurate with the severity of the violation and whether it is a repeat violation.

5. INTERNATIONAL COOPERATION

International cooperation is essential if progress in tobacco product regulation and disclosure is to be made. Several articles of the WHO FCTC provide for the exchange of knowledge and experience to promote implementation. As stated in Article 22 of the WHO FCTC, such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed. It would result in the effective implementation of these guidelines and facilitate development of the best possible measures for regulating the contents of tobacco products.

6. MONITORING AND EVALUATION

(This section has been left blank intentionally to indicate that guidance will be proposed at a later stage.)

7. LINKS TO OTHER ARTICLES OF THE WHO FCTC

In the spirit of Articles 11 and 13 of the WHO FCTC, unless Parties have already adopted measures to ban any type of promotion on tobacco product packages (as outlined in the guidelines on Articles 11 and 13), Parties should consider imposing a ban on the sale of tobacco products whose packaging suggests the presence of an ingredient that has been prohibited or, where appropriate, restricted as per the above recommendations.

Appendix 1

Descriptive examples of means of financing tobacco product regulation measures

(a) Designated tobacco taxes

Designated tobacco taxes require a proportion of tobacco tax revenue to be allocated to a specified purpose or purposes, such as a tobacco-control programme or a health promotion fund. The proportion of tobacco tax revenue might be expressed as a percentage of revenue (e.g. 1%) or as a fixed monetary amount per unit (e.g. 25 cents per package of 20 cigarettes). Designated tobacco taxes are sometimes referred to as “earmarked tobacco taxes” or “hypothecated tobacco taxes”.

(b) Tobacco manufacturing and/or importing licensing fees

A licensing fee on tobacco manufacturers and/or importers could be implemented in a number of ways. The fee could be a specified monetary amount per company, regardless of company size. (A separate fee might be required for each manufacturing and/or importing facility.) The fee could be a fixed monetary amount per unit sold (e.g. a certain amount per cigarette or package of cigarettes, or per gram for certain types of tobacco products). The fee could be based on a total amount for all companies, and determined on the basis of a company’s market share (e.g. if the total amount to be paid by all companies was US\$ 100 million and a company’s market share was 20%, and the company’s license fee would be US\$ 20 million). The required fee might have to be paid at specified intervals, such as prior to the beginning of an annual

period. Where a fee is based on a monetary amount per unit sold, the payment interval might be more frequent, e.g. monthly.

(c) Tobacco product registration fees

Tobacco product registration fees involve requiring the manufacturer and/or importer, or potentially a wholesale distributor, to register each tobacco product sold by the company and to pay an accompanying fee. The amount of the fee might be set at a level such that government costs (or average costs) associated with the product, such as testing, measuring and enforcement, are fully or partially recovered. The required fee might have to be paid at specified intervals, e.g. prior to the beginning of an annual period.

(d) Licensing of tobacco distributors and/or retailers

A licensing fee could be placed on distributors or retailers, or both. The fee could be a specified monetary amount per outlet, regardless of company size. (A separate fee might be required for each manufacturing and/or importing facility.) The fee could vary based on the size of the distributor and/or retailer, e.g. based on sales volume. The fee might be set at varying amounts depending on sales volume (either units or total monetary amount), e.g. a fee if sales are not higher than amount A, a higher fee if sales are between amount A and amount B, and a further increased fee if sales are higher than amount B. The required fee might have to be paid at specified intervals, e.g. prior to the beginning of an annual period.

(e) Non-compliance fees levied on the tobacco industry and retailers

Revenue could be collected from administrative monetary penalties. Administrative monetary penalties are a form of civil penalty in which an administrative body seeks monetary relief against an individual or corporate body as restitution for unlawful activity. Revenue could also be collected from fines imposed by a court.

(f) Annual tobacco surveillance fees (tobacco industry and retailers)

Annual tobacco surveillance fees involve assessing the amount to be paid by the tobacco industry and/or retailers for monitoring and enforcement. For tobacco manufacturers/importers/distributors, this could be a fixed amount per company, a fixed amount for each brand variation sold, a fixed amount per unit sold, or an amount based on market share. For tobacco retailers (or others), a separate licence and fee might be required for each retail outlet.

Appendix 2

Design features of cigarettes¹

- (a) Dimensions, diameter and weight
- (b) Length of filter, shape of the cross-section of the filter
- (c) Length of tipping paper
- (d) Dimensions and shape of the cross-section of the tobacco rod

¹ See ISO 9512 (Cigarettes – Determination of ventilation – Definitions and measurement principles) for an explanation of the terms used here.

- (e) Distance of ventilation holes from butt mark in millimetres
- (f) Draw resistance of cigarette as determined in accordance with ISO 6565 (Tobacco and tobacco products – Draw resistance of cigarettes and pressure drop of filter rods – Standard conditions and measurement)
- (g) Degree of filter ventilation as determined in accordance with ISO 9512 (Cigarettes – Determination of ventilation – Definitions and measurement principles)
- (h) Degree of paper ventilation as determined in accordance with ISO 9512 (Cigarettes – Determination of ventilation – Definitions and measurement principles)
- (i) Type of cigarette paper used and its air permeability or porosity determined in accordance with ISO 2965 (Materials used as cigarette papers, filter plug wrap and filter joining paper, including materials having an oriented permeable zone – Determination of air permeability)
- (j) Product firmness (nominally a measure of packing density)
- (k) Pressure drop of the filter as determined in accordance with ISO 6565 (Tobacco and tobacco products – Draw resistance of cigarettes and pressure drop of filter rods – Standard conditions and measurement)
- (l) Moisture content as determined in accordance with Association of Official Analytical Chemists Official Method 966.02 (Loss on drying (moisture) in tobacco)¹
- (m) Type of filter (for example, cellulose acetate) and other characteristics, where applicable (for example, charcoal content)

Appendix 3

Analytical methods for ingredients

- (a) For the purposes of compliance monitoring and enforcement, there may be cases in which analytical methods would be required to confirm the presence of prohibited or restricted ingredients. Such methods typically consist of several distinct steps: sampling, sample preparation, separation, identification, quantification and data analysis.
- (b) Analytical procedures should be carried out by properly trained personnel in a suitably equipped laboratory. Such procedures frequently involve the use of hazardous materials. To ensure the correct and safe execution of these procedures, it is essential that laboratory personnel follow standard safety procedures for the handling of hazardous materials.
- (c) For ingredients that are also food additives, suitable analytical methods may be found in the *Combined compendium of food additive specifications (volume 4)*.² This document

¹ See Horwitz W, Latimer G, eds. *Official methods of analysis*, 18th ed., Revision 3. Gaithersburg, MD, AOAC International, 2010.

² Joint FAO/WHO Expert Committee on Food Additives. *Combined compendium of food additive specifications. Volume 4: analytical methods, test procedures and laboratory solutions used by and referenced in the food additive specifications*. Rome, Food and Agriculture Organization of the United Nations, 2006 (FAO JECFA Monograph No. 1) (<http://www.fao.org/docrep/009/a0691e/A0691E00.htm>, accessed 1 April 2010).

provides a reference for the analytical methods mentioned in the specifications for the identity of additives used in foods or in food production.

(d) For ingredients such as flavouring agents which have a low-boiling point (that is, which vaporize easily at low temperatures), a technique called “headspace-gas chromatography” may be used. A description of this method may be found in the *Combined compendium of food additive specifications (volume 4)*.

(e) Another laboratory technique for sampling ingredients with a low boiling point, which can be combined for separation, identification and quantification with gas chromatography/mass spectrometry, is called “solid-phase microextraction”.¹ It is very similar to headspace analysis, but differs in that the headspace is concentrated.

(Tenth plenary meeting, 20 November 2010)

¹ Pawliszyn J et al. Solid-phase microextraction (SPME). *The chemical educator*, 1997, 2(4):1–7 (<http://www.springerlink.com/content/h72xx3624q122085/fulltext.pdf>, accessed 1 April 2010).

FCTC/COP4(11) Draft protocol to eliminate illicit trade in tobacco products

The Conference of the Parties,

Recalling its decisions FCTC/COP2(12) and FCTC/COP3(6);

Acknowledging the progress made by the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products as presented in the draft protocol to eliminate illicit trade in tobacco products contained in document FCTC/COP/4/5;

Taking note of the report of the Chairperson of the Intergovernmental Negotiating Body to the fourth session of the Conference of the Parties contained in document FCTC/COP/4/4;

DECIDES:

- (1) to extend the mandate of the Intergovernmental Negotiating Body established by decision FCTC/COP2(12) of the Conference of the Parties to a final session to be held for one week early in 2012, for the purpose of finalizing the text of a draft protocol to eliminate illicit trade in tobacco products, based on the draft text contained in document FCTC/COP/4/5;
- (2) to request the Intergovernmental Negotiating Body to submit the text of a draft protocol to eliminate illicit trade in tobacco products to the fifth session of the Conference of the Parties, in accordance with Article 33.3 of the WHO Framework Convention on Tobacco Control, for consideration;
- (3) to request the Convention Secretariat:
 - (a) to make the necessary arrangements, including budgetary arrangements, for the performance of the work of the Intergovernmental Negotiating Body;
 - (b) to facilitate the participation of low-income and lower-middle-income Parties in the work of the Intergovernmental Negotiating Body;¹
 - (c) to make the necessary arrangements, in consultation with interested Parties, prior to the fifth session of the Conference of the Parties, to ensure the accuracy of the Arabic, Chinese, French, Russian and Spanish translations of the English text of the draft protocol to eliminate illicit trade in tobacco products;
- (4) to establish an informal working group to work during the period between the fourth session of the Conference of the Parties and the final session of the Intergovernmental Negotiating Body on:
 - (a) those articles in Part III (Supply Chain Control) of the draft protocol that have not yet been agreed;
 - (b) matters referred to the Conference of the Parties by the Intergovernmental Negotiating Body,² namely:

¹ In accordance with decision FCTC/COP4(21).

² Document FCTC/COP/4/4 (*Report of the Chairperson of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade to the fourth session of the Conference of the Parties*), paragraph 37.

-
- (i) the method of financing of the protocol, currently referred to in Article 35 of the draft protocol;
- (ii) whether the provisions on mutual legal assistance and extradition (currently referred to in Articles 30–32 of the draft protocol) need to be retained in the draft protocol; and
- (iii) how to cover the issue of protection of personal data in the draft protocol;
- (c) how the text of the draft protocol, and its implementation, can best complement existing relevant agreements and arrangements, including the United Nations Convention against Corruption and the United Nations Convention against Transnational Organized Crime, in order to maximize synergy and to avoid duplication. This should involve discussions with the United Nations Office on Drugs and Crime, the World Customs Organization and other relevant international bodies. Within this, a particular issue is where the global information sharing focal point should be organizationally located;
- (5) that the working group will develop possible text for the articles referred to in paragraph 4(a) above, to facilitate further negotiations at the final session of the Intergovernmental Negotiating Body;
- (6) that the working group will make proposals with regard to the matters mentioned in sub-paragraphs 4(b) and (c) above;
- (7) that each WHO region will nominate not more than five Parties to comprise the working group, and that each Party will not be represented by more than one person in the working group;
- (8) that each WHO region will communicate the nominated persons to the Convention Secretariat through (*to be determined*¹) not later than (*to be determined*¹);
- (9) to invite:
- (a) relevant intergovernmental organizations that are accredited observers to the Conference of the Parties with specific expertise in the matters under the mandate of the working group to nominate not more than one representative; and
- (b) nongovernmental organizations that are accredited observers to the Conference of the Parties collectively to nominate not more than four representatives with specific expertise in the matters under the mandate of the working group who will participate, in an expert capacity, as observers to the working group;
- (c) observers under Rule 29 of the Rules of procedure of the Conference of the Parties with specific expertise in the matters under the mandate of the working group.

(Tenth plenary meeting, 20 November 2010)

¹ Secretariat note: the Secretariat will seek the guidance of the Bureau of the Conference of the Parties on the process and timeline for nominations.

FCTC/COP4(12) Measures that would contribute to the elimination of cross-border advertising, promotion and sponsorship of tobacco products

The Conference of the Parties,

Recalling its decisions FCTC/COP2(8), FCTC/COP3(12), FCTC/COP3(13) and FCTC/COP3(14);

Taking note of the report of the Convention Secretariat contained in document FCTC/COP/4/10,

DECIDES:

subject to the prioritization of work by the Conference of the Parties,

(1) to establish an expert group on cross-border advertising, promotion and sponsorship according to the recommendations contained in document FCTC/COP/4/10, comprising a maximum of 15 members;

(2) to mandate the expert group to:

(a) keep the Conference of the Parties up to date on relevant developments in technology in cross-border tobacco advertising, promotion and sponsorship, and in best practices for responding to cross-border tobacco advertising, promotion and sponsorship;

(b) monitor and review the guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control and the arrangements established to facilitate international cooperation between Parties with respect to cross-border tobacco advertising, promotion and sponsorship; and

(c) report to the Conference of the Parties, through the Convention Secretariat, on the performance of its functions;

drawing on, *inter alia*, the experience of the former expert group on cross-border advertising, promotion and sponsorship established by the Conference of the Parties at its first session,¹

(3) to request the Convention Secretariat:

(a) to invite Parties to nominate members to the expert group, in a manner to be decided by the Bureau of the Conference of the Parties, taking into account appropriate regional and technical representation;

(b) to make the necessary arrangements, including budgetary arrangements, for the performance of the work of the expert group.

(Tenth plenary meeting, 20 November 2010)

¹ Decision FCTC/COP1(16).

FCTC/COP4(13) Working group on Article 6 (*Price and tax measures to reduce the demand for tobacco*)

The Conference of the Parties,

Recalling its decision FCTC/COP3(8), which invited WHO's Tobacco Free Initiative, through the Convention Secretariat, to develop a comprehensive technical report relating to price and tax policies, based on expert advice;

Noting the report on price and tax policies (in relation to Article 6 of the WHO Framework Convention on Tobacco Control (WHO FCTC)) prepared by WHO's Tobacco Free Initiative and presented by the Convention Secretariat for consideration by the Conference of the Parties at its fourth session;¹

Recalling Article 6.2 of the WHO FCTC, which recognizes the sovereign right of Parties to determine and establish their taxation policies,

DECIDES:

(1) to establish a working group composed of fiscal and health experts for the elaboration of guidelines for implementation of Article 6 (*Price and tax measures to reduce the demand for tobacco*) of the WHO FCTC, which shall present a progress report or, if possible, draft guidelines for consideration by the Conference of the Parties;

(2) to request the working group to take into account the report prepared by WHO's Tobacco Free Initiative and presented by the Convention Secretariat for consideration by the Conference of the Parties at its fourth session, as well as the comments provided on the report at that session;

(3) to request the Convention Secretariat to invite observers under Rule 29 of the Rules of Procedure of the Conference of the Parties with specific expertise in this area and relevant intergovernmental and nongovernmental organizations with specific expertise in this area to actively participate in and contribute to the work of the working group;

(4) to establish initial membership of the working group as follows:

Key Facilitator: Thailand

Partners: Brazil, Central African Republic, Chad, Congo, Cook Islands, Djibouti, Egypt, Ghana, Guatemala, India, Jamaica, Jordan, Kenya, Maldives, Namibia, Nigeria, Palau, Paraguay, Philippines, Senegal, Swaziland, Syrian Arab Republic, Tunisia, Turkey, Uganda, United Republic of Tanzania and Zambia;

(5) to set 31 January 2011 as the deadline for other Parties to announce to the Convention Secretariat their participation as partners or Key Facilitators in the working group;

(6) to invite Parties to nominate members to the working group, in a manner to be decided by the Bureau of the Conference of the Parties, taking into account appropriate regional and technical representation;

¹ Document FCTC/COP/4/11.

(7) to make the necessary arrangements, including budgetary arrangements, for the performance of the work of the working group.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(14) Control and prevention of smokeless tobacco products and electronic cigarettes

The Conference of the Parties,

Taking note of the report by the Convention Secretariat on smokeless tobacco products and electronic cigarettes contained in document FCTC/COP/4/12,

DECIDES:

to request the Convention Secretariat to prepare jointly with WHO's Tobacco Free Initiative a comprehensive report based on the experience of Parties on the matter of smokeless tobacco products and nicotine delivery systems including electronic cigarettes for consideration at the fifth session of the Conference of the Parties.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(15) Implementation of Article 19 of the Convention: “Liability”

The Conference of the Parties,

Taking note of the report by the Convention Secretariat on liability contained in document FCTC/COP/4/13,

DECIDES:

to request the Convention Secretariat to prepare jointly with WHO’s Tobacco Free Initiative a comprehensive report on the matter of liability in the context of Article 19 of the WHO Framework Convention on Tobacco Control, including possible mechanisms on appropriate means by which the Conference of the Parties could support Parties in their activities in accordance with this Article, for consideration at the fifth session of the Conference of the Parties.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(16) Update and harmonization of reporting arrangements under the WHO Framework Convention on Tobacco Control

The Conference of the Parties,

Recalling decision FCTC/COP1(14), which provided the basis for the reporting arrangements under the WHO Framework Convention on Tobacco Control (WHO FCTC), as well as decisions FCTC/COP2(9) and FCTC/COP3(17) concerning further development of the reporting instrument;

Also recalling decision FCTC/COP3(17) requesting the Convention Secretariat, under the guidance of the Bureau of the Conference of the Parties, and with the assistance of competent authorities within WHO and international partners, to provide a report on measures concerning standardization and harmonization of data and data collection initiatives;

Noting the report of the Convention Secretariat on Standardization and harmonization of data and data collection initiatives contained in document FCTC/COP/4/15 and the conclusions and recommendations thereon;

Also noting the report of the Convention Secretariat on Reports of the Parties and global progress in implementation of the Convention: key findings contained in document FCTC/COP/4/14,

DECIDES:

(1) to replace the existing cycle of submission of Parties' implementation reports, which is linked to the date of the entry into force of the WHO FCTC for each individual Party, with a new standardized cycle of two-year implementation reports synchronized with the biennial cycle of the regular sessions of the Conference of the Parties. In order to put this decision into effect:

(a) to request the Parties to submit their reports on implementation of the WHO FCTC at regular two-year intervals, with a submission date of not later than six months before the next regular session of the Conference of the Parties;

(b) to request the Convention Secretariat to inform Parties of the submission procedures and deadline not later than 12 months before such a deadline;

(c) to also request the Convention Secretariat to submit global progress reports on implementation of the WHO FCTC, based on the reports of the Parties submitted by that deadline, for the consideration of each regular session of the Conference of the Parties;

(d) to put the above arrangements into effect starting from 2012, with the first reports of Parties according to the new cycle to be submitted at least six months before the fifth session of the Conference of the Parties, which is due to take place in that year, and every second year thereafter. In the transition period between the fourth and fifth sessions of the Conference of the Parties, Parties submitting their implementation reports in 2011 according to the existing cycle will not be required to report again in 2012.

(2) to adopt the phase 2 (Group 2 questions) of the reporting instrument, as amended in accordance with Annex 2 of document FCTC/COP/4/15, as the single reporting instrument for Parties' biennial reports to the Conference of the Parties, and to request the Convention Secretariat to make available the instrument on the WHO FCTC web site, along with the step-by-step instructions adjusted accordingly, within three months of the close of the fourth session of the Conference of the Parties;

(3) to invite WHO to use the data received through Parties' implementation reports as a principal source of information for relevant surveillance and monitoring activities, avoiding the use of a parallel international system for regular collection of data concerning tobacco control;

(4) to request the Convention Secretariat, under the guidance of the Bureau of the Conference of the Parties and in cooperation with competent authorities within WHO, in particular the Tobacco Free Initiative, as well as relevant intergovernmental and nongovernmental organizations with specific expertise in this area, to prepare and submit a report for consideration by the fifth session of the Conference of the Parties containing:

(a) recommendations for taking into account, in the reporting instrument of the WHO FCTC, the key measures contained in the guidelines adopted by the Conference of the Parties;

(b) further recommendations for the standardization of definitions and indicators deriving from specific articles of the WHO FCTC and the guidelines adopted by the Conference of the Parties, and for the promotion of their use by the Parties in their national data collection initiatives, as outlined in the report contained in document FCTC/COP/4/15;

(c) recommendations to better facilitate regular review of progress in implementation of the WHO FCTC.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(17) Financial resources, mechanisms of assistance and international cooperation

The Conference of the Parties,

Noting the reports of the Secretariat on financial resources and mechanisms of assistance¹ and cooperation with international organizations and bodies for strengthening implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC);²

Noting also the report of the United Nations Secretary-General to the 2010 substantive session of the Economic and Social Council and in particular the action points on implementation of the Convention under the United Nations Development Assistance Frameworks (UNDAFs);

Reaffirming that implementation of the WHO FCTC under the UNDAFs is *a strategic approach* ensuring long-term and sustainable implementation, monitoring and evaluation of implementation progress for developing country Parties and Parties with economies in transition, and that it *encourages* developing country Parties and Parties with economies in transition to utilize the opportunities for assistance under the UNDAFs;

Recalling the measures under the WHO FCTC including objectives, guiding principles and general obligations, demand and supply side measures for tobacco control sustainability and protection of the environment, scientific and technical cooperation, communication of information and institutional arrangements and financial resources, and in this regard;

Recalling, in particular, Articles 22, 23.5(e) and (g), 24.3(e), 25 and 26 of the WHO FCTC, highlighting the importance of international cooperation in implementation of the Convention;

Further recalling earlier decisions of the Conference of the Parties³ to strengthen the financial resources and mechanisms of assistance to developing country Parties and Parties with economies in transition, including decision FCTC/COP1(13), in which the Conference of the Parties decided, *inter alia*, to strongly encourage all international and regional organizations to support activities related to tobacco control and to acknowledge its role in the achievement of the Millennium Development Goals, especially those related to poverty reduction, gender empowerment, reduction of child mortality, environmental sustainability and global partnership for development;

Taking note of the fact that summary reports of implementation of the WHO FCTC by the Parties reveal that lack of resources is one of the most important obstacles to implementation of the Convention;

Recognizing the importance of financial resources, mechanisms of assistance and international cooperation in implementation of the WHO FCTC and taking note of the Convention Secretariat database on available resources;

Reaffirming the importance of international cooperation and the potential contribution of the United Nations system, particularly through the UNDAFs and the role of other relevant international, regional and subregional organizations, financial institutions and other potential development partners in assisting the Parties in implementation of the WHO FCTC;

¹ Document FCTC/COP/4/16.

² Document FCTC/COP/4/17.

³ Decisions FCTC/COP1(13) and FCTC/COP2(10).

Welcoming efforts within the United Nations system to address noncommunicable diseases, including resolution A/RES/64/265, in which the United Nations General Assembly decided to convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of noncommunicable diseases;

Endorsing the recognition in resolution A/RES/64/265 of the enormous human suffering caused by noncommunicable diseases, such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, and the threat they pose to the economies of many States, leading to increasing inequalities between countries and populations, thereby threatening the achievement of internationally agreed development goals, including the Millennium Development Goals;

Considering that resolution A/RES/64/265 underlined the importance for States to continue addressing key risk factors for noncommunicable diseases, including through the implementation of the WHO FCTC, and emphasizing the role of tobacco control as a leading strategy to combat noncommunicable diseases,

1. DECIDES to:

- (1) urge all Parties to implement the WHO FCTC, recalling that it is their primary responsibility and that governments of developing countries are in the driving seat of tobacco control activities, which is essential for countries' ownership in accordance with the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action;
- (2) call upon Parties, particularly developed country Parties, to include support to the implementation of the WHO FCTC as an eligible area of bilateral assistance programmes provided this assistance can be eligible to official development assistance (ODA);
- (3) urge Parties to share their technical, legal and scientific expertise and technologies in implementing the WHO FCTC and to assess and share their needs in light of their total obligations under the WHO FCTC;
- (4) call upon Parties to support the inclusion of full and rapid implementation of measures required under the WHO FCTC as a key goal of the international community and the inclusion of tobacco control in the successor goals of the internationally agreed development goals and any subsequent global indicators of development;
- (5) call upon relevant international, regional and subregional organizations, international financial institutions and other partners to build capacity and allocate resources in support of global implementation of the WHO FCTC, particularly the needs identified in developing country Parties and Parties with economies in transition.

2. FURTHER DECIDES to request the Convention Secretariat to:

- (1) continue to actively work in accordance with Article 24.3(e) of the WHO FCTC and in line with paragraph 22 of the report on cooperation with international organizations and bodies,¹ and in particular with the United Nations agencies responsible for implementation of the UNDAFs and coordination of the delivery of assistance, for strengthening implementation of the WHO FCTC at country level, and to present a report on progress made in this area to the next regular session of the Conference of the Parties. This report would include the assessment of implementation mechanisms at the international, regional and country levels;
- (2) take the necessary action to coordinate with the relevant United Nations agencies, funds and programmes and other development partners to assist developing country Parties and Parties with economies in transition to utilize the opportunities for assistance, including under the UNDAFs;
- (3) actively engage in and contribute to the holding of the high-level meeting of the General Assembly requested in resolution A/RES/64/265, and the special meeting of the Ad Hoc Interagency Task Force on Tobacco Control requested in resolution E/2010/L.26, and to report to the fifth session of the Conference of the Parties on the outcomes of these meetings and any impacts on the mobilization of resources for implementation of the WHO FCTC;
- (4) make the database on available resources, established in line with the decision of the Conference of the Parties, available to the Parties and update the available information in the database on a continuous basis, actively identify and facilitate access to resources upon request by Parties, and whenever possible earmark extrabudgetary resources from the WHO FCTC budget for specific implementation activities;
- (5) actively work to raise the necessary extrabudgetary resources to implement the required activities, as contained in the workplan for the biennium 2012–2013,² to facilitate assistance to Parties in implementation of the WHO FCTC, including, in particular, the conduct of needs assessments in cooperation with WHO's Tobacco Free Initiative and relevant development partners;
- (6) undertake, under the guidance of the Bureau of the Conference of the Parties and with the assistance of competent authorities within WHO, in particular the Tobacco Free Initiative, as well as Parties particularly interested in the issue and relevant intergovernmental and nongovernmental organizations, a review of progress in the mobilization of resources and the performance of the mechanisms of assistance to support implementation of the WHO FCTC, and to submit a report and recommendations based on this review to the fifth session of the Conference of the Parties.

(Tenth plenary meeting, 20 November 2010)

¹ Document FCTC/COP4/17.

² Decision FCTC/COP4(20)

FCTC/COP4(18) Cooperation between the Convention Secretariat and the World Trade Organization

The Conference of the Parties,

Recalling the preamble to the WHO Framework Convention on Tobacco Control (WHO FCTC), which states that Parties to the Convention are “determined to give priority to their right to protect public health”;

Having considered the report by the Convention Secretariat on cooperation with international organizations and bodies for strengthening implementation of the Convention (document FCTC/COP/4/17);

Welcoming progress made in establishing cooperative relations with international organizations towards implementation of the Convention, particularly activities related to achievement of the Millennium Development Goals and other aspects of the global development agenda;

Recalling that the Fifty-ninth World Health Assembly noted the need for all relevant ministries, including those of health, trade, commerce, finance and foreign affairs, to work together constructively in order to ensure that the interests of trade and health are appropriately balanced and coordinated, and requested the Director-General to continue collaborating with the competent international organizations in order to support policy coherence between trade and health sectors at regional and global levels (resolution WHA59.26);

Recalling that the joint 2002 study by WHO and the World Trade Organization (WTO) Secretariat on WTO agreements and public health¹ recognizes that health and trade policy-makers can benefit from closer cooperation to ensure coherence between their different areas of responsibilities;

Mindful that closer cooperation with the WTO specifically on tobacco-control issues would support Parties to the WHO FCTC in implementing the Convention;

Recalling that WHO has observer status in the WTO Technical Barriers to Trade Committee and that it has ad hoc observer status in the TRIPS and GATS Councils,

1. REQUESTS the Convention Secretariat to invite WHO to develop, in consultation with the Convention Secretariat and appropriate international organizations or bodies, a comprehensive report for presentation to the fifth session of the Conference of the Parties that explores options for cooperation with the WTO on trade-related tobacco-control issues as a means of strengthening implementation of the Convention, and that makes recommendations on the feasibility of implementing the identified options;

2. REQUESTS the Convention Secretariat to:

(1) cooperate with the WTO Secretariat with the aim of information sharing on trade-related tobacco control issues;

(2) monitor trade disputes regarding WHO FCTC-related tobacco control measures and other trade-related issues of relevance to the implementation of the Convention;

¹ *WTO agreements and public health: a joint study by the WHO and the WTO Secretariat* (available at: http://www.wto.org/english/res_e/booksp_e/who_wto_e.pdf).

- (3) facilitate information sharing on trade-related issues between Parties to the WHO FCTC, by creating links between Parties having similar problems;
- (4) to communicate regularly with the relevant WHO offices on tobacco-control issues raised at WTO committees and report on these activities regularly to the Conference of the Parties.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(19) Promoting South–South cooperation for implementation of the WHO Framework Convention on Tobacco Control

The Conference of the Parties,

Taking note of the report of the Secretariat on South–South cooperation and the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC);¹

Acknowledging the potential of technological, scientific and economic cooperation among the developing countries, particularly with reference to the 30-year report on the promotion of South–South cooperation by the United Nations Secretary-General,² and the growing significance of triangular cooperation in international development cooperation;

Further acknowledging the role of the Parties, South–South and triangular cooperation networks and institutions as well as existing mechanisms under the United Nations system in facilitating the implementation of the WHO FCTC at country, regional and global levels;

Recognizing the importance attached to South–South cooperation in its previous sessions,³ particularly in view of the fact that the tobacco epidemic disproportionately affects populations in developing countries, and of its expected growth in developing countries in the future;

Further recognizing the importance of South–South and triangular cooperation in international development assistance mechanisms in general, and in the context of implementation of the WHO FCTC in particular,

1. DECIDES to reaffirm the importance of South–South and triangular cooperation in implementation of the WHO FCTC and call upon Parties to actively consider promotion of South–South and triangular cooperation for implementation of the WHO FCTC;

2. REQUESTS the Convention Secretariat:

(1) to actively work in the areas of potential South–South and triangular cooperation and actively engage with the appropriate institutions and networks in areas as mentioned in paragraphs 27 and 32, respectively, of the Convention Secretariat report on South–South cooperation and the implementation of the WHO FCTC;⁴

(2) to provide appropriate inputs and information on opportunities available to the Parties for South–South and triangular cooperation and to promote transfer of technical, scientific and legal expertise and technology for tobacco control in accordance with Articles 22 and 25 of the WHO FCTC;

(3) to continue its efforts to raise the required extrabudgetary resources for implementation of activities related to South–South cooperation and prepare a comprehensive report on the work undertaken to promote South–South and triangular cooperation to be presented to the Conference of the Parties at its next regular session.

(Tenth plenary meeting, 20 November 2010)

¹ Document FCTC/COP/4/18.

² See United Nations General Assembly document A/64/504.

³ See decisions FCTC/COP1(13), FCTC/COP2(10) and FCTC/COP3(19).

⁴ Document FCTC/COP/4/18.

FCTC/COP4(20) Workplan and budget for the financial period 2012–2013

The Conference of the Parties,

Reaffirming its decision FCTC/COP1(9) on the adoption of the Financial Rules of the Conference of the Parties to the WHO Framework Convention on Tobacco Control;

Recalling its decision FCTC/COP3(19) on the workplan and budget for the financial period 2010–2011,

DECIDES:

(1) to adopt the budget for the financial period 2012–2013 as follows:

1. Activity costs, including:	US\$
1.1 Conference of the Parties	1 560 000
1.2 Protocols, guidelines and other possible instruments for the implementation of the Convention	1 960 000
1.3 Reporting arrangements under the Convention	445 000
1.4 Assistance to Parties in implementation of the Convention, with particular focus on developing country Parties and Parties with economies in transition	2 610 000
1.5 Coordination with international and regional intergovernmental organizations and bodies	451 000
1.6 Administration and management, and other arrangements and activities	220 000
Subtotal	7 246 000
2. Staff cost	5 942 000
3. Programme support cost (13%)	1 714 000
Total	14 902 000

(2) to adopt the workplan for the financial period 2012–2013, as indicated in Annex 1 to this decision, taking into account the decisions taken by the Conference of the Parties at its fourth session;

(3) to adopt the table showing the distribution of voluntary assessed contributions for the financial period 2012–2013, as indicated in Annex 2 to this decision;

(4) to authorize the Convention Secretariat to request the payment of voluntary assessed contributions, including from countries that may become a Party to the Convention between the fourth and fifth sessions of the Conference of the Parties, in line with the scale of assessment as indicated in Annex 2;

(5) to request the Head of the Convention Secretariat to implement the Conference of the Parties budget and workplan, and to submit to the Conference of the Parties:

- (a) an interim performance report along with a final performance report on the workplan and budget for the financial period 2010–2011, at its fifth session; and
 - (b) a final performance report on the workplan and budget for the financial period 2012–2013, at its sixth session;
- (5) to authorize the Convention Secretariat to seek and receive voluntary extrabudgetary contributions for activities in line with the workplan;
- (6) to encourage Parties to the Convention to provide extrabudgetary contributions for meeting the objectives of the workplan;
- (7) to review progress made in implementation of the workplan and budget for the financial period 2012–2013 at the fifth session of the Conference of the Parties and make revisions, if necessary, in light of the availability of funds that are required for its full implementation;
- (8) to call on the Head of the Convention Secretariat to keep the Bureau regularly updated on the status of budget and workplans agreed by the Conference of the Parties.

ANNEX 1

WORKPLAN AND BUDGET FOR THE FINANCIAL PERIOD 2012–2013

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		

1. Conference of the Parties (Article 23 and Article 24.3(a))

1.1	Fifth session of the Conference of the Parties (COP)	1470		a. Preparing and convening the fifth session of the COP b. Finalizing and disseminating decisions and other post-session documentation	Fifth session of the COP prepared and convened on time Decisions and other post-session documentation sent to Parties within four months of the fifth session
1.2	Work of the Bureau of the COP	90		a. Preparing and convening the Bureau meetings b. Following up on decisions of the Bureau	
Subtotal for Area of work 1		1560			

2. Protocols, guidelines and other possible instruments for implementation of the Convention (Article 7, Article 23.5(f) and (h), Article 24.3(a) and (g), and Article 33)

2.1	Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products	542	1188	Session of the Intergovernmental Negotiating Body to negotiate and finalize the draft protocol	Draft protocol submitted to the COP at its fifth session
2.2	Working group on Articles 9 and 10 (<i>Regulation of the contents and</i>	115		One meeting of the working group, in combination with intersessional work of Key Facilitators and the Convention Secretariat	Report of the working group submitted to the COP at its fifth session

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		
<i>disclosures of tobacco products</i>				
2.3 Working group on economically sustainable alternatives to tobacco growing (Articles 17 and 18)	115		One meeting of the working group, in combination with intersessional work of Key Facilitators and the Convention Secretariat	Report of the working group submitted to the COP at its fifth session
2.4 ¹ Working group on Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>)			Meeting(s) of the working group, in combination with intersessional work of Key Facilitators and the Convention Secretariat	Progress report or, if possible, draft guidelines submitted to the COP
2.5 ¹ Expert group on cross-border advertising, promotion and sponsorship			Meeting(s) of the expert group along with technical support by the Convention Secretariat as requested	Report to the COP on its mandated activities
Subtotal for Area of work 2	772	1188		

¹ Unbudgeted recommended activities subject to availability of extrabudgetary resources.

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		
3. Reporting arrangements under the Convention (Article 21 and Article 24.3(b) and (c))				
3.1 Reports of Parties and global progress reports on implementation of the Convention	65		<p>a. Receiving and analysing the periodic reports of Parties on implementation of the Convention; maintaining and updating the web-based database of reports; and providing feedback to Parties on reports</p> <p>b. Preparing the global progress reports based on analysis of Parties' reports</p> <p>c. One expert meeting to support the process</p>	<p>Increased proportion of reports received on time and in compliance with the reporting instrument</p> <p>The web-based database of Parties' reports is up to date, can be searched both by country and by provisions of the Convention, and also includes texts of laws and regulations submitted by Parties.</p> <p>Global progress reports prepared on time</p>
3.2 Support to Parties in fulfilling their reporting obligations		380	<p>a. Organizing intercountry workshops on the reporting instrument and preparation of reports</p> <p>b. Providing advice and assistance on individual requests by Parties</p>	<p>At least six intercountry workshops organized to cover all regions</p> <p>Technical assistance provided to at least 25 Parties requiring substantial assistance, through communication and selected country visits as necessary</p>
Subtotal for Area of work 3	65	380		

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators	
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds			
<p>4. Assistance to Parties in implementing specific provisions of the Convention, in line with the provisions of the Convention (Article 22.2, Article 24.3(c) and (g) and Article 26.5) and decisions of the Parties (decisions FCTC/COP1(13) and FCTC/COP2(10)), with a particular focus on developing country Parties and Parties with economies in transition</p>					
4.1	Advice and support on compilation and communication of information on treaty matters, and promotion of transfers of expertise and technology		710	<p>a. Identifying regional and subregional networks and institutions with the potential to facilitate the transfer of technical and legal expertise and technology; supporting those networks and institutions to act as “hubs” for such activities; developing and promoting cross-regional cooperation among them to further consolidate work in this area</p> <p>b. Organizing regional/subregional workshops to identify achievements, challenges and best practices to enhance regional and subregional cooperation in treaty implementation</p> <p>c. Providing advice on treaty-specific matters, both those frequently requested and those specifically requested by Parties, with particular attention to the time-bound provisions of the treaty</p> <p>d. Disseminating and raising awareness of treaty instruments, through workshops and country-specific advice as required</p>	<p>Mapping of regional and subregional networks and institutions is achieved; cooperation mechanisms among networks and institutions identified and being established</p> <p>At least eight regional/subregional treaty implementation workshops organized in all regions</p> <p>At least 30 Parties assisted on treaty-specific aspects with advice and information as requested</p> <p>At least 25 developing country Parties and Parties with economies in transition assisted with the transfer/receipt of expertise and technology through appropriate cooperation mechanisms</p>

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		
4.2 Needs assessments and promotion of access to available resources and mechanisms of assistance, with a view to promoting harmonization and alignment of tobacco-control policies at country level		1900	<p>e. Preparing a report on the promotion of transfer of expertise and technology for consideration by the COP at its fifth session (in line with Article 22)</p> <p>f. Supporting Parties in preparations for the fifth session of the COP</p>	<p>A report by the Convention Secretariat on the status of and arrangements for the promotion of expertise and technology transfers submitted to the COP at its fifth session; at least five agreements/exchanges of letters with or among Parties on facilitating the provision of expertise and technology achieved</p>
			<p>a. Needs assessments to strengthen country capacity and multisectoral implementation mechanisms in meeting obligations under the Convention</p> <p>b. Preparing country-specific donor profiles to advise developing country Parties on appropriate and feasible funding/assistance options</p> <p>c. Integrating WHO FCTC implementation within national development and health strategies and within the United Nations Development Assistance Framework at country level in line with the principles of aid effectiveness, harmonization and alignment</p> <p>d. Updating and disseminating the database on resources available internationally for implementation of the Convention</p>	<p>At least 30 Parties identified upon request and needs assessment missions (with a multisectoral component) undertaken</p> <p>At least 15 Parties further provided with immediate assistance on urgent needs identified, and at least 15 Parties supported in preparing project and programme proposals for funding from existing donor and development sources due to expected larger needs for further assistance</p> <p>Harmonization and alignment of WHO FCTC implementation with national development and health strategies/policies achieved in supported Parties including, where appropriate, through the</p>

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		
				United Nations Development Assistance Framework A comprehensive database of available resources to support implementation of the Convention is up to date and used by Parties; including a link to the needs and gaps identified through needs assessment exercises as called for by the COP
Subtotal for Area of work 4		2610		

5. Coordination with international and regional intergovernmental organizations and other bodies (Article 23.5(g), Article 24.3(e) and Article 25)

5.1	Establishment and extension of cooperation and coordination with relevant international and regional intergovernmental organizations and other bodies	115	<p>a. Further developing a cooperation matrix with interested international and regional intergovernmental organizations</p> <p>b. Concluding cooperation reviews and agreements with intergovernmental organizations and bodies with substantial technical expertise and potential to support implementation of the Convention</p> <p>c. Supporting the convening of a meeting of the United Nations Ad Hoc Interagency Task Force on Tobacco Control to continue the review of the role and potential of the member organizations of the Task Force in</p>	<p>Matrix of cooperation with interested international and regional intergovernmental organizations completed</p> <p>At least five reviews and agreements with relevant international organizations concluded</p> <p>Report on the outcome of the meeting of the Task Force prepared and submitted to the COP at its fifth session, and feedback provided for reflection in the United Nations</p>
-----	---	-----	--	--

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		
			<p>supporting implementation of the Convention</p> <p>d. Consolidating the Secretariat's work in relevant areas with lead United Nations agencies and funds in establishing a multisectoral framework for WHO FCTC implementation at country, regional and global levels, and following up to implement the guidance provided by the COP at its fourth session on international cooperation and coordination</p>	<p>Secretary-General's report on tobacco control to the United Nations Economic and Social Council</p> <p>Overall consolidation of work related to integration of WHO FCTC implementation within the United Nations Development Assistance Framework at country level, in the context of the United Nations process aimed at "delivering as one", achieved and reflected in the Economic and Social Council operational framework</p>
5.2 Promotion of South-South cooperation in the exchange of scientific, technical and legal expertise as relevant to the implementation of the Convention		336	<p>a. Convening an expert meeting to review experience gained and to elaborate recommendations for strengthening this area of work</p> <p>b. Establishing a framework of cooperation with existing South-South frameworks and institutions for utilizing their potential in regard to WHO FCTC implementation and to strengthen South-South and triangular cooperation, where appropriate.</p> <p>c. Demonstration projects (at least one in each region) in line with the report of the Secretariat to the COP at its fourth session and based on the experience and outcome of regional/subregional workshops</p> <p>d. Prospecting and mobilizing</p>	<p>Expert meeting convened and recommendations prepared and made available to Parties</p> <p>South-South cooperation framework for WHO FCTC implementation identified and a matrix for potential cooperation developed</p> <p>At least six demonstration projects linked to the outcome of the regional and subregional workshops identified and implemented, and the results analysed and disseminated</p> <p>Strengthened linkages between regional/subregional networks and South-South networks and institutions; cooperation</p>

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		
5.3			resources from interested development partners from South and North with a view to promoting triangular cooperation	framework established Report submitted on progress in implementation of this area of work to the COP at its fifth session
Review of accreditation of nongovernmental organizations in line with Rule 31.3 of the Rules of Procedure of the COP			Conducting the review and presenting the outcome to the COP, through the Bureau of the COP	Report submitted on time to the COP at its fifth session
Subtotal for Area of work 5	115	336		

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		
6. Administration and management, and other arrangements and activities (Article 24.3(d), (f) and (g))				
6.1 General administration and management, including budget, finance, planning and fund-raising activities, publications and web site	220		<p>a. General administration, staff and finance management</p> <p>b. Providing updates to the Bureau on the status of implementation of the workplan and budget for the biennium, development of the workplan and budget for the subsequent biennium to be submitted for adoption by the COP</p> <p>c. Issuing and disseminating publications on treaty instruments and implementation, and providing relevant information through the WHO FCTC web site</p> <p>d. Resource mobilization</p> <p>e. Preparing and submitting to the COP the Secretariat's report on its activities (in line with Article 23.5(d))</p>	<p>Workplans and administrative arrangements customized and run within WHO's global management system</p> <p>Payment of voluntary assessed contributions facilitated with the aim of close to 100% collection by the end of the biennium</p> <p>Decisions of the COP, as well as documents of particular technical importance, such as the global progress reports and implementation guidelines, published in all six languages and actively disseminated</p> <p>Web site of the Convention is up to date</p> <p>Fund-raising mechanism in the Convention Secretariat advanced, and extrabudgetary contributions for fulfilling the 2012–2013 workplan promoted and received</p> <p>Report of the Secretariat prepared and submitted on time</p>
6.2 Advocacy, communication, participation in professional meetings			<p>a. Developing and implementing a communication plan to ensure public and political awareness of the Convention, particularly in relation to meetings of the COP and its subsidiary bodies, and key</p>	<p>Awareness of the treaty and treaty work increased internationally</p> <p>At least two meetings annually held with permanent missions of Parties in Geneva</p>

Area of work	Activity cost (in US\$ thousand)		Main components/activities	Expected results and indicators
	Covered by voluntary assessed contributions	Covered by extrabudgetary funds		
			<p>developments such as adoption of Convention instruments and global progress reports</p> <p>b. Holding meetings with permanent missions of the Parties in Geneva and government officials, producing the quarterly newsletter, appointing treaty “goodwill” ambassadors under the guidance of the Bureau</p> <p>c. Participating in and presenting at key professional meetings to promote treaty awareness and implementation internationally</p>	<p>Presentations in at least six international meetings during the biennium</p>
6.3 Coordination with relevant departments and offices of WHO			<p>Holding regular technical coordination meetings with WHO TFI, maintaining regular communication with focal points in WHO regional offices; reviewing and promoting cooperation with other relevant clusters in WHO</p>	<p>Coordination within WHO for promoting the Convention further strengthened</p> <p>Plan of cooperation with WHO's Tobacco Free Initiative and other relevant departments of WHO to contribute to implementation of the workplan of the COP is developed and operational</p>
Subtotal for Area of work 6	220			
Total activity costs for all areas of work	2732	4514		

Total budget (US\$ thousand)

	Covered by voluntary assessed contributions	Covered by extrabudgetary funds	Total
1. Activity costs	2 732	4 514	7 246
2. Salary costs	5 328	614	5 942
3. Total direct costs (1+2)	8 060	5 128	13 188
4. Programme support costs (13%)	1 047	667	1 714
5. Grand total	9 107	5 795	14 902

ANNEX 2

**VOLUNTARY ASSESSED CONTRIBUTIONS (VAC) TO THE WHO FRAMEWORK
CONVENTION ON TOBACCO CONTROL
FOR THE FINANCIAL PERIOD 2012–2013**

Parties to the Convention	WHO FCTC scale 2012–2013 (%)	Voluntary assessed contributions (VAC) ¹		
		Regular (US\$)	Additional (US\$) ²	Total (US\$)
Afghanistan	0.00510	447	18	465
Albania	0.01276	1117	45	1 162
Algeria	0.35720	31 280	1 250	32 530
Angola	0.01276	1117	45	1 162
Antigua and Barbuda	0.00255	223	9	232
Armenia	0.00638	559	22	581
Australia	2.46610	215 956	8 631	224 587
Austria	1.08577	95 081	3 800	98 881
Azerbaijan	0.01914	1 676	67	1 743
Bahamas	0.02296	2 011	80	2 091
Bahrain	0.04975	4 357	174	4 531
Bangladesh	0.01276	1 117	45	1 162
Barbados	0.01021	894	36	930
Belarus	0.05358	4 692	188	4 880
Belgium	1.37153	120 105	4 800	124 905
Belize	0.00128	112	4	116
Benin	0.00383	335	13	348
Bhutan	0.00128	112	4	116
Bolivia (Plurinational State of)	0.00893	782	31	813
Bosnia and Herzegovina	0.01786	1 564	63	1 627
Botswana	0.02296	2 011	80	2 091
Brazil	2.05532	179 984	7 194	187 178
Brunei Darussalam	0.03572	3 128	125	3 253
Bulgaria	0.04848	4 245	170	4 415
Burkina Faso	0.00383	335	13	348
Burundi	0.00128	112	4	116
Cambodia	0.00383	335	13	348
Cameroon	0.01403	1 229	49	1 278
Canada	4.09150	358 293	14 320	372 613
Cape Verde	0.00128	112	4	116
Central African Republic	0.00128	112	4	116
Chad	0.00255	223	9	232

Parties to the Convention	WHO FCTC scale 2012–2013 (%)	Voluntary assessed contributions (VAC) ¹		
		Regular (US\$)	Additional (US\$) ²	Total (US\$)
Chile	0.30107	26 365	1 054	27 419
China	4.06854	356 282	14 240	370 522
Columbia	0.18370	16 087	643	16 730
Comoros	0.00128	112	4	116
Congo	0.00383	335	13	348
Cook Islands	0.00128	112	4	116
Costa Rica	0.04337	3 798	152	3 950
Côte d'Ivoire	0.01276	1 117	45	1 162
Croatia	0.12375	10 836	433	11 269
Cyprus	0.05868	5 139	205	5 344
Democratic People's Republic of Korea	0.00893	782	31	813
Democratic Republic of the Congo	0.00383	335	13	348
Denmark	0.93906	82 233	3 287	85 520
Djibouti	0.00128	112	4	116
Dominica	0.00128	112	4	116
Ecuador	0.05103	4 469	179	4 648
Egypt	0.11992	10 501	420	10 921
Equatorial Guinea	0.01021	894	36	930
Estonia	0.05103	4 469	179	4 648
European Union	3.18931	279 288	11 163	290 451
Fiji	0.00510	447	18	465
Finland	0.72206	63 231	2 527	65 758
France	7.81176	684 076	27 341	711 417
Gabon	0.01786	1 564	63	1 627
Gambia	0.00128	112	4	116
Georgia	0.00765	670	27	697
Germany	10.22952	895 799	35 803	931 602
Ghana	0.00765	670	27	697
Greece	0.88152	77 195	3 085	80 280
Grenada	0.00128	112	4	116
Guatemala	0.03572	3 128	125	3 253
Guinea	0.00255	223	9	232
Guinea-Bissau	0.00128	112	4	116
Guyana	0.00128	112	4	116
Honduras	0.01021	894	36	930
Hungary	0.37124	32 509	1 299	33 808
Iceland	0.05358	4 692	188	4 880

Parties to the Convention	WHO FCTC scale 2012–2013 (%)	Voluntary assessed contributions (VAC) ¹		
		Regular (US\$)	Additional (US\$) ²	Total (US\$)
India	0.68124	59 656	2 384	62 040
Iran (Islamic Republic of)	0.29724	26 030	1 040	27 070
Iraq	0.02551	2 234	89	2323
Ireland	0.63531	55 634	2 224	57 858
Israel	0.48988	42 899	1 715	44 614
Italy	6.37785	558 508	22 322	580 830
Jamaica	0.01786	1 564	63	1 627
Japan	15.98596	1 399 891	55 951	1 455 842
Jordan	0.01786	1 564	63	1 627
Kazakhstan	0.09695	8 490	339	8 829
Kenya	0.01531	1 341	54	1 395
Kiribati	0.00128	112	4	116
Kuwait	0.33552	29 381	1 174	30 555
Kyrgyzstan	0.00128	112	4	116
Lao People's Democratic Republic	0.00128	112	4	116
Latvia	0.04848	4 245	170	4 415
Lebanon	0.04210	3 687	147	3 834
Lesotho	0.00128	112	4	116
Liberia	0.00128	112	4	116
Libyan Arab Jamahiriya	0.16457	14 411	576	14 987
Lithuania	0.08292	7 261	290	7 551
Luxembourg	0.11482	10 054	402	10 456
Madagascar	0.00383	335	13	348
Malaysia	0.32276	28 264	1 130	29 394
Maldives	0.00128	112	4	116
Mali	0.00383	335	13	348
Malta	0.02169	1 899	76	1 975
Marshall Islands	0.00128	112	4	116
Mauritania	0.00128	112	4	116
Mauritius	0.01403	1229	49	1278
Mexico	3.00586	263 223	10 521	273 744
Micronesia (Federated States of)	0.00128	112	4	116
Mongolia	0.00255	223	9	232
Montenegro	0.00510	447	18	465
Myanmar	0.00765	670	27	697
Namibia	0.01021	894	36	930
Nauru	0.00128	112	4	116

Parties to the Convention	WHO FCTC scale 2012–2013 (%)	Voluntary assessed contributions (VAC) ¹		
		Regular (US\$)	Additional (US\$) ²	Total (US\$)
Nepal	0.00765	670	27	697
Netherlands	2.36659	207 243	8 283	215 526
New Zealand	0.34827	30 498	1 219	31 717
Nicaragua	0.00383	335	13	348
Niger	0.00255	223	9	232
Nigeria	0.09951	8714	348	9 062
Niue	0.00128	112	4	116
Norway	1.11128	97 315	3 889	101 204
Oman	0.10971	9 607	384	9 991
Pakistan	0.10461	9 161	366	9 527
Palau	0.00128	112	4	116
Panama	0.02807	2 458	98	2 556
Papua New Guinea	0.00255	223	9	232
Paraguay	0.00893	782	31	813
Peru	0.11482	10 054	402	10 456
Philippines	0.11482	10 054	402	10 456
Poland	1.05643	92 511	3 697	96 208
Portugal	0.65189	57 086	2 282	59 368
Qatar	0.17222	15 082	603	15 685
Republic of Korea	2.88339	252 498	10 092	262 590
Republic of Moldova	0.00255	223	9	232
Romania	0.22580	19 774	790	20 564
Russian Federation	2.04384	178 979	7 153	186 132
Rwanda	0.00128	112	4	116
Saint Lucia	0.00128	112	4	116
Saint Vincent and the Grenadines	0.00128	112	4	116
Samoa	0.00128	112	4	116
San Marino	0.00383	335	13	348
Sao Tome and Principe	0.00128	112	4	116
Saudi Arabia	1.05898	92 735	3 706	96 441
Senegal	0.00765	670	27	697
Serbia	0.04720	4 133	165	4 298
Seychelles	0.00255	223	9	232
Sierra Leone	0.00128	112	4	116
Singapore	0.42737	37 425	1496	38 921
Slovakia	0.18115	15 864	634	16 498
Slovenia	0.13140	11 507	460	11 967
Solomon Islands	0.00128	112	4	116

Parties to the Convention	WHO FCTC scale 2012–2013 (%)	Voluntary assessed contributions (VAC) ¹		
		Regular (US\$)	Additional (US\$) ²	Total (US\$)
South Africa	0.49115	43 010	1719	44 729
Spain	4.05323	354 941	14186	369 127
Sri Lanka	0.02424	2 123	85	2 208
Sudan	0.01276	1 117	45	1 162
Suriname	0.00383	335	13	348
Swaziland	0.00383	335	13	348
Sweden	1.35750	118 876	4751	1 23 627
Syrian Arab Republic	0.03189	2 793	112	2 905
Thailand	0.26663	23 348	933	24 281
The former Yugoslav Republic of Macedonia	0.00893	782	31	813
Timor-Leste	0.00128	112	4	116
Togo	0.00128	112	4	116
Tonga	0.00128	112	4	116
Trinidad and Tobago	0.05613	4 915	196	5 111
Tunisia	0.03827	3 351	134	3 485
Turkey	0.78712	68 928	2 755	71 683
Tuvalu	0.00128	112	4	116
Uganda	0.00765	670	27	697
Ukraine	0.11099	9 719	388	10 107
United Arab Emirates	0.49881	43 681	1746	45 427
United Kingdom of Great Britain and Northern Ireland	8.42551	7 37 822	29489	767 311
United Republic of Tanzania	0.01021	894	36	930
Uruguay	0.03444	3 016	121	3 137
Vanuatu	0.00128	112	4	116
Venezuela (Bolivarian Republic of)	0.40058	35 079	1 402	36481
Viet Nam	0.04210	3 687	147	3 834
Yemen	0.01276	1117	45	1 162
Zambia	0.00510	447	18	465
Total		8 757 000	350 000	9 107 000

¹ Figures rounded to the nearest dollar.

² The additional contribution of a total of US\$ 350 000 as reflected in this table is a one-time exception as agreed among the Parties. This is to facilitate funding for projected expenditure through additional voluntary assessed contributions.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(21) Harmonization of travel support available to Parties to the WHO Framework Convention on Tobacco Control in line with current World Health Organization administrative policies for travel support

The Conference of the Parties,

Recalling World Health Assembly resolution WHA 50.1,

DECIDES to harmonize the travel support available to Parties to the WHO Framework Convention on Tobacco Control in line with current WHO administrative policies for travel support in favour of least developed countries;

DECIDES to finance the per diem of least developed countries on the same basis until and including the fifth session of the Conference of the Parties;

DECIDES to continue to finance travel for low- and lower-middle-income countries on the budget financed by voluntary assessed contributions, and to cover the costs of the corresponding per diem with resources available in the extrabudgetary funds until and including the fifth session of the Conference of the Parties;

REQUESTS the Convention Secretariat to prepare a full report on this issue taking into consideration the severe budgetary constraints for consideration by the fifth session of the Conference of the Parties.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(22) Arrears in the payment of financial contributions

The Conference of the Parties,

Recalling the current budget constraints and bearing in mind the priority that should be given to operational work under the WHO Framework Convention on Tobacco Control (WHO FCTC);

Deeply concerned by the present situation whereby a very large number of Parties still have outstanding voluntary assessed contributions and that a number of Parties have never paid any of their voluntary assessed contributions,

1. REQUESTS the Convention Secretariat to prepare and present to the fifth session of the Conference of the Parties a report on ways and means to improve payment of voluntary assessed contributions to the WHO FCTC taking into account relevant practice in the United Nations system;
2. URGES all Parties, mainly those which are in a position to do so, to comply with their contributions in due time.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(23) Review of accreditation of nongovernmental organizations with observer status to the Conference of the Parties

The Conference of the Parties,

Recalling its decision FCTC/COP3(19) on the workplan and budget for the financial period 2010–2011, requesting the Convention Secretariat to conduct a review of accreditation of nongovernmental organizations with observer status to the Conference of the Parties in accordance with Rule 31.3 of its Rules of Procedure;

Having examined the report of the Convention Secretariat contained in document FCTC/COP/4/22 Rev.1,

1. DECIDES:

- (1) to maintain the observer status of the following organizations:

Consumers International, Corporate Accountability International, Council for International Organizations of Medical Sciences, FDI World Dental Federation, Framework Convention Alliance on Tobacco Control, International Alliance of Women, International Association of Rural Medicine and Health, International Association of Logopedics and Phoniatics, International Commission on Occupational Health, International Council of Nurses, International Federation of Medical Students' Associations, International Federation of Pharmaceutical Manufacturers & Associations, International Organization for Standardization, International Pharmaceutical Federation, International Pharmaceutical Students' Federation, International Society of Nurses in Cancer Care, Union for International Cancer Control,¹ International Union Against Tuberculosis and Lung Disease, Medical Women's International Association, World Federation of Public Health Associations, World Heart Federation, World Medical Association, World Organization of Family Doctors, World Self-Medication Industry.

- (2) to discontinue the observer status of the following organizations:

Churches' Action for Health, Commonwealth Medical Association, Cystic Fibrosis Worldwide, Inter-American Association of Sanitary and Environmental Engineering, International Association for Maternal and Neonatal Health, International Confederation of Midwives, International Council of Women, International Federation of Business and Professional Women, International Federation of Gynecology and Obstetrics, International Hospital Federation, International League of Dermatological Societies, International Occupational Hygiene Association, International Union for Health Promotion and Education, Rotary International, Soroptimist International, World Association of Girl Guides and Girl Scouts, World Federation of Chiropractic, World Federation of Hemophilia, World Federation of Hydrotherapy and Climatotherapy, World Federation of Societies of Anaesthesiologists, World Federation of United Nations Associations, World Vision International.

- (3) to request the following organizations to submit their pending reports on activities that they undertake to support implementation of the Convention by 15 February 2011 and to mandate the Bureau of the Conference of the Parties to examine these reports and decide on maintaining or discontinuing their observer status based on criteria referred to in document FCTC/COP/4/22 Rev.1. The observer status should automatically be considered as discontinued if no such reports are presented:

¹ Formerly International Union Against Cancer.

The Global Forum for Health Research; the International College of Surgeons; the International Council on Alcohol and Addictions; the International Non Governmental Coalition Against Tobacco.

2. ALSO DECIDES:

to request the Convention Secretariat to develop and propose for adoption by the Conference of the Parties at its fifth session: (a) a standard form to be used and completed by nongovernmental organizations wishing to apply for observer status, in light of the provisions set in Rule 31 of its Rules of Procedure as well as in decision FCTC/COP2(6); and (b) a formal set of criteria in order to facilitate conducting future such reviews.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(24) Review of the role of the Bureau of the Conference of the Parties

The Conference of the Parties,

Having considered document FCTC/COP/4/26,

REQUESTS the Convention Secretariat, in consultation with the Bureau, to elaborate and present recommendations on how to address the matters contained therein to the Conference of the Parties at its fifth session, including possible budgetary implications of the recommendations.

(Ninth plenary meeting, 19 November 2010)

**FCTC/COP4(25) Date and venue of the fifth session of the Conference of the Parties
to the WHO Framework Convention on Tobacco Control**

The Conference of the Parties, in accordance with Rules 3 and 4 of its Rules of Procedure,

DECIDES that:

- (1) its fifth session will be held in the Republic of Korea in the last quarter of 2012, subject to the conclusion of an appropriate host agreement between the Republic of Korea and the Convention Secretariat by 30 May 2011;
- (2) the exact venue and dates will be decided by the Bureau of the Conference of the Parties after receiving confirmation by the Convention Secretariat of the conclusion of a host agreement.

(Tenth plenary meeting, 20 November 2010)

FCTC/COP4(26) Election of the President and the five Vice-Presidents of the Conference of the Parties

The Conference of the Parties, pursuant to Rule 21 of its Rules of Procedure,

1. ELECTS the following officers to constitute the Bureau of the Conference of the Parties:

President: Ambassador R. Varela (Uruguay)

Vice-Presidents:¹ Mr O. Ag Mouhamedoun (Mali)
Mr J. Draijer (Netherlands)
Dr C. Otto (Palau)
Mrs S. Ali-Higo (Djibouti)
His Excellency L. Zangley Dukpa (Bhutan)

2. DECIDES that, of the five Vice-Presidents, the following should act as Rapporteur:

Rapporteur: His Excellency L. Zangley Dukpa (Bhutan)

(Tenth plenary meeting, 20 November 2010)

= = =

¹ In accordance with Rule 24 of the Rules of Procedure of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, lots were drawn to determine the order in which the Vice-Presidents would serve in the place of the President. The order presented in this list is the order in which the lots were drawn.

LIST OF PARTICIPANTS

REPRESENTATIVES OF PARTIES

AFGHANISTAN

Delegate(s)

Dr S.A. Alawi
Officer, Children and Youth Health,
Directorate of Preventive Medicine,
Ministry of Public Health

Delegate(s)

Ms P. Marshall
Director, Tobacco Control Section, Drug Strategy
Branch, Mental Health and Chronic Disease
Division, Department of Health and Ageing

Mr S. Commar
Minister-Counsellor (Health), Permanent Mission,
Geneva

ALBANIA

Delegate(s)

Mr R. Shuperka
National Coordinator, Tobacco Control,
Institute of Public Health 'Alexander
Moisiu'

AUSTRIA

Chief delegate

Dr F. Pietsch
Director, Federal Ministry of Health

ANTIGUA AND BARBUDA

Delegate(s)

Mr C.C.S. O'Keiffe
Statistician, Focal Point Tobacco Control

Deputy chief delegate

Dr B. Blaha
Minister plenipotentiary, Federal Ministry for
European and International Affairs

ARMENIA

Chief delegate

Dr A. Vanyan
Head, National Hygiene and Anti-Epidemic
Inspectorate, Ministry of Health

Alternate(s)

Dr H. Heller
Director, Federal Ministry of Finance

Dr P. Tillich
Health Attaché, Permanent Mission, Brussels

Delegate(s)

Dr A. Bazarchyan
Coordinator, National Tobacco Control
Programme, Ministry of Health

AZERBAIJAN

Delegate(s)

Dr J. Mammadov
Director, Public Health and Reforms Centre
Ministry of Health

AUSTRALIA

Chief delegate

Mr S. Cotterell
Assistant Secretary, Drug Strategy Branch,
Mental Health and Chronic Disease
Division, Department of Health and
Ageing

BANGLADESH

Chief delegate

Dr S. Modasser Ali
Adviser to the Prime Minister for Health, Family
Welfare and Social Welfare

Delegate(s)

Dr S. Islam
Deputy Secretary, Ministry of Health and
Family Welfare

BARBADOS**Delegate(s)**

Mrs D. Carter Taylor
Senior Health Promotion Officer, Ministry
of Health

BELGIUM**Chief delegate**

M. P. Courard
Secrétaire d'Etat à l'Intégration sociale et à
la Lutte contre la Pauvreté

Alternate(s)

Hon. M. Goffin
Ambassadeur, Conseiller, Direction des
Nations Unies, Affaires étrangères

M. O. Belle
Conseiller diplomatique, Cabinet de la
Ministre des Affaires sociales et de la Santé
publique

Mme L. Meulenbergs
Chef, Service des Relations internationales,
Santé publique, Sécurité de la Chaîne
alimentaire et Environnement

M. J. Sykora
Directeur général, Secrétariat général du
Conseil de l'Union Européenne

M. P. Lefebure
Fonctionnaire, Secrétariat général, Conseil
de l'Union Européenne

M. J.-L. Weyland
Directeur, Administration centrale des
Douanes et Accises, Services publics
fédéraux, Finances

M. L. Leysen
Directeur a.i., Direction nationale des
Recherches, Services publics fédéraux,
Finances

Mme M. Steenbrugghe
Attaché Santé, Représentation permanente auprès
de l'Union Européenne, Bruxelles

M. K. Boers
Attaché Santé, Représentation permanente auprès
de l'Union Européenne et Service des Relations
internationales, Services publics fédéraux, Santé
publique, Sécurité de la Chaîne alimentaire et
Environnement

M. C. Denonne
Attaché Service Relations internationales, SPF
Santé publique, Sécurité de la Chaîne alimentaire
et Environnement

M. M. Capouet
Expert Tabac, Services publics fédéraux, Santé
publique, Sécurité de la Chaîne alimentaire et
Environnement

M. M. Boutriaux
Gestionnaire Dossier Tabac, Services publics
fédéraux, Santé publique, Sécurité de la Chaîne
alimentaire et Environnement

BENIN**Delegate(s)**

Dr J.A. Segnon Agueh
Point focal de la Lutte antitabac, Ministère de la
Santé

BHUTAN**Chief delegate**

H.E. L.Z. Dukpa
Minister, Ministry of Health

Delegate(s)

Ms T. Choden
Legal Officer, Policy and Planning Division,
Ministry of Health

BOLIVIA (Plurinational State of)**Chief delegate**

Dra. M. Valda De Castro
Directora General, Asuntos Jurídicos, Ministerio
de Salud y Deportes

Delegate(s)

Sr. W. Alanoca Álvarez
Responsable del Programa Tabaco,
Ministerio de Salud y Deportes

Mr C. Boeira da Silva
Mayor of Dom Feliciano

Mr L.L. Viegas
Head, Division of Multilateral Affairs, Ministry of
Health

BRAZIL**Chief delegate**

Hon. J.C. De Souza-Gomes
Ambassador, Permanent Representation,
Montevideo

Ms R. Milagres Teixeira Vieira
General Coordinator for Agribusiness, Ministry of
Development, Industry and Foreign Trade

Ms A.C. Bastos De Andrade
Head, Projects Unit, Office of Tobacco Derived
Products, National Health Surveillance Agency

Deputy chief delegate

Mr A.L. Soares Nunes
Technical Adviser, International Advisory,
Ministry of Health

Ms V.L. Costa E Silva
Coordinator, Center of Studies for Tobacco
Control Policies, Oswaldo Cruz Foundation,
Ministry of Health

Mr H.B. Correa da Silva
Coordinator, Department of Technical Assistance,
Ministry of Agricultural Development

Delegate(s)

Mr A. Sanches Peraci
Secretary, Family and Agriculture, Ministry
of Agricultural Development

Mr C.A. Ribeiro de Xavier
Member, National Commission for the
Implementation of the FCTC, Ministry of
Education

Mr J.A. Alvares Da Silva
Director-General, National Health
Surveillance Agency

Mr L. Milhomem Rezende
Member, National Commission for the
Implementation of the FCTC, Ministry of
Education

Mr E. Botelho Barbosa
Special Adviser, International Affairs,
Ministry of Health

Ms C. Ferreira Viana
Member, National Commission for the
Implementation of the FCTC, Ministry of Health

Dr T.M. Cavalcante
Executive Secretary, National Commission
for the Implementation of the FCTC and
Head of the Tobacco Control
Division, Cancer Institute, Ministry of
Health

Ms E. Cavalcante Rangel
Member, National Commission for the
Implementation of the FCTC, Ministry of Health

Mr F. Figueira de Melo
First Secretary, Ministry of External
Relations

Mr J. Pinto Nunes
Federal Police Officer, General Coordination of
Treasury Police, Department of Federal Police

Mr B.H. Neves Silva
Second Secretary, Permanent Mission,
Geneva

Mr R.F. Glass
Foreign Trade Analyst, Ministry of Development,
Industry and Foreign Trade

Mr A. Martins da Silva
Director, Department of Technical
Assistance and Rural Extension, Ministry
of Agricultural Development

Mr A. Amaral
Adviser to the Office of the Minister of State,
Ministry of Labor and Employment

Mr A.L. Oliveira da Silva
First Secretary

Mr V. Sucena
Technical Adviser, Subcommittee for Monitoring
Government Policies, Cabinet Office of the
Presidency

Ms S.M. Pereira Damasceno
Technical Adviser, National Coordination
of Health in MERCOSUR, Ministry of
Health

Ms R. De Carvalho Batista
Press Officer, National Commission for the
Implementation of the FCTC, Ministry of
Health

Ms C. Belinzoni
Technical Adviser, Programme for the
Diversification in Tobacco Cultivated
Areas, Ministry of Agricultural
Development

Mr M.A. Perondi
Professor, Federal Technological
University of Paraná, Consultant, Ministry
of Agricultural Development

Mr E. Martins Araújo
Technical Adviser, Secretary of
Agricultural Defense, Ministry of
Agriculture, Livestock and Food Supply

BURKINA FASO

Delegate(s)

Dr N.M. Nare
Responsable du Service
Enfant/Adolescent/Jeune, Direction de la
Santé de la Famille, Ministère de la Santé

BURUNDI

Chief delegate

Dr O. Ndayishimiye
Point Focal Tabac, Responsable du
Programme National de Lutte contre les
maladies chroniques Non Transmissibles

Delegate(s)

Dr M. Nsabiyumva
Ministère de la Sécurité Publique

CAMBODIA

Chief delegate

Dr Ung Phyrun
Secretary of State, Ministry of Health

Delegate(s)

Mr Um Seiha
Deputy Director-General, General Department of
Taxation, Ministry of Economy and Finance

CANADA

Chief delegate

Ms B. Paine
Director, Policy and Strategic Planning,
Controlled Substances and Tobacco Directorate

Delegate(s)

Mr D. Choinière
Director, Regulations and Compliance, Controlled
Substance and Tobacco Directorate

Mr M. Cook
Manager, Regulations and Compliance,
Controlled Substance and Tobacco Directorate

Mr L. Hernandez
Senior Policy Adviser, Multilateral Health
Division, International Affairs Directorate

Mr P. Bertrand
Director-General, Excise and GST HST Rulings
Directorate, Canada Revenue Agency

Mr A. Hazlewood
Assistant Deputy Minister, Population and Public
Health, British Columbia Ministry of Healthy
Living and Sport, Co-Chair of the Tobacco
Control Liaison Committee

Mr M. Arango
Assistant Director, Government Relations, Heart
and Stroke Foundation, and Co-Chair of the
Canadian Coalition for Action on Tobacco

CENTRAL AFRICAN REPUBLIC

Chief delegate

Dr M. Hoza
Directeur, Communication en matière de Santé

Delegate(s)

Dr J. Ngaba
Directeur, Services pharmaceutiques, Laboratoire
et Médecine traditionnelle, Point focal de la Lutte
antitabac

CHAD**Chief delegate**

Mr M.M. Addy
Secrétaire d'Etat de la Santé publique

Delegate(s)

Mr D.E. Adam
Secrétaire Général, Association pour la
Défense des Droits des Consommateurs

Dr M.A. Wadak
Directeur général, Activités sanitaires

Mr H. Kamis
Coordonnateur du Bureau, Coopération et
Études, Ministère de la Santé publique

Mr D. Nganguenon Gode
Point focal de la Lutte antitabac, Alcool et
Drogues

CHILE**Chief delegate**

Sra. M.S. Carvallo Holtz
Jefa, División Políticas Públicas Saludables
y Promoción, Subsecretaría de Salud
Pública

Delegate(s)

Sra. M. Acuña Anfossi
Encargada, Unidad de Tabaco, División
Políticas Públicas Saludables y Promoción,
Subsecretaría de Salud Pública

CHINA**Chief delegate**

Mr Yi Xianliang
Counsellor, Department of Treaty and Law,
Ministry of Foreign Affairs

Deputy chief delegate

Mr Gao Yanmin
Deputy Director-General, Ministry of
Industry and Information Technology

Delegate(s)

Mr Wang Hong
Deputy Director-General, General Administration
of Quality Supervision, Inspection and
Quarantine

Mr Sun Jin
Director, Ministry of Foreign Affairs

Mr Zhou Ruizeng
Bureau Chief, Tobacco Monopoly Bureau

Mr Zhao Baidong
Deputy Director, State Tobacco Monopoly
Bureau

Mr Lu Zhikun
Ministry of Industry and Information Technology

Mr Xu Xiaochao
Ministry of Health

Mr Zhan Yanyang
General Administration of Quality Supervision,
Inspection and Quarantine

Mr Li Guanyu
Ministry of Foreign Affairs

Ms Zheng Suping
State Tobacco Monopoly Bureau

Mr Lu Yonghua
State Tobacco Monopoly Bureau

Mr Jiang Honghai
State Tobacco Monopoly Bureau

Mr Hu Qingyan
Deputy Director, National Quality Supervision
and Inspection Center for Tobacco

Mr Shi Dan
Deputy Director, Academy of Social Science

Mr Xiao Dan
Physician, Chaoyang Hospital

Ms Monica Chen
Food and Health Bureau, Hong Kong SAR

Mr Raymond Ho
Department of Health, Hong Kong SAR

Mr O Heng Kin
Bureau of Health

Mr A.H. Morais
Office of International Law Affairs

COLOMBIA**Chief delegate**

Sra. M. C. Isaza Merchán
Embajadora Extraordinaria y
Plenipotenciaria de Colombia ante el
Gobierno de la Republica Oriental del
Uruguay

Delegate(s)

Dr. L. Urquijo Velásquez
Director General de Salud Pública

Dra. D. Rivera
Coordinadora grupo de políticas, Instituto
Nacional de Cancerología

Dr. F. Ramírez Campos
Asesor, Enfermedades Crónicas no
Transmisibles, Ministerio de la Protección
Social

COMOROS**Delegate(s)**

Mr A. Chaibou Bedja
Conseiller technique du Ministre de la
Santé, de la Solidarité et de la Promotion du
Genre

CONGO**Delegate(s)**

Mme R. Likibi-Boho
Point focal de la Lutte antitabac, Ministère
de la Santé et de la Population

COOK ISLANDS**Delegate(s)**

Mr T.A. Faireka
Secretary of Health

COTE D'IVOIRE**Chief delegate**

Dr K. N'Dolli
Directeur général Adjoint de la Santé, Ministère
de la Santé et de l'Hygiène publique

Delegate(s)

Mlle M.C. Bayeba
Juriste au Service Réglementation du Programme
national de Lutte contre le Tabagisme,
l'Alcoolisme, la Toxicomanie et les autres
Addictions (PNLTA), Ministère de la Santé et de
l'Hygiène publique

CROATIA**Chief delegate**

Mrs M. Martinec
Ambassador, Permanent Representation, Buenos
Aires

Delegate(s)

Mr D-V. Prosoli
First Secretary, Permanent Representation,
Buenos Aires

CYPRUS**Delegate(s)**

Ms C. Spathari
Health Attaché, Permanent Representation to the
European Union, Brussels

**DEMOCRATIC REPUBLIC OF THE
CONGO****Chief delegate**

M. M. R. Mbuyu Muteba Yambele
Directeur, Programme national de Lutte contre les
Toxicomanies et les Substances toxiques
(PNLCT), Point focal
national, Ministère de la Santé publique

Delegate(s)

M. G. Kabobo
Conseiller juridique, Ministère de la Santé
publique

DENMARK**Chief delegate**

Ms B. Borum Madsen
Special Adviser, National Board of Health

Delegate(s)

Mr K. Geil
Health Counsellor, Permanent Mission to
the European Union, Brussels

Mrs P.J. Arildsen
Head of Section, SKAT Customs, European
Union Office

DJIBOUTI**Chief delegate**

Mme S. Ali-Higo
Coordinatrice nationale, Lutte antitabac,
Ministère de la Santé

Delegate(s)

M. A. Hoche
Conseiller technique, Ministère de la Santé

M. A. Chamsan
Président, Comité intersectoriel de la Lutte
antitabac

ECUADOR**Chief delegate**

Dr. P. Jácome
Líder del Programa de Salud Mental,
Ministerio de Salud Pública

Delegate(s)

Dr. L. Romo Arellano
Cooperador Técnico de Cooperación
Internacional, Ministerio de Salud Pública

Sra. A.M. Betancourt
Servicio de Rentas Internas

EGYPT**Chief delegate**

Dr S.L. Labeeb
Director, Tobacco Control Department, Ministry
of Health and Population

Delegate(s)

Dr M.M. Aziz
Medical Officer, Tobacco Control Department,
Ministry of Health and Population

ESTONIA**Chief delegate**

Ms E. Ohov
Counsellor, National Health Affairs

Delegate(s)

Ms A. Telling
Chief Specialist, Head of Chemical Safety, Public
Health Department, Ministry of Social Affairs

EUROPEAN UNION**Chief delegate**

Ms T. Emmerling
First Counsellor, Permanent Mission, Brussels

Delegate(s)

Ms S. Wimmer
Policy Officer, European Commission, DG Health
and Consumer Policy

Ms T. Peetso
Medical Officer, European Commission, DG
Health and Consumer Policy

Ms A-E. Ampelas
Policy Officer, European Commission, DG Health
and Consumer Policy

Ms A. Jassem-Staniecka
Policy Officer, European Commission, DG Health
and Consumer Policy

Mr I. Walton-George
Director Investigations and Operations II,
European Commission, European Anti-Fraud
Office

Mr A. Rowan
Head of Unit, Customs II, Directorate of
Investigations and Operations II, European
Commission, European Anti-Fraud Office

Mr Y. Hermans
Head of Operations, Customs II,
Directorate of Investigations and
Operations II, European Commission,
European Anti-Fraud Office

Mr R. Holz
Policy Officer, European Commission,
Directorate-General for Taxation and
Customs Union, Brussels

Mr H. Philipp
Market Officer, European Commission,
Directorate-General for Agriculture and
Rural Development

FINLAND

Chief delegate

Mr K. Paaso
Director, Department for Promotion of
Welfare and Health, Ministry of Social
Affairs and Health

Delegate(s)

Mr T. Hurme
Counsellor, Permanent Mission to the
European Union, Brussels

FRANCE

Chief delegate

M. P. De Bruyn
Chef, Bureau des Pratiques addictives,
MC2, Direction générale de la Santé, Point
focal national COP

Delegate(s)

M. A. Deutsch
Département Prévention, Institut national
du Cancer

M. J.-B. Brunet
Conseiller Santé, Représentation
permanente, Bruxelles

Mme S. Branchi
Rédactrice, Sous-Direction Santé et
Développement Humain

GAMBIA

Delegate(s)

Mr Y. Bah
Programme Manager, Health Education Unit,
Focal Point for Tobacco Control, Ministry of
Health and Social Welfare

GEORGIA

Delegate(s)

Mr L. Baramidze
Deputy Director, National Center for Disease
Control and Public Health, Ministry of Labour,
Health and Social
Affairs

GERMANY

Chief delegate

Mrs G. Kirschbaum
Head, Division for Narcotics and Addictive
Substances Abuse, Federal Ministry of Health

Delegate(s)

Mr M. Köhler
Director, Consumer Policy in Society,
Coordination of Research, Federal Ministry of
Food, Agriculture and Consumer Protection

Dr F. Niggemeier
Head, Health Department, Permanent
Representative

Mr M. Hoerner
Adviser, Division Consumer Goods Industry,
Federal Ministry of Economy and Technology

GHANA

Chief delegate

Hon. R.J. Mettle-Nunoo
Deputy Minister, Ministry of Health

Delegate(s)

H.E. E. Nee Wang
Ambassador and Permanent Representative,
Permanent Mission, Geneva

Mrs E.K. Wellington
Focal Point for Tobacco Control, Research
and Development Division, Health Services

Hon. M. Muntaka Mubarak
Member of Parliament, Parliament House

Dr S. Anemana
Chief Director, Health Service

Dr J. Amankwah
Director, Public Health Service

Dr A. Osei
Chief Psychiatrist, Accra Psychiatric
Hospital

Mrs P. Akiwumi Siriboe
Principal State Attorney, Attorney
General's Department, Ministry of Justice

Ms E. Avotri
Head, Tobacco Unit, Tobacco and
Substances of Abuse Department, Food and
Drugs Board

Dr D.N. Banyubala
Medico-legal Unit, Ghana Health Service

Mr J. Kwame Osei
First Secretary, Permanent Mission, Geneva

Mr P. Hodd
Legal Officer, Environment Protection
Agency

GREECE**Chief delegate**

H.E. N. Dictakis
Ambassador, Permanent Mission,
Montevideo

Delegate(s)

Mr P. Behrakis
Associate Professor, Medical School,
University of Athens

Mrs M. Lekka
MD for Public Health, Ministry of Health

and Social Solidarity

GUATEMALA**Delegate(s)**

Sra. B. Dardon
Sub-coordinadora, Comisión Antitabaco,
Ministerio de Salud Pública y Asistencia Social

GUINEA**Delegate(s)**

M. A.B. Barry
Conseiller, chargé de la Législation sanitaire et
Point focal national de la Lutte antitabac,
Ministère de la Santé et de l'Hygiène publique

GUINEA-BISSAU**Delegate(s)**

Dr C. Na Bangna
Focal Point Tobacco Control, Ministry of Public
Health

HONDURAS**Delegate(s)**

Dr. R. Efraín Portillo
Director General, Prevención del Alcoholismo,
Drogadicción y Farmacodependencia

HUNGARY**Chief delegate**

Dr H. Páva
Deputy State Secretary, Health Coordination and
European Union Affairs, Ministry of Natural
Resources

Delegate(s)

Ms N. Kajtár
Health Attaché, Permanent Representation to the
European Union, Brussels

Dr Z. Tomka
Counsellor, Department for International
and European Health Affairs, Ministry of
Natural Resources

Mr T. Demjén
Focal Point for Tobacco Control, National
Institute for Health Development

Ms E. Horváth
Chief Investigator, Ministry of National
Economy, Customs and Finance Guard

INDIA

Chief delegate

Mr K. Desiraju
Additional Secretary, Ministry of Health
and Family Welfare

Delegate(s)

Mr B.K. Prasad
Joint Secretary, Ministry of Health and
Family Welfare

Mr P. Satpathy
Permanent Mission, Geneva

IRAN (ISLAMIC REPUBLIC OF)

Delegate(s)

Mr B. Valizadeh
Technical Expert, Ministry of Health and
Medical Education

IRAQ

Chief delegate

Dr A.J. Sahib
Director, Tobacco Control Unit Focal Point,
Tobacco Control Programme

Delegate(s)

Mr F.S. Shahadha Al-Khazaraji
Director, Legal Department, Administrative,
Financial and Legal Unit

IRELAND

Chief delegate

Ms S. Mcevoy
Tobacco Control Unit, Department of Health and
Children

Deputy chief delegate

Ms D. Keogh
Tobacco Control Unit, Department of Health and
Children

Delegate(s)

Mr N. O'Grady
Customs Attaché, Brussels

Alternate(s)

Mr M. Gallagher
Second Secretary, Permanent Mission, Geneva

H.E. J. McIntyre
Permanent Mission, Buenos Aires

Mr A. Noonan
Second Secretary, Permanent Mission, Buenos
Aires

ISRAEL

Chief delegate

Mr D. Goren
Ambassador, Permanent Mission, Montevideo

Deputy chief delegate

Ms E. Mayshar
Senior Deputy Legal Adviser, Ministry of Health

Delegate(s)

Mr R. Gerstenfeld
Second Secretary, Embassy of Israel, Montevideo

ITALY

Chief delegate

Mr G. Ruocco
Director-General, Ministry of Health

Delegate(s)

Dr D. Galeone
Senior Medical Officer, Department of
Prevention and Communication, Ministry
of Health

Mr P. Lecchini
Health Attaché, Permanent Mission,
Brussels

Dr C. Vincentini
Technical Officer, Rural Development,
Ministry of Agricultural, Food and Forestry
Policies

JAMAICA**Chief delegate**

Dr E. Lewis-Fuller
Director, Health Promotion and Protection,
Ministry of Health

Delegate(s)

Ms N. Miller
Director, Legal Services, Ministry of Health

JAPAN**Chief delegate**

Mr Daisuke Hoshino
Deputy Director, Specialized Agencies
Division, International Cooperation Bureau,
Ministry of Foreign Affairs

Delegate(s)

Dr Ryo Takagi
Deputy Director, Office for Lifestyle
Related Disease Control, General Affairs
Division, Health Service Bureau, Ministry
of Health

Mr Akira Takahashi
Deputy Director, Tobacco and Salt
Industries Office, Financial Bureau,
Ministry of Finance

Dr Yumiko Mochizuki-Kobayashi
Chief, Division of Tobacco Policy and
Education, National Cancer Research
Institute

JORDAN**Delegate(s)**

Mr R. Abu Dames
Director, Legal Affairs, Ministry of Health

Dr M.A.F. Al Habashneh
Director of Health Awareness

KAZAKHSTAN**Chief delegate**

Dr K. Ospanov
Chair, Committee of the State Sanitary,
Epidemiologic Surveillance

Delegate(s)

Dr G. Nurutdinova
Chief Expert, Department of Medical Care
Management, Ministry of Health

KENYA**Chief delegate**

Dr W.K. Maina
Deputy Director, Medical Services and Head,
Division of Noncommunicable Diseases, Ministry
of Public Health
and Sanitation

Delegate(s)

Mr C.M. Ngeywo
Assistant Commissioner, Domestic Taxes
Department, Kenya Revenue Authority

Mr S.O. Ogello
Senior Assistant Commissioner, Investigation and
Enforcement Department, Kenya Revenue
Authority

Mr P. Kimeto
Assistant Manager, Food and Agricultural
Standards Development, Kenya Bureau of
Standards

Ms D.J. Kiptui
Desk Officer, Tobacco Control, Ministry of
Public Health and Sanitation

KUWAIT**Chief delegate**

Dr S.I. Alnaser
Chief, Public Health Services Unit, Hawalli
District Health

Delegate(s)

Dr A.M.H. Al Tarkit
Chief, Public Health Services Unit, Capital
District Health

KYRGYZSTAN**Delegate(s)**

Mr A.S. Sydykanov
Head, Public Health Unit, Ministry of
Health

**LAO PEOPLE'S DEMOCRATIC
REPUBLIC****Delegate(s)**

Mr T. Luangraj
Deputy Director, Legislation Division,
Customs Department, Ministry of Finance

LESOTHO**Chief delegate**

Mrs N. Mosala
Focal Point, Tobacco Control, Ministry of
Health and Social Welfare

Delegate(s)

Ms M. Moqhali
Legal Officer, Ministry of Health and
Social Welfare

LIBERIA**Delegate(s)**

Mr J.T. Wilson
Attorney, Legal Counsel, Ministry of
Health and Social Welfare

LUXEMBOURG**Delegate(s)**

Mme A. Calteux
Attachée Santé, Representation permanente
auprès de l'Union Européenne, Bruxelles

MADAGASCAR**Delegate(s)**

Dr J. Andrianomenjanaharinirina
Directeur, Office national de Lutte antitabac,
Point focal antitabac

MALAYSIA**Delegate(s)**

Dr Z. Ariffin Omar
Deputy Director, Disease Control Division,
Ministry of Health

MALDIVES**Delegate(s)**

Mr H. Mohamed
Deputy Director, Ministry of Health and Family

MALI**Chief delegate**

Mr O. Ag Mouhamedoun
Conseiller juridique, Ministère de la Santé

Delegate(s)

Dr N. Diarra
Point focal Tabac, Direction nationale de la Santé

MALTA**Delegate(s)**

Mr J. Attard Kingswell
Director, Department of Environment Health,
Ministry of Health the Elderly and Community
Care

MARSHALL ISLANDS**Chief delegate**

Mr J. Jorbon
Assistant Attorney General, Ministry of
Health Services

Delegate(s)

Dr Pei-Kan Yang
Adviser, Ministry of Health Services

Dr Chuan-Feng Wu
Adviser, Ministry of Health Services

MAURITANIA**Delegate(s)**

M. A. Bezeid Deida
Conseiller juridique, Ministère de la Santé

MEXICO**Chief delegate**

Sr. J. Regalado Pineda
Jefe, Oficina Nacional para el control del
Tabaco, Secretaría de Salud

Deputy chief delegate

Sr. E. Urbina Bado
Coordinador General Jurídico y Consultivo,
Comisión Federal para la Protección contra
Riesgos Sanitarios

Delegate(s)

Sra. S. Jiménez Andrade
Secretaria Técnica, Comisión Federal para
la Protección contra Riesgos Sanitarios,
Secretaría de Salud

Sra. M. Madrazo Reynoso
Directora Adjunta, Oficina Nacional para el
Control del Tabaco, Secretaría de Salud

Sr. J.G. Aviña Tavares
Director, Frutales Hortalizas y
Ornamentales, Secretaría de Agricultura,
Ganadería, Desarrollo Rural, Pesca y
Alimentación

Sr. J.F. Anaya González
Asesor, Representación Permanente ante la
Asociación Lationamericana de Integración

MICRONESIA (FEDERATED STATES OF)**Chief delegate**

Mrs S.L. Alik
National Tobacco Coordinator, Department of
Health and Social Affairs

Delegate(s)

Ms B.H. Eperiam
Tobacco Programme Surveillance Officer,
Department of Health and Social Affairs

MONGOLIA**Delegate(s)**

Dr G. Tsetsegdary
Senior Officer, Policy Coordination for
Prevention of Noncommunicable Diseases,
Ministry of Health

MONTENEGRO**Chief delegate**

Ms B. Božovic
Director, Tobacco Agency

Delegate(s)

Ms J. Gogic
Adviser, Tobacco Agency

NAMIBIA**Chief delegate**

Mr B.B. Maloboka
Chief, Health Programmes, Information,
Education and Social Services

Deputy chief delegate

Mr S.S. Mungambwa
Senior Health Programmes Administrator,
Information Education and Communication,
Ministry of Health and Social Services

Delegate(s)

Ms V.Z. du Preez
Chief Social Worker, Social Welfare
Services, Ministry of Health and Social
Services

Mr T. Kapofi
Health Inspector, Khomas Health
Directorate, Ministry of Health and Social
Services

Mr T.G. Shipanga
Chief Inspector, Ministry of Safety and
Security

Mr S. Nankela
Customs Officer, Ministry of Finance

NAURU**Delegate(s)**

Mrs C. Garabwan
Public Health Promotion Educator

NEPAL**Delegate(s)**

Mr B.S. Giri
Undersecretary (Law), Ministry of Health
and Population

NETHERLANDS**Chief delegate**

Mr R. Driecé
Permanent Mission, Geneva

Delegate(s)

Ms C. Van Lingen
Permanent Representation to the European
Union, Brussels

Ms M. Van Der Avert
Policy Adviser, Tobacco Control

Mr L. De Blicck
Finance Attaché, Permanent Representation
to the European Union, Brussels

Mr J. Draijer
Counsellor for Health, Welfare, Sport and Youth
& Family, Permanent Representation to the
European Union, Brussels

NEW ZEALAND**Chief delegate**

Ms K. Evison
National Programme Manager Tobacco Control,
Ministry of Health

Delegate(s)

Mr M. Allen
Partner, Allen and Clarke

NICARAGUA**Chief delegate**

Dr J. Bermudez Carvajal
Director General de Comercio, Ministerio de
Fomento, Industria y Comercio

Delegate(s)

Dr J.H. Thompson Argüello
Secretario de la Comision Interinstitucional
Facilitadora del Comercio, Asesor, Ministerio de
Fomento, Industria y Comercio

NIGER**Delegate(s)**

Dr S. Moussa
Directeur, Hygiène publique et Education pour la
Santé, Point focal de la Lutte antitabac, Ministère
de la Santé publique

NIGERIA**Chief delegate**

Mr L. Awute
Permanent Secretary, Health, Federal Ministry of
Health

Delegate(s)

Dr M.E. Anibueze
Director, Public Health, Federal Ministry of Health

Mrs C. Yahaya
Diplomatic Minister, Federal Ministry of Health

Mrs C. Ibekwe
Legal Adviser, Federal Ministry of Health

Mr L.O. Njoku
Deputy Director, Laboratory Services, Standards Organization

Mr J.M. Sude
Deputy Director, Federal Ministry of Finance

Mr J.O. Nwokocha
Assistant Chief, Desk Officer, Tobacco Control, Ministry of Health

Mr A. Alkaleri
Principal Administrative Officer, Ministry of Health

Mr R.A. Fashina
Head, Public Relation, Coordinator, Campaign against Illicit Trade

Mrs E. Ofili
Chief Standards Officer, Tobacco, Standards Organization

Mrs N.E. Nzeribe
Deputy Comptroller, Customs, Nigeria Custom Service

Mr M.H. Nagenu
Deputy Comptroller, Customs, Nigeria Custom Service

Mr B.A. Usman
Minister Counsellor, Permanent Mission, Geneva

NIUE**Delegate(s)**

Mr M. Nosa
Chief Public Health Officer, Health Department, Ministry of Health

NORWAY**Chief delegate**

Dr K-O. Wathne
Special Adviser, Ministry of Health and Care Services

Delegate(s)

Ms H. Wilson
Senior Adviser, Ministry of Health and Care Services

Ms S. Næsheim
Senior Adviser, Directorate for Health

Mr T.E. Lindgren
Counsellor, Permanent Mission, Geneva

PAKISTAN**Delegate(s)**

Mr Y. Khan
Director-General, Implementation, Tobacco Control Initiative, Ministry of Health

PALAU**Chief delegate**

Dr S.J. Kuardei
Minister of Health

Delegate(s)

Dr C. Otto
Co-Chair, President's Council on Substance Abuse Prevention, Ministry of Health

PANAMA**Chief delegate**

Hon. R. Roa
Punto Focal para el Control del Tabaco, Directora de Provisión de Servicios de Salud, Ministerio de Salud

Delegate(s)

Hon. J. Blandón Figueroa
Diputado, Asamblea Nacional

PARAGUAY**Chief delegate**

Lic. J.L. Gaona
Director General, Grandes Contribuyentes,
Subsecretaría de Estado de Tributación del
Ministerio de Hacienda

Delegate(s)

Dr V. San Martín
Director, Programa Nacional de Control del
Tabaquismo, Ministerio de Salud Pública y
Bienestar Social

PERU**Chief delegate**

Dra. U.D. León Chempén
Secretaría General, Ministerio de Salud

Delegate(s)

Dr. H.A. García Díaz
Director-General, Promoción de la Salud,
Ministerio de Salud

Dr. R. Torres Lao
Integrante del equipo técnico, Oficina
General de Promoción de la Salud,
Ministerio de Salud

Mr C.A. Chocano Burga
Ministro Consejero, Representante
Permanente Alterno, Misión Permanente,
Ginebra

Dr. C. Vila Córdova
Coordinator, Relaciones Internacionales,
Oficina General de Cooperación
Internacional, Ministerio de Salud

PHILIPPINES**Chief delegate**

Hon. Z. Cuison-Maglaya
Undersecretary, Department of Trade and
Industry

Delegate(s)

Dr A.M. Anden

Director IV, National Center for Health
Promotion, Department of Health

Hon. Chito Luis M. Catibayan
Director, International Trade Group, Bureau of
Import Services, Department of Trade and
Industry

Atty. Katherine G. Singson
Attorney II, International Trade Group, Bureau of
Import Services, Bureau of Trade and Industry

Mr Edgardo D. Zaragoza
Administrator, Department of Agriculture

Mr Vero B. Librojo
Legal Chief, Department of Agriculture

Adviser(s)

Atty. M.M.V.F. Leonen
Dean, College of Law, University of the
Philippines

Atty. D. Sy
Legal Consultant, College of Law, University of
the Philippines

POLAND**Chief delegate**

Mr W. Klosinski
Deputy Director, Public Health Department,
Ministry of Health

Deputy chief delegate

Mrs E. Bialas-Glejbatow
Deputy Director, Department of Excise and
Ecology Taxation, Ministry of Finance

Delegate(s)

Mrs L. Michalik
Health Attaché, Permanent Mission, Brussels

QATAR**Chief delegate**

Dr H.A. Qotba
Medical Adviser to the Assistant
Secretary-General for Medical Affairs

Delegate(s)

Mr K.A. Almuftah
Deputy Director, Revenues and Tax
Department, Ministry of Economy and
Finance

REPUBLIC OF KOREA**Chief delegate**

Dr Kim Yong-Ho
Director-General, Traditional Korean
Medicine, Ministry of Health and Welfare

Delegate(s)

Dr Lee Seon-Kui
Division of Oral Health and Healthy Life,
Ministry of Health and Welfare

REPUBLIC OF MOLDOVA**Delegate(s)**

Dr I. Salaru
First Deputy Director-General, National
Centre for Public Health and Deputy Chief
Medical Officer

ROMANIA**Delegate(s)**

Mr G. Petre
Ambassador, Permanent Mission,
Montevideo

RUSSIAN FEDERATION**Chief delegate**

Ms I.V. Nikitina
Assistant to the Minister of Health and
Social Development

Alternate(s)

Mr O.P. Cestnov
Deputy Director, Department of
International Cooperation, Ministry of
Health and Social Development

Adviser(s)

Mr N.N.Sikachev
Senior Counsellor, International Organizations
Department, Ministry of Foreign Affairs

Mr N.A. Kostenko
Chief of Section, Department of Health Protection
and Human Health and Epidemiological
Well-being, Ministry of
Health and Social Development

Mr O.O. Salagaj
Chief of Section, Legal Department, Ministry of
Health and Social Development

Mr O.V. Galagan
Deputy Chief of Section, Department of Budget
Policy in the Social Sector and Science, Ministry
of Finance

Ms S.B. Solov'eva
Deputy Chief of Section, Legal Department,
Ministry of Health and Social Development

Ms N.A. Kulešova
Consultant, Department of International
Cooperation, Ministry of Health and Social
Development

RWANDA**Delegate(s)**

Dr B. Nzeyimana
Expert in Policy Formulation, Public Health
Facilities and Focal Point, Tobacco Control,
Ministry of Health

SAINT LUCIA**Chief delegate**

Dr D. Bristol

Delegate(s)

Dr P. Antoine

Ms S. Clarke

Ms N-A. Desilva

SAMOA**Chief delegate**

Ms F. Brebner
Registrar, Ministry of Health

Delegate(s)

Mr Duel Meredith
Tobacco Control Officer, Ministry of Health

SAO TOME AND PRINCIPE**Delegate(s)**

Dr M.M. Posser
Point focal national pour la Santé mentale et la Lutte antitabac, Ministère de la Santé

SAUDI ARABIA**Chief delegate**

Mr I. Bin Soleiman Almosayteer
Director-General, Legal Department, Ministry of Health

Delegate(s)

Dr M. Almunif
General Supervisor, Tobacco Control Program, Ministry of Health

Dr A. Bin Dari'a Al Anazi
Deputy Director-General, Laboratories and Quality Control, Ministry of Commerce and Industry

Mr K.J. Al Jehani
Legal Adviser, Customs Administration, Ministry of Finance

Mr A. Bin Aly Almotawa
Legal Researcher, Ministry of Foreign Affairs

SENEGAL**Chief delegate**

M. M. Cisse
Inspecteur, Affaires administratives et financières, Ministère de la Santé et de la Prévention

Delegate(s)

M. O. Ndao
Point focal pour la Lutte antitabac, Ministère de la Santé et de la Prévention

M. A. Diouf
Chef, Section fiscale indirecte, Direction générale des Impôts et Domaines, Ministère de l'Economie et des Finances

SERBIA**Chief delegate**

Dr N. Lazarevic
Adviser, Ministry of Health

Delegate(s)

Dr S. Krstev
Center of Development of Occupational Health, Institute of Occupational Health "Dr Dragomir Karajovic"

Ms S. Jelaca
Director, Tobacco Administration, Ministry of Finance

Ms V. Despotovic
Senior Adviser, Coordination and Promotion of International and Regional Cooperation in Supervision of Markets, Ministry of Trade and Services

SEYCHELLES**Chief delegate**

Ms V. Bharathi
Programme Coordinator, Tobacco Control, Ministry of Health

SIERRA LEONE**Delegate(s)**

Mr S. Hemore
Programme Manager and Tobacco Focal Point, Health Education Unit, Ministry of Health and Sanitation

SINGAPORE**Chief delegate**

Mr Lam Pin Woon
Chief Executive Officer, Health Promotion Board

Delegate(s)

Dr A. Ling
Director, Adult Health Division, Health Promotion Board

Ms J. Chandler
Acting Deputy Director, Substance Abuse Programmes, Adult Health Division, Health Promotion Board

Ms Cheah Nuan Ping
Director, Pharmaceutical Division

SLOVENIA**Delegate(s)**

Ms G. Korže
Attaché, Public Health and Pharmaceuticals, Permanent Representation to the European Union, Brussels

SOLOMON ISLANDS**Chief delegate**

Dr C. Alependava
Undersecretary, Health Improvement, Ministry of Health and Medical Services

SOUTH AFRICA**Chief delegate**

Ms M.K. Matsau
Deputy Director-General, International Relations, Health Trade and Health Product Regulation

Delegate(s)

Mr F. Phelelani Khumalo
Director, Legal Services

Mr C. Lebepe
Revenue Services

Ms D. Moodley
Director, Health Promotion

SPAIN**Chief delegate**

Dra. A. Díaz-Rato Revuelta
Embajadora, Misión permanente, Montevideo

Delegate(s)

Dr. J.L. Fernández Ranz
Consejero de Finanzas, Representación permanente ante la Unión Europea, Bruselas

Dr. E. Terol García
Consejero, Sanidad y Consumo, Representación Permanente ante la Unión Europea

Dr. J. Parrondo Babarro
Secretario de Embajada, Misión Permanente, Ginebra

Dra. T. Cepeda Hurtado
Jefa de Servicio, Subdirección general de Promoción de la Salud y Epidemiología, Dirección General de Salud Pública y Sanidad Exterior, Ministerio de Sanidad y Política Social

Dr. P. Rodríguez López
Coordinador, Área de Control y Regulación del Mercado, Comisionado para el Mercado de tabacos, Ministerio de Economía y Hacienda

SRI LANKA**Delegate(s)**

Dr S.T.G.R. de Silva
Deputy Director, General Health Services, Ministry of Health

SUDAN**Chief delegate**

Dr A.T Guma'a
Federal Minister of Health

Delegate(s)

Mr R.Y. Ibrahim
Tobacco Focal Point, Federal Ministry of Health

Dr Bassam Abou Alzahab
Head, Occupational Health Division, Ministry of Health

SWAZILAND**Delegate(s)**

Mr V. Dlamini
Legal Adviser, Ministry of Health

THAILAND**Chief delegate**

Dr Siriwat Tiptaradol
Deputy Permanent Secretariat, Ministry of Public Health

Delegate(s)**SWEDEN****Chief delegate**

Mr R. Löfstedt
Senior Adviser, Ministry of Health and Social Affairs

Dr Hatai Chitanondh
President, Health Promotion Institute

Dr Supachai Rerks-Ngarm
Senior Expert, Preventive Medicine, Department of Disease Control, Ministry of Public Health

Deputy chief delegate

Mr T. Allvin
Counsellor, Permanent Mission to the European Union, Brussels

Professor. Dr. Prakrit Vathesatogkit
Consultant, Bureau of Tobacco Control, Ministry of Public Health

Associate Professor Dr. Nuntavarn
Vichit-Vadakan
Dean, Faculty of Public Health, Thammasat University

Delegate(s)

Ms L. Andersson
Head of Section, Ministry of Health and Social Affairs

Dr Churit Tengtrisorn
Director, Bureau of Tobacco Control, Department of Disease Control, Ministry of Public Health

Ms H. Bergdahl
Head of Section, Ministry of Foreign Affairs

Miss Wilai Tantinantana
Director, Tax Planning Bureau

Ms M. Haglund
Expert, National Institute of Public Health

Mr Nutthakorn Utensute
Senior Tax Specialist, Excise Department, Ministry of Finance

Ms C. Jahn
Senior Adviser, Ministry of Health and Social Affairs

Dr Siriwan Pitayarangsarit
Director, Tobacco Control Research and Knowledge Management Center

Ms G. Kalm
Counsellor, Permanent Mission to the European Union, Brussels

THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA**Chief delegate**

Ms Å. Lundquist
Expert, National Institute of Public Health

Mr L. Dimovski
Minister of Agriculture, Forestry and Water Supply

SYRIAN ARAB REPUBLIC**Delegate(s)**

Delegate(s)

Mrs V. Stojanovikj
Head of Cabinet, Ministry of Agriculture,
Forestry and Water Supply

Mr P. Jorgakjieski
Third Secretary, Permanent Mission,
Madrid

TIMOR-LESTE**Delegate(s)**

Mr A. Bonito
Lecturer, Institute of Health Sciences

TOGO**Delegate(s)**

Dr N. Komlan
Coordonnateur, Programme national de
Lutte contre le Tabagisme, Ministère de la
Santé

TONGA**Delegate(s)**

Dr M. 'Ake
Chief Medical Officer, Public Health
Division, Ministry of Health

TRINIDAD AND TOBAGO**Delegate(s)**

Dr A. Yearwood
Director, Health Policy, Research and
Planning, Ministry of Health

TUNISIA**Delegate(s)**

Mme M. Nabli
Chef, Service des Maladies non
transmissibles, Direction de la Santé de
base, Ministère de la Santé publique

TURKEY**Chief delegate**

Dr H. Irmak
Deputy Director-General, Directorate General for
Primary Health Care, Ministry of Health

Delegate(s)

Mr M. Çankaya
Chairman, Presidency for Revenue
Administration, Ministry of Finance

Dr M. Küçük
Chairman, Tobacco, Tobacco Products and
Alcoholic Beverages Market Regulatory
Authority

Mr C. Semegir
Head Customs Controller, Directorate General for
European Union and Foreign Relations,
Undersecretariat for Customs

Mr G.H. Görün
Adviser to the President, Tobacco, Tobacco
Products and Alcoholic Beverages Market
Regulatory Authority

Dr S. Polat
Chief of Section, Department for Fight Against
Tobacco and Tobacco Products, Ministry of
Health

Mr B. Kutlu
Chief of Section, Directorate General for Export,
Undersecretariat for Foreign Trade

Ms E. Ekeman
First Secretary, Permanent Mission, Geneva

Mr M. Ögürtay
Expert, Directorate General for Revenue Policy,
Ministry of Finance

Mr A.F. Çelenk
Expert, Directorate General for the Protection of
Consumers and Competition, Ministry for
Industry and Trade

Ms Z. Aydogan
Assistant Expert, Directorate General for the
Protection of Consumers and Competition,
Ministry for Industry and
Trade

Ms S. Karabay
Assistant Expert, Directorate General for
the Protection of Consumers and
Competition, Ministry for Industry and
Trade

Mr I. Uslu
Assistant Expert, Radio and Television
Supreme Council

TUVALU

Delegate(s)

Ms A.M. Paelate
Health Education and Promotion Officer,
Ministry of Health

UGANDA

Delegate(s)

Dr S. Ndyanabangi
Principal Medical Officer, Mental Health,
Focal Point for Tobacco Control, Ministry
of Health

UKRAINE

Delegate(s)

Mr K.S. Krasovskij
Chief, Tobacco Control Desk, Institute of
Strategic Research, Ministry of Health

UNITED ARAB EMIRATES

Delegate(s)

Dr E. Al Mansori
Deputy Director, Foreign Relations and
International Health Department, Ministry
of Health

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Chief delegate

Mr A. Black
Tobacco Programme Manager, Department
of Health

Delegate(s)

Mr J. Rowan
First Secretary, Health and Pharmaceuticals,
Permanent Representation to the European Union,
Brussels

Miss J. Stephens
Head, Tobacco Policy Division, Her Majesty's
Revenue and Customs

Miss K. Bragg
Second Secretary, Customs and Indirect Taxation,
Permanent Representation to the European Union,
Brussels

Dr M. Raw
Scientific Adviser, Tobacco Dependence and
Treatment, Department of Health

UNITED REPUBLIC OF TANZANIA

Chief delegate

H.E. Professor D. H. Mwakyusa
Minister of Health and Social Welfare

Delegate(s)

Dr D.W. Mmbando
Director, Preventive Health Services, Ministry of
Health and Social Welfare

Dr N. Sabuni
Principal Medical Officer, Medical Service,
Ministry of Health and Social Welfare

Ms M. Isaga
Senior Legal Officer, Ministry of Health and
Social Welfare

Mr S. Simon
Principal Revenue Officer, Tanzania Revenue
Authority

Dr G. S. Kiangi
Assistant Director, Health Promotion and
Education, Ministry of Health and Social Welfare

Mr T. Mkapa
Private Secretary to the Minister of Health and
Social Welfare

Mr P. Masomhe
Assistant Director, Multilateral Programmes,
Ministry of Industry, Trade and Marketing

Mr S.M. Mbagu
Principal Agricultural Officer, Ministry of
Agriculture, Food Security and
Cooperatives

Mr S.L. Kalamata
Tobacco Technical Adviser, Ministry of
Agriculture, Food Security and
Cooperatives

Mr J.P. Amon Masongo
Tobacco Technical Adviser, Ministry of
Agriculture, Food Security and
Cooperatives

Mr R.A. Sinamtwa
Tobacco Technical Adviser, Ministry of
Agriculture, Food Security and
Cooperatives

URUGUAY

Chief delegate

Ec. D. Olesker
Ministro, Ministerio de Salud Pública

Delegate(s)

Dr. J. Venegas
Sub Secretario, Ministerio de Salud Pública

Dr. G. Ríos
Director General de la Salud, Ministerio de
Salud Pública

Ing. Química R. Ramilo
Sub Directora General de la Salud,
Ministerio de Salud Pública

Esc. J. Martínez
Director General de Secretaría, Ministerio
de Salud Pública

Dr. L. Gallo
Presidente Junasa, Ministerio de Salud
Pública

Sra. E. Clavell
Representante en Junasa, Ministerio de
Salud Pública

Dr. L. Briozzo
Director, Departamento de Planificación
Estratégica, Ministerio de Salud Pública

Dr. A. Díaz
Adjunto, Dirección del Departamento de

Planificación Estratégica, Ministerio de Salud
Pública

Dr. D. Pazos
Coordinador, Unidad de Descentralización,
Ministerio de Salud Pública

Sr. Á. Baz
Director, División Servicios de Salud, Ministerio
de Salud Pública

Lic. M. Drago
Adjunta al Ministro, Ministerio de Salud Pública

Sr. W. Abascal
Director, Programa Control de Tabaco, Ministerio
de Salud Pública

Sra. A. Lorenzo
Sub Directora, Programa Control de Tabaco,
Ministerio de Salud Pública

Dra. S. Etcharte
Jurídica, Ministerio de Salud Pública

Emb. L. Trucillo
Ministra Consejera, Ministerio de Relaciones
Exteriores

Sr. M. Rodríguez
Ministerio de Salud Pública

Dr. M. Asqueta
Vicepresidente, Centro de Investigación para la
Epidemia de Tabaquismo

Mr R. Becerra

Mr G. Perez

Mr A. Coitino

Dr. D. Canepa

Sr. R. Varela
Embajador, Sub-Director General para Asuntos
Políticos

Sr. J.C. Ojeda
Director, Asuntos Multilaterales

Alternate(s)

Sr. C. Quiroga
Tercer Secretario

VANUATU**Delegate(s)**

Mr J.J. Rory
Health Promotion Manager and Focal Point
Tobacco Control

**VENEZUELA (BOLIVARIAN
REPUBLIC OF)****Chief delegate**

Sr. R.J. Sanchez Juárez
Presidente, Fundaribas

Delegate(s)

Sra. R. Melkon
Coordinadora de Regulación y Control de
Productos derivados del Tabaco, Ministerio
del Poder Popular para la
Salud

Sra. M. Herrera
Coordinadora, Programa Nacional
Antitabáquico, Ministerio del Poder
Popular para la Salud

Sr. J. Colmenares
Encargado del Seguimiento del Tema de
Tabaco, Ministerio del Poder Popular para
la Salud

Sra. B. Mosquera
Gerencia Sectorial de Registro y Control
del Instituto Nacional de Higiene "Rafael
Rangel", Ministerio del Poder Popular para
la Salud

Sr. J. García
Generencia General de Control Aduanero y
Tributario, Servicio Nacional Integrado de
Administración Aduanera Tributaria

Sra. C.I. Arias Yáñez
Intendencia Nacional de Tributos Internos,
Servicio Nacional Integrado de
Administración, Aduanera y Tributaria

Sr. R.A. Gelvez Bustamente
Intendencia Nacional de Tributos Internos,
Servicio Nacional Integrado de
Administración, Aduanera y Tributaria

Sra. F. Milano

Fundación "Simon Rodríguez", Ministerio del
Poder Popular para la Educación

Sr. V.R. Armas
Coordinador, Comité de Prevención Integral
contra el Consumo de Drogas, Ministerio del
Poder Popular para la
Educación

Sra. O. Tocoa Salas
Segundo Secretario ,Responsable Escritorio
Tabaco, Oficina de Asuntos Multilaterales y de
Integración, Ministerio del Poder Popular para la
Educación

VIET NAM**Chief delegate**

Mrs Phan Thi Hai
Vice-Head, Division of Private Medical Practice,
Administration of Medical Services, cum Deputy
Director, Steering Committee on Smoking and
Health

Delegate(s)

Mrs Doan Phuong Thao
Officer in charge of collaboration with WHO,
Department of International Cooperation

Mr Vo Van Quyen
Deputy Director, Department of Market Control,
Ministry of Industry and Trade

Mr Ha Quang Hoa
Deputy Director, Department of Light Industry,
Ministry of Industry and Trade

Mr Duong The Hung
Trade Counsellor in Argentina, Uruguay and
Paraguay

YEMEN**Delegate(s)**

Dr M.M.A. Al-Khawlani
Director, National Tobacco Control Programme,
Ministry of Public Health and Population

ZAMBIA**Chief delegate**

Hon. A. Mbewe
Deputy Minister, Ministry of Agriculture
and Cooperatives

Deputy chief delegate

Dr P. Mwaba
Permanent Secretary, Ministry of Health

Delegate(s)

Dr V. Mukonda
Director, Public Health and Research,
Ministry of Health

Mr J. Mayeya
Mental Health Specialist and National
Tobacco Control Focal Point, Ministry of
Health

Mr S. Siakalenge
Director, Industries, Ministry of Commerce
Trade and Industry

Mrs M. Akakandelwa Sitwala
Director, Cooperatives, Ministry of
Agriculture and Cooperatives

Mr A. Muvwende
FCTC Desk Officer, Tobacco Board of
Zambia, Ministry of Agriculture and
Cooperatives

Mr K. Mbazima
Technical Adviser, Tobacco Board of
Zambia, Ministry of Agriculture and
Cooperatives

Ms C. Kasoma
Assistant Secretary, Office of the President,
Lusaka Province

Mr C. Meebelo Sitwala
First Secretary, Legal, Permanent Mission,
Geneva

OBSERVERS**REPRESENTATIVES OF STATES**
NON-PARTIES**ARGENTINA****Delegate(s)**

Dr. M. Virgolini
Coordinador, Programa Nacional Lucha del
Control del Tabaco, Ministerio de Salud

CZECH REPUBLIC**Delegate(s)**

Ms L. Kostelecka
Officer, Ministry of Health

HAITI**Delegate(s)**

Dr G. Lerebours
Conseiller technique, UCP, Ministère de la Santé
publique et de la Population

MALAWI**Chief delegate**

Dr A.T. Daudi
Secretary, Agriculture and Food Security

Delegate(s)

Dr B.C. Munthali
Chief Executive Officer, Tobacco Control
Commission

Mr K.A. Nkankha
Assistant Director, Foreign Trade

Dr G. Chithope Mwale
Director, Clinical Services, Ministry of Health

Mr G. Nyandule-Phiri
Controller, Agricultural Investment Programmes

Mr G.L. Kapalamula
Board Chairperson, Agriculture Research
Extension Trust

Mr R.J.W. Gomonda
Principal Breeder, Agriculture Research
Extension Trust

SWITZERLAND

Chief delegate

Mr H-R Bortis
Ambassadeur extraordinaire et
plénipotentiaire, Mission Permanente,
Montevideo

Delegate(s)

Mme M. Rüegg
Collaboratrice scientifique, Section Alcool
et Tabac, Office fédéral de la Santé
publique

Mme A. Escher
Stagiaire, Mission permanente

UNITED STATES OF AMERICA

Chief delegate

Mr J. Bowerman
Director, Trade Analysis and Enforcement
Division, Alcohol and Tobacco Tax and
Trade Bureau, Department of Treasury

Delegate(s)

Mr J.R. Lom
Deputy Chief Counsel, Alcohol and
Tobacco Tax and Trade Bureau,
Department of Treasury

Ms R. Henson
Senior Adviser, Office of the Assistant
Secretary for Health, Department of Health
and Human Services

ZIMBABWE

Chief delegate

Dr G. Gwinji
Permanent Secretary, Ministry of Health
and Child Welfare

Delegate(s)

Mrs D. Sithole
Deputy Director, Mental Health Services,
Ministry of Health and Child Welfare

Mr A. Mushaninga
Executive Secretary

Dr A. Matibiri
Executive Officer, Tobacco Industry Marketing
Board

Mr N. M Chakanetsa
Director, Industry and Commerce

Mr J. Gondo
Director, Ministry of Agriculture

Ms S. Chirunda
Legal Adviser, Ministry of Justice, Legal and
Parliamentary Affairs

Mr G. Magwenzi
Director, Regional and International Affairs,
Foreign Affairs

Mr P.M. Mabugu
Deputy Director, Cabinet Office

Mr D. Buhera
Principal Administrative Officer

REPRESENTATIVES OF SPECIALIZED AGENCIES

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

Mr V. Plata
Assistant FAO Representative (Programme),
Uruguay

INTERNATIONAL LABOUR ORGANIZATION

Ms E. Tinoco Acevedo
Director, Sectoral Activities Department

Mr E. Zeballos
Sectoral Activities Department

**REPRESENTATIVES OF OTHER
INTERNATIONAL
ORGANIZATIONS**

LEAGUE OF ARAB STATES

Dr M. Hamouda

**SECRETARIAT OF THE PACIFIC
COMMUNITY**

Ms J. Mc Kenzie
Adviser, Non Communicable Disease,
Tobacco and Alcohol

WORLD TRADE ORGANIZATION

Mr P. Rata
Counsellor, Trade and Environment
Division

**REPRESENTATIVES OF
NONGOVERNMENTAL
ORGANIZATIONS**

Corporate Accountability International

Mr A. Akinremi
Ms M. Alderete
Ms L. Allemandi
Mr J. Arcila
Ms C. Callard
Ms F. Ceesay
Ms S. Cifuentes
Mr N. Collishaw
Mr Y.F. Dorado Mazzora
Mr U. Dorotheo
Mr T.J. Faircloth
Mr N. Guroff
Ms P. Gutkowski
Mr B. Hirsch
Ms L. Itchart
Mr P. Jakpor
Mr T. John
Ms J. Kellett
Mr I. Masud
Ms B. Mbongwe
Mr S. Ochieng
Mr A. Oluwafemi
Mr T. Orogun
Ms M.E. Pizarro

Ms V. Quelal
Mr B. Ramakant
Ms B. Rios
Ms B. Ritthiphakdee
Mr E. Ruiz
Mr Y. Saloojee
Ms V. Schoj
Ms O. Shaba
Mr J. Stewart
Mr N.T. Armstrong
Ms E. Wanyonyi

**Framework Convention Alliance on Tobacco
Control**

Dr S. Abdulrahman
Ms G. Achnas
Dr M. Aghi
Mr S. Ahmed
Dr E. Alderete
Dr H. Algouhmani
Mr I. Ali
Ms J. Alonso
Ms M. Andreis
Ms S. Andreoli
Ms D. Arnott
Ms T. Arrieta Araya
Dr M. Asqueta
Dr M. Assunta
Dr G. Bakhturidze
Mr M. Baruffaldi
Dr E. Bianco
Mr D. Blanke
Professor M. Boado
Mr A. Bonato
Mr C. Bostic
Dr X. Camps
Mr O. Cabrera
Ms M.A. Cardenas
Ms M. Carter
Mr V. Chavez Rodas
Ms G.N. Celauro Falcon
Ms A. Cox
Mr M. Crocco
Professor R. Daynard
Mr M. Derosenroll
Mr P. Diethelm
Mr M. Diouf
Dr G. Dubois
Dr H. El Rouby
Ms M. El-Zawawi
Dr E. Esteves
Mr D. Estol
Dr C. Farias
Mr A. Faton

Ms M. Frascheri
 Ms E. Furgurson
 Dr F. Lencucha
 Mr D.C. Ligan
 Mr M. Logan
 Mr H. Gilljam
 Dr N. Gligo
 Dr B. Goja
 Mr J.F. Gonzalez
 Dr M.I. Guerrero
 Dr O. Gunasekera
 Ms K. Gutierrez
 Dr D. Hammond
 Ms E. Henderson
 Dr G. Heydari
 Ms M. Heyward
 Ms C. Homsí
 Ms L. Ibarra
 Mr V. Kimosop
 Mr M. Ililonga
 Ms P. Lambert
 Ms V. Lazaro
 Ms M. Llovet
 Ms Zhong Lu
 Ms V. Le Clézio
 Ms A. Lyman
 Ms L. Llambi
 Dr M. Fouad
 Mr E. Legresley
 Professor H.M. Mamudu
 Ms S. Mbouangouore
 Mr B. Mcgrady
 Dr K. Miyazaki
 Dr C. Moodie
 Dr N. Movsisyan
 Ms M. Muggli
 Mr S.L. Mulmi
 Dr A. Munzer
 Dr P. Musavuli
 Mr M. Myers
 Mr C. Navarro
 Mr A. Nzanzu Magazani
 Mr E.A. Ochoa
 Ms D. Oliva
 Dr C. Parodi
 Mr G. Pelochi
 Mr D. Piñeiro
 Ms T. Ott
 Ms M. Pötschke-Langer
 Mr C. Radu-Loghin
 Mr T. Rahman
 Mr A. Ramos
 Ms Y. Richardson
 Ms L. Roballo
 Dr A. Rodríguez
 Professor M. Sakuta

Ms L. Salgado
 Dr N. Schneider
 Mr A. Schwid
 Mr S. Seth
 Ms A. Singkouson
 Ms A. Sica
 Mr A. Skipalskyi
 Ms P. Sosa
 Ms P. Stanham
 Mr F. Thompson
 Ms M. Tilson
 Ms L. Turcatti
 Ms R. Vaca Bucheli
 Mr S. Vaite
 Dr E. Van Gennip
 Mr J. Verovic
 Mr L. Huber
 Ms S. John
 Ms P. Johns
 Mr L. Joossens
 Ms L. Kagaruki
 Mr A. Kerr
 Mr O. Kesolei
 Mr Y.L. Kogbe
 Dr D. Villarreiz
 Ms J. Walker
 Professor J. Wang
 Mr B. Ward
 Mr J. Wind
 Ms L. Candler
 Mr I. Willmore
 Mr L. Wever
 Ms Y. Wu
 Ms G. Xu
 Mr A. Rovaris
 Ms Xiuyan Yu
 Ms Y. Zika
 Mr W. Rabuske
 Mr P. Schuster
 Ms M. Wainwright
 Mr A. Russell
 Mr A. Yadav
 Dr E. Sandoya
 Dr L. Gomez
 Ms D. Jaso
 Mr P. Mendoza
 Mr D. Curti

International Alliance of Women

Ms Soon-Young Yoon

International Council of Nurses

Ms Huang Feng Tzung-Yee

**International Federation of
Pharmaceutical Manufacturers and
Associations**Mr R. Simpson
Mr M. Bertapelle
Mr C. Gray
Ms J. Otmishi**International Pharmaceutical Federation**

Dr E. Savio

Union for International Cancer ControlMs D. Billich
Mr E. Blecher
Ms A. Cardone
Dr E. Cazap
Mr R. Cunningham
Ms J. Drope
Ms A. Durstine
Dr M. Fiore
Dr T. Glynn
Ms C. Jo
Ms K.E. Kemper
Mr J. Liberman
Ms K. Lindorff
Ms R. Kitonyo
Dr A. Menendez
Dr H. Ross
Dr J. Torode
Ms A. Valdemoro
Dr T. Voon
Dr Chi Pang Wen**International Union against Tuberculosis
and Lung Disease**Ms S. Ratte
Mr E. Latif
Ms F. Godfrey
Ms Lin Yan
Ms M. Molinari
Mr G. SonoraMr G. Quan
Mr B. Fishburn
Ms W. Wai-Yee
Mr W. Magued
Ms H. Selin
Mr P. Lal
Ms R. Perl
Ms A. Kodjo Ebeh
Mr M.M. Ould Sidi
Mr M. Bamba Sagna
Mr I. Saouna
Mr N. Tcha-Kondor
Mr G. Eidt
Mr A. Gewehr
Ms B. Saenz De Miera
Ms E. Beguinot
Ms C. Cagnat-Lardeau
Ms K. Gallopel**World Heart Federation**Ms A. Grainger Gasser
Ms B. Champagne
Mr J.F. Ruis Lugo
Ms B. McGaw
Ms F. Berteletti
Ms C. Brassart
Mr S. Villiers
Ms L. Craig
Mr H. Schargrodsky
Mr O. Fotuhi
Mr T. Dewhirst
Mr G. Fong
Ms S. Hitchman
Mr R.D. Kennedy
Ms M. McNally
Ms J. Ouimet
Ms A. Quah
Ms G. Sansone
Ms N. Sansone**World Medical Association**

Dr J. Trotchansky

World Self-Medication IndustryDr D.E. Webber
Mr D. Graham
Dr H.S. Marsh