DEVELOPMENT AND IMPLEMENTATION OF A NATIONAL TOBACCO CONTROL POLICY

A guide for the African Region

World Health Organization
REGIONAL OFFICE FOR Africa

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Contents

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Abbreviations and acronyms

AFRO	World Health Organization Regional Office for Africa
CSOs	civil society organizations
FCTC	Framework Convention on Tobacco Control
NCDs	noncommunicable diseases
NCM	national coordination mechanism
WHO	World Health Organization

FOREWORD

The World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC) was the first public health treaty negotiated under the auspices of WHO. It was adopted unanimously by the World Health Assembly on 21 May 2003 and it entered into force on 27 February 2005.

The objective of WHO FCTC and its guidelines and protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. The Convention provides a framework for tobacco control measures to be implemented by the parties at the national, regional and international levels in order to substantially reduce the prevalence of tobacco use and exposure to tobacco smoke.

To date, 180 countries have ratified WHO FCTC, including 44 of the 47 Member States in the African Region. The Region has a high level for ratification but its implementation of the Convention remains low, and only a few countries have developed and adopted comprehensive tobacco control legislation and policies.

The Convention calls upon each party to develop and implement comprehensive, multisectoral national tobacco control strategies, plans and programmes in accordance with the treaty. It further requires that the parties adopt and implement effective legislative, executive, administrative and appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

The Fifty-sixth session of the World Health Assembly adopted the Convention and requested WHO to continue playing a key role in providing technical advice, direction and support for global tobacco control. The WHO Regional Office for Africa has remained true to that call. It has supported Member States in the Region to ratify the

Convention, develop and adopt national legislation, and elaborate tobacco control strategies and programmes. This it has done through providing evidence-based technical assistance to the Member States.

This guide is additional support to the Member States with a focus on the process to develop a national tobacco control policy. It provides a model of a tobacco control policy that Member States could adapt.

We call upon the Member States to utilize this guide and align their policies with WHO FCTC, its protocol and guidelines.

Dr Abdikamal Alisalad
Acting Director, Noncommunicable Diseases Cluster
WHO Regional Office for Africa

1. INTRODUCTION

1.1 WHO FCTC: a tool to fight poverty and promote development

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was the first public health treaty to be negotiated under the auspices of the WHO. It entered into force on 27 February 2005 and requires countries that are parties to implement evidence-based measures to reduce tobacco use and exposure to tobacco smoke.

The treaty was developed in response to the globalization of the tobacco epidemic facilitated by a variety of complex factors that essentially are cross-border in nature, including trade liberalization and direct foreign investment; global tobacco marketing, promotion and sponsorship; transnational tobacco advertising; and international movement of contraband and counterfeit tobacco products, particularly cigarettes. When effectively implemented, WHO FCTC will reduce the devastating consequences of tobacco on lives, economies and the environment. With 180 states as parties as at October 2015, the Convention is one of the most widely adopted treaties in the United Nations system.

Tobacco use is a major risk factor in many noncommunicable diseases (NCDs), and current evidence shows that most countries in Africa are facing a double burden of disease with communicable diseases still prevalent and NCDs on the increase. Tobacco continues to be the leading cause of preventable death globally and is responsible for more than 6 million deaths annually, 600 000 of which are due to second-hand smoke. Tobacco is the only product that when used as prescribed by its manufacturers kills half of its users. Its consumption imposes a huge burden on the health, social and economic systems of countries. If the current tobacco use trends continue, its toll will reach about 8 million deaths by 2030 and more than a billion in this century.

Recognizing that tobacco use was a barrier to sustainable development through its effect on health, the world leaders included control targets for NCDs and tobacco among the Sustainable Development Goals for 2016–2030[1] that they adopted in September 2015:

(a)   Target (3.4): By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being;

(b)   Target (3a): Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries as appropriate.

It is important, therefore, to develop and implement a national tobacco control policy as an essential component within the framework of health and development policies and actions. Reducing tobacco use is critical in achieving the Sustainable Development Goals.

[1.] https://sustainabledevelopment.un.org/sdgs

1.2 What is a national tobacco control policy?

A national tobacco control policy is an official government document containing a formal commitment to control tobacco. It is a guide for action and provides a framework for coordination of all the main actors and their activities. Such a policy is required to guide a country in the implementation of WHO FCTC as per the obligations under Article 5 of the Convention; to represent a formal commitment by the government to control tobacco; to define the specific national goals and objectives for tobacco control and to set priorities; to identify the strategies needed to meet those objectives; and to identify the actors responsible for implementing the policy.

The objectives of the tobacco control policy should be consistent with the broader health and development goals to attract adequate resources and engagement from government departments and partners. The policy should be based on a whole-government approach that includes all the relevant sectors. It should be clear that tobacco control and the prevention of NCDs will contribute to the reduction of poverty and promote development.

1.3 Key components of a national tobacco control policy

The national tobacco control policy document should define the goal, objectives and strategies of the policy. It should also explain the policy's dissemination and implementation strategies and monitoring and evaluation mechanism.

Goal
The goal of the national tobacco control policy should be aligned with the objective of WHO FCTC.[2]

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[2] WHO FCTC Article 3: "The objective of this convention and its protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke".

Objectives

The specific objectives should aim at reducing the demand for and supply of tobacco.

Strategies

The main strategies should aim for the implementation of measures to reduce the demand and supply of tobacco and tobacco products and protect the environment and health of persons; development of mechanisms for research, surveillance and exchange of information; review and enforcement of tobacco control policies, legislation and regulations; and protection of the tobacco control policies, legislation, regulations and programmes from interference from the tobacco industry.

2. The national tobacco control policy process

2.1 Overview of the process

The process for developing a national tobacco control policy is just as important as the policy document itself. It should have phases for the planning and development, implementation and monitoring of the policy. It is critical to protect the process from interference from the tobacco industry.3 The process should be led by a national multisectoral coordination mechanism (NCM)[4] and coordinated by a tobacco control programme in the ministry of health.

Policy planning and development
The tobacco control programme should draw up a draft road map for developing the tobacco control policy and present it to the NCM for adoption. The road map should specify the steps and activities required to develop the policy and identify all the relevant actors to be involved in the process. The NCM should then appoint a group of one to four experts to come up with a draft policy, drawing input from various documents, particularly this guide. Next, the NCM should review the draft and approve it for adoption. The process should be inclusive, involving consultations at the national, subnational and local levels as appropriate and the participation of all the actors relevant in the control of tobacco to ensure national ownership of the final policy document. The tobacco industry and its affiliates should not be involved at this stage, to abide by the obligations of Article 5.3 of WHO FCTC and its guidelines.4

[3.] WHO FCTC Article 5.3; "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".

[4.] http://www.afro.who.int/en/tobacco/tobacco-publications/4841-national-coordination-mechanism-for-tobacco-control-a-model-for-the-african-region.html

Policy implementation

After adopting the tobacco control policy, the NCM should develop a 3–5 year strategic plan for its implementation. The strategic plan will provide clear strategies and specific activities required to achieve the objectives and produce successful results, as well as the responsibilities, budget and timeframe for each component of the policy. The strategic plan can be divided into annual work plans.

Policy monitoring and evaluation

Monitoring and evaluation of the planned activities should be done throughout the policy implementation process to allow the government to track progress, identify obstacles and adjust the focus when necessary. The plan therefore should have indicators for measuring achievements against the set objectives of the policy.

2.2 Protecting the tobacco policy process from tobacco industry interference

Since tobacco products are produced, marketed and sold to make profits, the tobacco industry and its affiliates always meet government policies and laws that regulate and aim to reduce the consumption of tobacco with resistance. To safeguard its interests, the tobacco industry works to weaken and delay efforts to implement WHO FCTC. To protect the process to develop and implement the tobacco control policy, countries must have strategies to monitor and counter tobacco industry interference. It is therefore strategic to seek the collaboration and support of strong allies including civil society organizations (CSOs) to protect the policy from the tobacco industry.

2.3   Formulating the national tobacco control policy

Step 1: Determine the procedure for the policy process
The tobacco control programme in the ministry of health will first identify the stakeholders who would be interested in supporting tobacco control activities in the country. A draft road map on the process to develop the tobacco control policy will then be developed and presented to the NCM for discussion and adoption. The required resources will need to be secured internally from within the government or from partners, including the WHO Regional Office for Africa. A small group of selected experts will then be identified to produce a draft policy based on this guide.

Step 2: Undertake a situation analysis
A situation analysis is essential to identify the main tobacco control issues in the country. This can be a rapid desk review of available and documented evidence or may also include interviews with key informants to gather detailed information. The situation analysis data will also serve as baseline information for monitoring and evaluation. One national level expert can be engaged to carry out the situation analysis.

Step 3: Set the goals and define the objectives and strategies
Once the main issues relating to tobacco use in the country have been defined, goals can be set and priority objectives and strategies developed. These should address the issues elicited by the situation analysis.

Step 4: Draft the text of the national tobacco control policy
The next stage involves preparing a draft text of the national tobacco control policy. It should set out the general objective of the policy, aiming at protecting the present and future generations from the effects of tobacco use and tobacco smoke.

The specific objectives also should be described, followed by the strategy to be adopted for each. The drafting of the policy can be done by a small group of experts who were involved in the earlier stages of the process.

Step 5: Circulate and revise the draft policy
The draft policy document should be circulated for comment within all relevant government ministries and departments, as well as relevant non-state institutions and organizations including CSOs and academic institutions that are part of the NCM. It is important that these government agencies and CSOs endorse the document to ensure the successful implementation of the policy. Once the wide consultation is completed, the draft document should be revised and finalised to incorporate the comments received.

Step 6: Secure formal endorsement of the policy
Depending on the process the country follows, at this stage the tobacco control policy document may be presented to the cabinet or parliament for adoption or no-objection endorsement, or it might remain as an administrative document that forms the basis for implementation plans and amendments to existing laws and regulations.

Step 7: Launch the tobacco control policy
The national tobacco control policy document should be promoted through a clear and well-designed information campaign that includes its public endorsement by respected experts and opinion leaders. Information about the policy should be disseminated through a variety of channels to reach different target groups in the public. A high profile launch of the policy is essential.

2.4 Implementing the national tobacco control policy

However carefully formulated a policy might be, it is useful only when it is implemented successfully. Every national tobacco control policy needs an implementation plan with specific actions, indicators, timeline and budget for each of its components.

Setting priorities for implementation

Each country must identify its own priorities for implementation from the tobacco control policy. Those priorities should be based on the need for action, the potential for success in achieving the objective and the ability to make an impact with the available resources. For example, a country without tobacco control legislation should treat as a priority the drafting and enactment of a tobacco control law rather than the building of the capacity for enforcing or adopting plain-packaging measures.

Strategic plan and work plans

The national tobacco control policy should have an implementation plan, which may cover 3–5 years. The implementation plan spells out what needs to be done, who is responsible for each activity, estimates of the budget requirements and the timeframe for the activities. Since resources are always limited, the implementation plan should identify a set of priority activities that can be executed using existing financial and human resources. The gaps in funding should be identified to determine future support needs. The implementation plan can be divided into annual action plans, which should be developed with the specific agencies and institutions involved in implementing the policy.

Responsibilities in implementing the tobacco control policy

The ministry of health is the lead government agency for tobacco control and should coordinate all tobacco control activities and monitor the extent of the implementation of the policy and achievement of targets. Some countries have a separate unit or programme in the ministry of health specifically for tobacco control with its own budget and personnel. The WHO Regional Office for Africa recommends that countries set up such a programme.

A multisectoral NCM for tobacco control should be established to oversee the implementation of the tobacco control policy. This is essential to create and maintain broad support for the policy and to ensure that the main stakeholders remain informed and involved.

Financial resources
The implementation plans for the tobacco control policy should be matched with the available financial and human resources. Government allocations are a sustainable funding source. The agencies responsible for funding should establish a mechanism for active seeking of funds and ensure regular funding is secured from the government. A special levy on tobacco products can open a regular revenue stream for the implementation of the tobacco control policy. Contributions from local and international partners should also be pursued; however, funds from the tobacco industry should not be accepted.

2.5 Monitoring and evaluation

The success of the national tobacco control policy should be evaluated by monitoring the policy's implementation progress against the indicators in the implementation plan. Monitoring should be regular and should cover all the priority areas. A well-defined national monitoring and evaluation framework with clear output and outcome indicators and timelines should be adopted. For sustainability, the monitoring and evaluation tools should be updated and integrated into the existing health information system.

The implementation plan should be monitored quarterly and adjusted as appropriate. The NCM should review the quarterly results and provide guidance on the next priority actions and areas for investment. An annual meeting of tobacco control stakeholders should review the progress made and agree on a road map for the following year's action plan.

2.6 Policy review

The national tobacco control policy should be reviewed every 3–5 years. Quarterly reports and annual stakeholders' meetings will provide details on the policy areas that are well implemented and those that require re-engineering. They will also identify the challenges that will need to be addressed. The review process should be thorough so as to provide accurate data and to be constructive.

3. Model of a national tobacco control policy

This tobacco control policy model is intended to be a resource and provide a template for countries to use in developing and implementing their national tobacco control policy. The proposed structure envisages a government-driven policy document and uses as its base the obligations of the countries stipulated in the WHO Framework Convention on Tobacco Control (WHO FCTC) and the subsequently adopted guidelines and protocols.

3.1 Components of a national tobacco control policy

The proposed components of a national tobacco control policy are presented below.

Foreword
The foreword will introduce the policy document and briefly explain why it is important. The foreword is not a summary of the document but rather it offers the rationale for the document. The minister of health or a similar senior government official could sign the foreword.

Acknowledgements
This section should acknowledge and recognize the key people and institutions that contributed to the development of the policy document. This may include those who provided guidance on political concerns, technical advice, time, expertise or funds for the development and finalization of the policy document.

> *Example:*
> *… We thank the WHO Regional Office for Africa for technical guidance in developing this policy and Mrs XXX for support in setting up the working group that drafted this document. We also recognize the YYY Foundation for financial support.*

Acronyms and abbreviations

Acronyms and abbreviations are short forms of words that are used several times in the policy document. They should be explained and listed in alphabetical order for ease of reference.

> *Example:*
> *MoH   ministry of health*
> *NCDs   noncommunicable diseases*
> *TAPS   tobacco advertising, promotion and sponsorship*
> *WHO FCTC   World Health Organization Framework Convention on Tobacco Control*

Operational definitions

This section lists the unique words, phrases or terminology and their meanings as used in the policy document. The definitions that are already in the law or regulations do not need to be repeated here. The definitions should be compliant with WHO FCTC.

> *Example:*
> *"Exposure" refers to the act of being subjected or subjecting a person to an environment where tobacco smoking is taking place or has taken place or that contains the remains of any used tobacco product including cigarette stubs.*
>
> *"Tobacco control" means a range of supply, demand and harm-reduction strategies that aim to improve the health and well-being of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke.*

Introduction

The introduction should indicate why tobacco use and exposure are such important issues to warrant tackling. It should also give some specific examples of the harm that tobacco causes. It should be short, simple and focused on the health, environmental and socioeconomic effects of tobacco use and exposure.

Background

The background should provide an overview of why the tobacco control policy is required. It should contain relevant global, regional and country-specific data on the prevalence and consequences of tobacco use and summarize what has been done so far to address the tobacco epidemic. This would include global efforts such as WHO FCTC and country-specific responses such as enactment of tobacco laws and regulations, status of the implementation of the Convention, tobacco taxation etc.

This section should also include a situation analysis of tobacco control in the country showing tobacco use prevalence, morbidity and mortality; economic costs; policy environment and the challenges to effective tobacco control.

Justification

This section gives the reasons as to why a tobacco control policy is required and provides an explanation on why the prevailing tobacco epidemic may best be addressed through a national tobacco control policy. A brief description of the benefits that will accrue from the effective implementation of the tobacco control policy also can be added.

> *Example:*
> *Evidence has also shown that apart from the increasing prevalence of tobacco use in <name of country>, morbidity and mortality as a result of NCDs are also rising. This requires a robust response within a solid policy framework so as also to meet the obligations of WHO FCTC. …*

Vision

The vision is a one-sentence statement clearly describing the long-term desired change that the policy will bring. It should be inspirational, clear, memorable and concise. It needs to be aligned with the national health sector vision.

> *Example:*
> *A tobacco-free <country name>.*

Mission

The mission also is a one-sentence statement of the core purpose and focus of the tobacco control policy and what it intends to do.

> *Example:*
> *To improve the health and welfare of the people of <country name> by regulating tobacco use and tobacco products.*

Goal

The goal is a statement of the results that this policy wants to achieve. It should be short, precise and measurable over time.

Example:
To reduce the prevalence of tobacco use and exposure to tobacco smoke through implementation of effective tobacco control measures that are in line with WHO FCTC.

General objective

The general objective is a long-term statement of what the policy aims and commits to achieve. All the objectives should be specific, measurable, attainable, realistic and time bound.

Example:
To reduce the demand for and supply of tobacco and tobacco products so as to reverse the levels of morbidity and mortality from tobacco-related diseases.

Specific objectives

Specific objectives are like general objectives but are meant to be achieved in a shorter time. Each general objective usually has several specific objectives, which must be specific, measurable, attainable and realistic and must have a specific timeline.

Example:
- *To reduce the proportion of tobacco smokers by 20% in the next 5 years.*
- *To ban all forms of tobacco advertising, promotion and sponsorship by 2015.*

Strategies

Strategies are the broad approaches that will be utilized to achieve the objectives. They should be in line with the obligations of WHO FCTC and its adopted guidelines and protocols. These strategies should include:

(a) Establishing collaboration and coordination mechanisms and partnerships across all relevant sectors

Tobacco affects all sectors of the society, so to be effective, tobacco control also needs to involve other sectors. Reducing tobacco use cannot be achieved through the efforts of the health sector alone.

Example policy statement
<country name> will use an intersectoral and multi-stakeholder approach that will ensure that each government sector, as well as relevant civil society organizations, will be fully involved in tobacco control interventions at all levels.

In line with WHO FCTC, <country name> will establish (or strengthen) a national coordinating mechanism5 for implementing the Convention and any such tobacco control laws and regulations in the country. This coordinating mechanism may, among other things:

- *Be housed in the ministry of health or the prime minister/head of state's office and will advise the government on the optimal steps that need to be taken for <country name> to meet its WHO FCTC obligations;*
- *Strengthen advocacy to maintain <country name> commitment to tobacco control;*
- *Align the plans of the key tobacco control stakeholders to ensure coordinated implementation of tobacco control at all levels;*
- *Develop and sustain strategic partnerships and capacities for tobacco control.*

(b) Protecting the tobacco control policies from interference from commercial and other vested interests of the tobacco industry

Article 5.3 of WHO FCTC requires 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."

> *<country name> will not proffer preferential treatment to the tobacco industry, and a transparent process will be established to define how civil servants and other government agents will engage with the tobacco industry. Clear guidelines to protect public health policies from the commercial and other interests of the tobacco industry will be developed and implemented.*
>
> *In line with the requirements of WHO FCTC and the guidelines on the implementation of Article 5.3, <country name> will:*
>
> - *Raise awareness on the role that the tobacco industry plays in encouraging tobacco use;*
>
> - *Reject any partnership or nonbinding and un-enforceable agreements with the tobacco industry;*
>
> - *Ban and to the greatest extent possible regulate the activities the tobacco industry describes as socially responsible including but not limited to the activities labelled as corporate social responsibility.*

(c)   Using price and tax measures to reduce the demand for tobacco

The price of tobacco products influences the consumption of tobacco. Price increases encourage users to quit and are a barrier to those considering taking up tobacco use. In developing countries, increasing the retail price of tobacco by 10% will result in about a 7–8% reduction in its use. Considering the adverse effects of tobacco use, tobacco taxation and price measures should aim at protecting public health.

Example policy statement

> *<country name> will use price and tax measures to reduce the consumption of tobacco products and increase government revenue, including introducing a specific levy on tobacco products the proceeds of which will be used to contribute to the implementation of WHO FCTC.*

(d)   Protecting the public from exposure to tobacco smoke

Scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability in both smokers and non-smokers. There is no safe level of exposure to tobacco smoke.

Example policy statement
<country name> will create by law totally smoke-free environments in indoor or quasi-outdoor spaces where hazards exist due to tobacco smoke exposure. Approaches other than creating totally smoke-free environments such as using ventilation and air filtration technology or designating smoking areas do not provide effective protection and thus conflict with the obligation in Article 8 of WHO FCTC.

(e)   Regulating the contents of tobacco products and their disclosure

Manufactured tobacco products and their smoke contain thousands of chemical compounds, including more than 60 that are known or suspected to cause cancer.

Example policy statement
<country name> will require manufacturers and importers of tobacco products to disclose to government authorities information about the ingredients, design features, company information and sales volumes etc. about those products. Ingredients that might be used to increase the palatability of tobacco products and that have certain colouring properties, or that might create the impression that they have a health benefit, including being associated with energy and vitality, should be prohibited.

(f)   Requiring health warnings on tobacco packages

Prominently displayed health warnings and messages on tobacco products are widely recognized as an important means of increasing awareness on the risks associated with tobacco use and discouraging its consumption. Studies have demonstrated the effectiveness of health messages in reducing tobacco consumption, provided that such messages are prominently displayed and contain clear information about the dangers of tobacco.

Example policy statement
<country name> will require by law prominent displaying of graphic health warnings and pictures on tobacco product packaging to inform members of the public of the dangers of tobacco use and exposure to tobacco smoke, and of the benefits of stopping smoking. <country name> will work towards standardized packaging of all tobacco products.

(g)   Educating and communicating to the public to increase awareness on the harm from tobacco use

Public education campaigns are one of the most effective strategies to inform the public about the dangers of tobacco use and exposure to tobacco smoke. Their aim should be to reduce tobacco consumption.

Example policy statement
<country name> will develop targeted education and communication programmes for members of the public, decision-makers and affected businesses, including incorporating tobacco control content in school curricula, so as to ensure that the correct information reaches the wider public.

(h)   Banning tobacco advertising, promotion and sponsorship

Tobacco advertising portrays tobacco use as socially acceptable. Research suggests that displays of tobacco can influence children's perception about the availability and accessibility of cigarettes in their communities.

Example policy statement
<country name> will require by law a complete ban of all forms of tobacco product advertising, promotion and sponsorship in all forms of media, emanating from or destined for <country name>.

(i)   Supporting current tobacco users to quit

Many tobacco users want to stop using it but do not have the support or knowledge to help them do so. If those who are ready to quit using tobacco are supported successfully, much fewer people will use it globally. The services to help people cease tobacco use should include a range of programmes to cater for their unique needs and should be offered each time a person visits a clinic. These services should complement the other tobacco control measures and public education campaigns.

Example policy statement
<country name> will initiate and facilitate the administration of tobacco use cessation services and support tobacco users to stop using it.

In line with WHO FCTC and the guidelines on the implementation of Article 14, <country name> will:

- *Develop the infrastructure to support tobacco use cessation and tobacco dependence by conducting a national situation analysis and developing a national tobacco cessation strategy that includes tobacco cessation clinical guidelines based on the best available scientific evidence and practices.*

- *Establish population-level mass communication programmes and a quit telephone line in addition to providing the more intensive individual treatment services and accessible and affordable medications, and introducing other novel approaches to tobacco use cessation and tobacco dependence treatment.*

- *Monitor and evaluate all tobacco use cessation strategies and programmes.*

(j)   Eliminating illicit trade in tobacco products

Illicit tobacco trade deprives governments of tax revenues. It brings tobacco products into the market cheaply, making them more affordable, which increases their consumption particularly by the young. The Protocol to Eliminate Illicit Trade in Tobacco Products provides a comprehensive framework on how to tackle illicit trade in tobacco products.

Example policy statement
<country name> will adopt and implement a practical tracking and tracing regime and other measures to prevent illicit trade in tobacco products.

In line with WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products, <country name> will:

- *Enact or strengthen legislation to prohibit illicit trade in tobacco products with appropriate penalties and remedies.*

- *Require that tobacco product packages carry effective markings to assist authorities in determining the origin of the product and whether the product is legally for sale.*

- *Establish an effective track-and-trace system for all tobacco products;*

- *Monitor, document and control the movement of tobacco products and their legal status in accordance with appropriate laws.*

- Promote cooperation among the relevant domestic agencies and between regional and international agencies as appropriate.

(k)   Banning the sale of tobacco products to and by minors

Minors are the main target of the tobacco industry as its future customers. The majority of smokers start and get addicted to smoking before adulthood. Minors are regularly used to sell tobacco products, which exposes them to significant pressure to start using tobacco themselves. To be effective, tobacco use prevention measures for the youth, therefore, require a comprehensive approach.

Example policy statement
<country name> will enact laws and introduce regulations that will limit access of tobacco products to minors and that encourage a healthy, tobacco-free lifestyle. The sale of tobacco and tobacco products to and by minors will be banned, as will be the sale of single cigarette sticks.

(l)   Protecting the environment and providing alternative livelihoods to tobacco farmers

The production of tobacco and tobacco products harms the land, the environment and the producers. Providing producers, particularly farmers, with alternative income generating activities not only protects the environment but also improves the health of the farming communities. Public health interests should always be of more significance than tobacco industry profits.

Example policy statement
Tobacco producers in <country name>, particularly tobacco farmers, will be provided with support to pursue livelihoods away from the production of tobacco and its products while protecting the environment.

(m) Strengthening criminal and civil liability including compensation for victims of tobacco

The tobacco industry should be held more accountable for the effects of tobacco consumption since it manufactures, advertises and markets these products and since the majority of the consumers of the products start using them while they are still minors.

Example policy statement
<country name> will enact laws and adopt regulations that will facilitate the institution of litigation against tobacco manufacturers by both the government – to recover health-care costs – and tobacco users, including smokers, for damages.

(n) Strengthening the surveillance and monitoring of the implementation of WHO FCTC

Data from the Region on tobacco use and its effects on health, the environment and economies are still scanty. There is urgent need to build local evidence on the effects of tobacco, the benefits of stopping tobacco use, and the livelihoods that are alternative to tobacco production. For this to happen, countries should build capacity for surveillance and monitoring of tobacco control measures at the national level.

Example policy statement
Data will be regularly collected and analysed on tobacco production and its effects on health, the environment and the economy; the rates of tobacco use and exposure to tobacco smoke; and the success of tobacco control laws so as to improve the effectiveness of tobacco control laws and measures in <country name>.

A national health surveillance system will be established to initiate and promote tobacco control-related research and the exchange of emanating information, including on the practices of the tobacco industry. <country name> will also:

- *Establish national surveillance systems for tobacco consumption and the related health, economic and social indicators, including poverty.*
- *Integrate data on tobacco use in the health information system.*
- *Promote and strengthen training for people engaged in tobacco control research and evaluation and implementation of the tobacco control policy.*

Communication and dissemination of the policy

The tobacco control policy will provide a framework for different sectors, including members of the public, to learn about the government's plans for tobacco control. <country name> will disseminate the tobacco control policy widely through various media platforms including social media. The lead agency in those efforts will be the ministry of health. A communication strategy will be developed to inform all on the implementation process for the tobacco control policy, including on the laws and regulations relating to the policy.

Implementation strategy for the policy

The tobacco control policy will require a clear implementation strategy so that <country name> can fully benefit from it. This section will explain how the policy will be implemented.

Financing

The implementation of WHO FCTC requires funding. This section will give details on how the tobacco control efforts will be financed and will include innovative financing approaches such as a tobacco control levy.

Whole-government approach

The implementation of WHO FCTC requires the active participation of different government sectors and non-state actors including CSOs. This section will provide guidance on how this will be achieved in <country name>.

Monitoring and evaluation

<country name> will ensure that the implementation of the tobacco control policy will be closely monitored so that its objectives and targets are achieved. This section will provide an overview of how <country name> will establish or strengthen the monitoring and evaluation mechanisms for tobacco control activities and the implementation of the tobacco control policy.

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This section will provide a list of relevant reference materials.

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