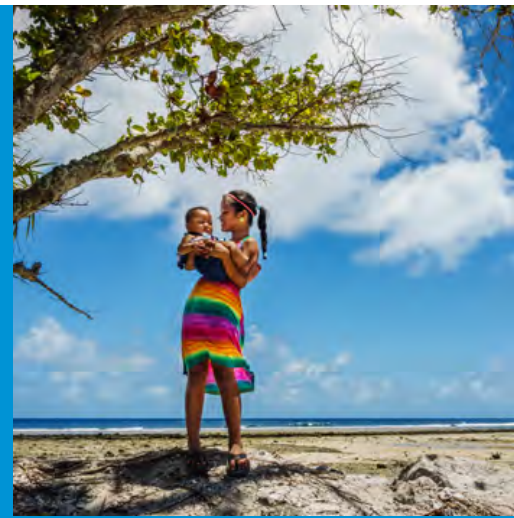


Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)

Working towards a healthy, tobacco-free Region



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ABBREVIATIONS

ENDS	electronic nicotine delivery systems (including electronic cigarettes or vaping devices)
ENNDS	electronic non-nicotine delivery systems (including electronic cigarettes or vaping devices)
GS2025	Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025
HTPs	heated tobacco products
NCD	noncommunicable disease
NGO	nongovernmental organization
NRT	nicotine replacement therapy
SDG	Sustainable Development Goal
TAPS	tobacco advertising, promotion and sponsorship
UHC	universal health coverage
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

FOREWORD

In the rapidly changing context of the Western Pacific Region, tobacco use remains a persistent health challenge. Tobacco-related illnesses claim the lives of five people every minute in the Western Pacific Region. The Region is home to one third of the world's smokers. These 388 million smokers, as well as many non-smokers, are at risk of tobacco-related disease and premature mortality. Tobacco use fuels the noncommunicable disease epidemic; its appeal to youth and its impact on the working-age population extract a heavy socioeconomic toll and impede regional and national development. Tobacco also imposes significant pressures on the environment, disrupting ecological balance and damaging the environment.

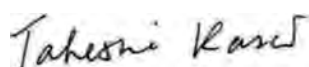
In developing our shared vision, *For the Future: Towards the Healthiest and Safest Region*, Member States identified tobacco control as a key area of concern. That is why I am personally committed to making tobacco control a priority for action to protect health today and for generations to come in the Region.

The Western Pacific Region has a proud record on tobacco control. We are the only Region where all Member States within the Region are Party to the WHO Framework Convention on Tobacco Control. Strong efforts to ensure the implementation of the treaty have helped turn the tide on the tobacco epidemic, as documented by the declining prevalence of tobacco use. However, the rate of decline is not enough to meet the global target of a 30% reduction in tobacco use among adults by 2030.

In the meantime, emerging products such as heated tobacco products and electronic nicotine and non-nicotine delivery systems, including e-cigarettes and vaping devices, are enticing a generation of non-smokers into dependence on potentially very dangerous products. Clearly, we must accelerate efforts to counter this major preventable cause of ill health and early mortality and protect the Region's youth. Every person protected from a tobacco-related illness is a life saved and a family spared the heartache of losing a loved one to an early death that could have been prevented.

This 10-year Regional Action Plan represents the collaborative efforts of Member States, civil society, academia and other relevant tobacco control stakeholders and experts, along with WHO, to establish a roadmap for more intensive action against the tobacco epidemic. The four strategic areas for action reflect the need to bolster the implementation of established tobacco control interventions while simultaneously protecting young people by addressing the issue of emerging products, through the strategic integration of tobacco control into all relevant policies, and the application of innovation and whole-of-government and whole-of-society approaches.

In times of rapid change, we must stress fundamentals. Tobacco control is fundamental to health and development. This Regional Action Plan points the way forward towards transforming health through tobacco control. Let us work together to protect our future and achieve a healthy, tobacco-free Western Pacific Region.



Takeshi Kasai, MD, Ph.D.
Regional Director

EXECUTIVE SUMMARY

While the World Health Organization (WHO) Western Pacific Region is tremendously diverse, all 37 countries and areas in the Region share the common health and socioeconomic burden of tobacco use.

Noncommunicable diseases (NCDs) are the leading cause of death and ill health, with around 86% of all premature deaths in the Region linked to NCDs. Tobacco is a major driver of the NCD epidemic. The Western Pacific Region is home to more than 388 million smokers, or one third of the world's smokers. Of those, at least half will be killed by their tobacco use. All are at risk for tobacco-related disease.

Tobacco's toll on the health of the overall population and on working-age people translates into significant health-care costs and a considerable burden on health systems. Moreover, the health-care costs from tobacco-related diseases are compounded by productivity losses from an unhealthy labour force and premature deaths among working-age people. While tobacco consumption worsens poverty at the national level by impeding economic growth, the impact of impoverishment is felt all the way down to the families of tobacco users.

Investing in tobacco control is critical to achieving poverty reduction and economic growth and to combating the NCD epidemic. Countries and areas in the Region have been taking action, as evidenced by 100% ratification of the *WHO Framework Convention on Tobacco Control* (WHO FCTC) by countries within the Region and action to support the inclusion of its implementation into the Sustainable Development Goals (SDGs) and the United Nations sustainable development agenda. Consequently, overall tobacco smoking (the most predominant form of tobacco use) is declining in the Western Pacific Region. However, the rate of decline is insufficient to meet the 2025 voluntary NCD target of a 30% reduction in prevalence from the 2010 baseline.

While the WHO FCTC has not yet been fully implemented, new tobacco control challenges are constantly arising. Governments and other tobacco control stakeholders must respond quickly with sound interventions to address these new threats to health: emerging tobacco products, including heated tobacco products; increased sales and use of electronic nicotine delivery systems and electronic non-nicotine delivery systems (including e-cigarettes and vaping devices); and efforts by the tobacco industry to sow uncertainty in the tobacco control and public health communities by attempting to rebrand the industry as proponents of harm reduction. And the tobacco industry continues to be a persistent impediment to progress in tobacco control.

The *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)* focused on accelerating the comprehensive implementation of the WHO FCTC.

Today's changing landscape of the tobacco epidemic requires the Region and its countries and areas to go beyond WHO FCTC implementation, directly tackling emerging challenges with strategic use of innovation and technology, while effectively countering persistent industry interference. The *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)* is the seventh regional action plan for tobacco control since the first in 1990. This text has emerged from a collaborative and consultative process across countries and areas in the Region, as well as with relevant tobacco control stakeholders and partners.

This Regional Action Plan encompasses four strategic areas for action: (1) prioritizing tobacco control in all relevant policies; (2) accelerating implementation of tobacco control measures, including those in the WHO FCTC and its guidelines for implementation; (3) gearing up for emerging challenges in tobacco control; and (4) applying whole-of-government and whole-of-society approaches to tobacco control.

Deliberate effort was made to ensure consistency with the WHO FCTC and its guidelines, as well as alignment with the health-related SDGs, the global NCD voluntary targets and the *Global Strategy to Accelerate Tobacco Control* adopted at the Eighth Session of the Conference of the Parties to the WHO FCTC. This Regional Action Plan builds upon and complements the 2015–2019 regional action plan, including its system for assessment, capacity-building, prioritization, implementation and evaluation.

In the new Regional Action Plan, the structure of the strategic areas for action has been revised to reflect the evolution of tobacco control within the Region, as well as the changing nature of challenges and issues that the Region must confront strategically in order to meet global targets. Clearly, the full implementation of the WHO FCTC remains critical; however, capacity and resource challenges within the Region necessitate prioritization of certain cost-effective measures that must be addressed first in order to enable effective implementation of other measures.

This new Regional Action Plan represents an updated and robust road map for countries and areas in the Region to take definitive strategic action to achieve global tobacco control goals and counteract a shared threat to health, longevity and prosperity across the Western Pacific Region.

STRATEGIC AREA 1**Prioritize tobacco control in all relevant policies**

Objective 1.1	Incorporate and prioritize tobacco control in the national development agenda, and in relevant action plans, policies and legislation
Objective 1.2	Use strategic communications to build public support for integration of tobacco control into broader policy areas
Objective 1.3	Strengthen multisectoral surveillance and evidence-based research to support tobacco control and measures on ENDS/ENNDS

STRATEGIC AREA 2**Accelerate implementation of tobacco control measures, including those in the WHO Framework Convention on Tobacco Control (FCTC) and its guidelines for implementation**

Objective 2.1	Strengthen national capacity and infrastructure to fully implement tobacco control measures, including those in the WHO FCTC and its guidelines for implementation
Objective 2.2	Protect tobacco control policies and national efforts from tobacco industry interference (WHO FCTC Article 5.3)
Objective 2.3	Implement price and tax policies and measures to reduce affordability and consumption (WHO FCTC Article 6)
Objective 2.4	Implement policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS (WHO FCTC Article 8)
Objective 2.5	Implement packaging and labelling policies and measures (WHO FCTC Article 11)
Objective 2.6	Implement policies and measures to ban tobacco advertising, promotion and sponsorship (WHO FCTC Article 13)
Objective 2.7	Implement measures to strengthen multisectoral tobacco control enforcement

STRATEGIC AREA 3**Gear up for emerging challenges in tobacco control**

Objective 3.1	Ban or regulate ENDS/ENNDS and emerging tobacco products, including through strengthening existing regulatory mechanisms, and conduct needed research
Objective 3.1A	Ban or regulate ENDS/ENNDS, including through strengthening existing regulatory mechanisms
Objective 3.1B	Ban or regulate emerging tobacco products, such as heated tobacco products, including through strengthening existing regulatory mechanisms
Objective 3.2	Develop innovative approaches to address new challenges in tobacco control

STRATEGIC AREA 4**Apply whole-of-government and whole-of-society approaches to tobacco control**

Objective 4.1	Apply a whole-of-government approach through engagement of health and non-health sectors in tobacco control
Objective 4.2	Engage subnational governments in tobacco control
Objective 4.3	Engage and empower civil society, academia, health and other professionals, and community groups to support tobacco control



1. WORKING TOWARDS A HEALTHY, TOBACCO-FREE REGION

Why we need a strong tobacco control strategy for the Region

Tobacco use is a major risk factor for the noncommunicable disease epidemic

Noncommunicable diseases (NCDs) are the leading cause of death and ill health in the Western Pacific Region – around 86% of premature deaths are due to NCDs. Tobacco use is a major driver of the NCD epidemic, by directly causing or exacerbating the major NCDs: cardiovascular disease, cancer, chronic respiratory disease and diabetes. It is the one risk factor that is common to all the main NCDs.

Tobacco use is detrimental to health and socioeconomic development

Tobacco use is a serious threat to health and economic growth. Globally, more than 8 million people die from tobacco use each year, both from direct tobacco use and exposure to second-hand smoke. A majority of these deaths occur among working-age individuals (30–69 years of age) living in developing countries.¹

More than 388 million smokers – one third of the global total – live in the Western Pacific Region. All are at risk of tobacco-related disease. At least half will be killed by their tobacco use. Tobacco's toll on the health of the overall population and on working-age people translates into significant health-care costs and imposes a considerable burden on health

1. World Health Organization. WHO report on the global tobacco epidemic 2019: Offer help to quit tobacco use. Geneva: World Health Organization; 2019.

systems. In 2012, the total cost of health care attributable to smoking-related diseases reached US\$ 422 billion, or 5.7% of global health expenditure, and the total economic cost attributable to smoking was equivalent to 1.8% of the world's gross domestic product.²

Moreover, the health-care costs from tobacco-related diseases are compounded by productivity losses from an unhealthy labour force and premature deaths among working-age individuals. The global economy is estimated to lose US\$ 1.4 trillion every year due to tobacco use. Much of this loss is borne by developing countries, where over 80% of the world's smokers live.³

Tobacco harms the environment

Tobacco use inflicts a devastating impact on the environment and on sustainable agriculture – from tobacco cultivation, curing, processing, manufacturing and distribution, to use and final disposal.⁴ The waste generated from tobacco use disrupts the ecological balance and contributes to worsening climate change. Cigarettes and other tobacco products contain non-tobacco elements, such as filters, packaging and shipping materials that contribute to the harmful impact on the environment – including the oceans – and add to post-consumer waste and litter. Electronic nicotine delivery systems (ENDS)/ electronic non-nicotine delivery systems (ENNDS) and emerging tobacco products, such as heated tobacco products (HTPs),⁵ may also contain plastic or toxic components, which further compound the environmental burden.

Tobacco use exacerbates poverty

Tobacco consumption contributes to poverty at the national level by impeding economic growth. The impact is also felt at the family level.

Tobacco use is most prevalent among the poor, who are therefore disproportionately affected by the tobacco-related disease burden and by premature mortality. The direct

2. Goodchild M, Nargis N, d'Espaignet E. Global economic cost of smoking-attributable diseases. *Tob Control*. 2018;27:58–64. <https://tobaccocontrol.bmj.com/content/27/1/58> (as cited in the 2017 UNDP–WHO FCTC Secretariat publication on the WHO FCTC as an accelerator for sustainable development).

3. National Cancer Institute and World Health Organization. *The economics of tobacco and tobacco control*. National Cancer Institute Tobacco Control Monograph 21. NIH Publication No. 16-CA-8029A. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute; and Geneva: World Health Organization; 2016.

4. Zafeiridou M, Hopkinson NS, Voulvoulis N. *Cigarette smoking: an assessment of tobacco's global environmental footprint across its entire supply chain, and policy strategies to reduce it*. WHO FCTC Global Studies Series. Geneva: World Health Organization; 2018 (<https://www.who.int/fctc/publications/WHO-FCTC-Environment-Cigarette-smoking.pdf>).

5. Please refer to the definitions of ENDS, ENNDS, emerging tobacco products and HTPs in the Glossary. To avoid doubt in interpretation of this Regional Action Plan, all references to “tobacco” or “tobacco products” include emerging tobacco products and heated tobacco products. See also the specific actions, policy options and indicators in this Regional Action Plan under (i) Objective 3.1A for ENDS/ENNDS and (ii) Objective 3.1B for emerging tobacco products, including heated tobacco products.

costs of health care for the treatment of tobacco-related illnesses can impose significant out-of-pocket expenses, especially for poor families. Moreover, premature death of the primary wage-earning family member as a result of tobacco-related illness results in a longer-term negative effect on the income of poor households.^{3,6}

Tobacco use also compounds poverty by worsening food insecurity and illiteracy. Several studies have shown that in the poorest households of some low-income countries, often more than 10% of total household expenditure is spent on tobacco. The diversion of resources to purchase tobacco translates into less money to spend on essential items such as food, health care and education.⁷

Effective tobacco control is essential for economic development, poverty reduction and combating the NCD epidemic

Investing in tobacco control is pivotal to achieving poverty reduction and economic growth and to countering the NCD epidemic. The Western Pacific Region has the greatest number of tobacco users compared with other WHO regions, making a robust tobacco control strategy crucial for the health of the Region.

The full implementation of the *WHO Framework Convention on Tobacco Control* (WHO FCTC) is recognized in the Sustainable Development Goals (SDGs) as fundamental to economic growth. Likewise, the political declarations adopted at the United Nations high-level meetings on NCDs call on governments to accelerate the implementation of the WHO FCTC, highlighting the effectiveness of raising taxes on tobacco products to prevent NCDs.

Raising tobacco prices through taxation offers a dual benefit, by reducing consumption while generating revenues that could be used for public health purposes, including to finance tobacco control activities or to support universal health coverage (UHC). UHC is an essential vehicle for attaining the health-related SDG targets; it is a cornerstone in the fight against NCDs. By producing additional income for governments, tobacco control (through tobacco taxation) can drive and accelerate socioeconomic development and strengthen health systems so that all people have access to essential health-care services. In addition, incorporating brief cessation advice into the package of primary health-care services augments the health impact of public health programmes funded by tobacco taxes.

6. See Chapter 16, p. 578 of Footnote 3 in this publication. See also The bill China cannot afford: health, economic and social costs of China's tobacco epidemic. Manila: World Health Organization Regional Office for the Western Pacific; 2017 (http://www.wpro.who.int/china/publications/2017_china_tobacco_control_report_en_web_final.pdf).

7. Tobacco Free Initiative, Poverty [webpage]. Geneva: World Health Organization (https://www.who.int/tobacco/publications/economics/syst_rev_tobacco_poverty/en).

The world has been taking action

The WHO FCTC was adopted by consensus at the Fifty-sixth World Health Assembly in 2003, and the treaty entered into force in 2005. The Western Pacific Region was the first and, to date, the only WHO region to attain 100% ratification of the WHO FCTC by countries within the Region.

In September 2011, the United Nations General Assembly adopted the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*.⁸ This landmark document highlighted the importance of tobacco control in the mitigation of the NCD epidemic and urged Member States to accelerate the implementation of the WHO FCTC. In May 2013, the Sixty-sixth World Health Assembly endorsed a global monitoring framework for NCD prevention and control with a set of global voluntary targets, including a specific target aiming for a 30% relative reduction by 2025 in the prevalence of tobacco consumption among people aged 15 years and older. At the second United Nations high-level meeting on NCDs in July 2014, Member States adopted an outcome document on NCDs that highlighted four time-bound national commitments to accelerate progress on NCDs: (1) setting national NCD targets; (2) developing national multisectoral NCD policies and plans; (3) reducing NCD risk factors, including tobacco use; and (4) strengthening health systems.

In September 2015, the United Nations Member States adopted the 2030 *Agenda for Sustainable Development*. A specific target on tobacco control was included in the SDGs: target 3.a calling for strengthening the implementation of the WHO FCTC in all countries, as appropriate. For the first time, the development community formally recognized the pivotal role of tobacco control, not just on health, but also on socioeconomic growth and environmental sustainability. This was reinforced in the 2015 *Addis Ababa Action Agenda* of the Third International Conference on Financing for Development,⁹ which underscored tobacco price and tax measures as key strategies to lower tobacco consumption and tobacco-related health-care costs while raising government revenues for development initiatives. The Action Agenda called on Parties to the WHO FCTC to strengthen implementation of the treaty and support mechanisms to raise awareness and mobilize resources. Furthermore, the Seventh Session of the Conference of the Parties to the WHO FCTC in November 2016 stressed the importance of incorporating “... support of the implementation of the WHO FCTC throughout Parties’ national efforts to achieve the SDGs, including by integrating WHO FCTC implementation in national priorities in the development of the United Nations Development Assistance Frameworks.”¹⁰

8. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Resolution adopted by the General Assembly. Sixty-sixth session of the United Nations General Assembly, September 2011 (A/66/L.1; https://www.un.org/ga/search/viewm_doc.asp?symbol=a/66/l.1).

9. Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda). Resolution adopted by the General Assembly on 27 July 2015. Sixty-ninth session of the United Nations General Assembly, July 2015 (A/RES/69/313; http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/313&Lang=E).

The third United Nations high-level meeting on NCDs, held in September 2018, noted that progress towards reducing NCDs was insufficient to meet the 2030 SDG targets. Member States reaffirmed their commitment to accelerate the implementation of the WHO FCTC and pledged to implement the actions set forth in the 2018 *Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*¹¹ to hasten the decline in NCDs and their risk factors. Among these actions were: the accelerated implementation of the WHO FCTC; the promotion of greater policy coherence through whole-of-government and Health in All Policies approaches; the utilization of policy, legislative and regulatory measures, including fiscal measures; the engagement of civil society; and the creation of a national investment case for NCD prevention and control.

In October 2018, the Eighth Session of the Conference of the Parties to the WHO FCTC adopted a framework outlining a global action plan to scale up the implementation of the WHO FCTC.¹² Known as the *Global Strategy to Accelerate Tobacco Control (GS2025)*,¹³ the framework delineates a roadmap for strategic tobacco control action from 2019 to 2025.¹⁴

New challenges are emerging

Despite the progress made in global recognition of the importance of tobacco control in the development agenda and to the protection of public health, new tobacco control challenges are constantly arising. Tobacco industry interference continues to be considered by countries as the most serious barrier to progress.¹⁵ The tobacco industry works to sow uncertainty in the tobacco control and public health communities by attempting to rebrand the industry as proponents of harm reduction, including through the establishment of non-independent tobacco industry-funded institutions.

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10. Contribution of the Conference of the Parties to achieving the noncommunicable disease global target on the reduction of tobacco use. Decision. Seventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, November 2016 (FCTC/COP7(27); [https://www.who.int/fctc/cop/cop7/FCTC_COP7\(27\)_EN.pdf](https://www.who.int/fctc/cop/cop7/FCTC_COP7(27)_EN.pdf)).
 11. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Resolution adopted by the General Assembly on 10 October 2018. Seventy-third session of the United Nations General Assembly, October 2018 (A/73/L.2).
 12. Measures to strengthen implementation of the Convention through coordination and cooperation. Decision. Eighth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, October 2018 (FCTC/COP8(16); [https://www.who.int/fctc/cop/sessions/cop8/FCTC_COP8\(16\).pdf](https://www.who.int/fctc/cop/sessions/cop8/FCTC_COP8(16).pdf)).
 13. Measures to strengthen the implementation of the Convention through coordination and cooperation. Report by the Working Group. Eighth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, May 2018. Annex 1: Global Strategy to Accelerate Tobacco Control: Advancing sustainable development through the implementation of the WHO FCTC 2019–2025 (FCTC/COP8/11; https://www.who.int/fctc/cop/sessions/cop8/FCTC_COP_8_11_EN.pdf). Final text published at <https://apps.who.int/iris/bitstream/handle/10665/325887/WHO-CSF-2019.1-eng.pdf>.
 14. This Regional Action Plan indicates through in-text references the relevant strategic, operational and specific objectives in the GS2025 that correspond to the Plan's actions and policy options for countries and areas, as well as actions for WHO.
 15. 2018 global progress report on implementation of the WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2018, p. 9 (https://www.who.int/fctc/reporting/WHO-FCTC-2018_global_progress_report.pdf).

Other challenges include emerging tobacco products, including HTPs, and increases in the sale and use of ENDS/ENNDS.

These challenges require countries and areas as well as other tobacco control stakeholders to quickly respond with sound interventions, even while the evidence base is still being established. Although some of these emerging tobacco products and ENDS are promoted as cessation aids, the evidence for their efficacy and safety remains debatable, and most continue to be unregulated. In the meantime, data on the adverse health impact of these products – including on previously tobacco-free youth – are growing.

These developments are particularly relevant for the Western Pacific Region, which must transition from 100% ratification of the WHO FCTC to 100% implementation. While all of the Region's countries are Party to the WHO FCTC, closing policy gaps across the entire Region, including in areas of non-Western Pacific Region countries that are not Party to the Convention, affords the greatest likelihood of success in markedly reducing tobacco use and its adverse impacts on health, the environment and sustainable development.

Tobacco control progress and key challenges in the Region

Overall tobacco smoking – the most predominant form of tobacco use – is declining in the Western Pacific Region. However, data projections show that the rate of decline is insufficient to meet the 2025 target of a 30% reduction in prevalence from the 2010 baseline (Fig. 1).¹⁶ With only five more years to achieve the target, one quarter of adults in the Region are still smoking tobacco: half of adult men and one in 30 adult women.

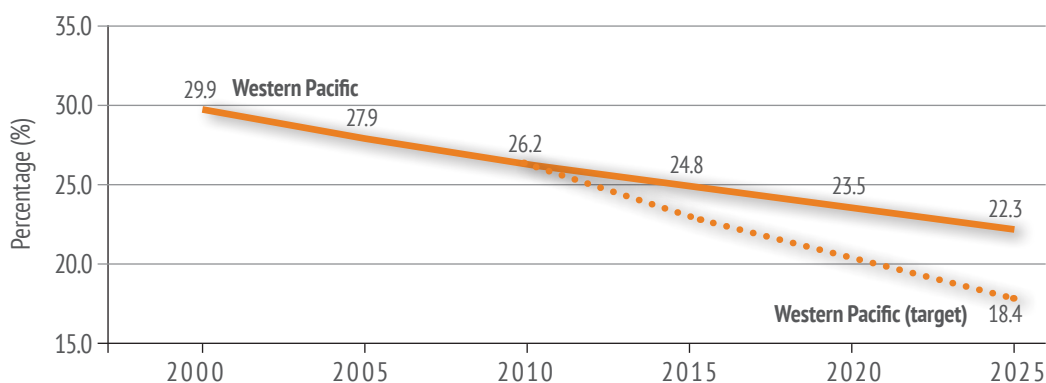
The data on other indicators of tobacco use – namely smokeless tobacco use among adults and tobacco use among youth – are less robust, therefore, global or regional trends on these indicators are not yet available. However, according to the available national data, the Western Pacific Region has the second-highest number of adult smokeless tobacco users among the six WHO regions. Further, an estimated 6.7% of youth aged 13–15 years are smoking tobacco and the gender gap for this age group is much narrower (10.6% of boys, 2.5% of girls) compared with adults; smokeless tobacco use is also higher among youth than adults.

The impact of tobacco haunts the health of communities for years. Despite the overall downward trend in tobacco smoking, mortality from tobacco is still on the rise: tobacco is associated with a number of NCDs that occur at later stages in the lives of smokers.¹⁷

16. WHO report on trends in prevalence of tobacco smoking 2000–2025, second edition. Geneva: World Health Organization; 2018.

17. The effects of tobacco use on health. In: Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products; Board on Population Health and Public Health Practice; Institute of Medicine; Bonnie RJ, Stratton K, Kwan LY, editors. Public health implications of raising the minimum age of legal access to tobacco products. Washington, DC: National Academies Press; 2015 Jul 23 (<https://www.ncbi.nlm.nih.gov/books/NBK310413>).

FIG. 1 Age-standardized fitted and projected rates and the 2025 target of prevalence of tobacco smoking (age 15+) in the Western Pacific Region, 2000–2025



In 2007, tobacco killed 2.5 million people in the Western Pacific Region. By 2017, the death toll from tobacco in the Region had risen to more than 3 million people, including 460 000 non-smokers exposed to second-hand smoke.¹⁸ This rising death toll reminds us that urgent and concerted action at the country level is imperative to accelerate the pace of tobacco control and reduce future mortality rates.

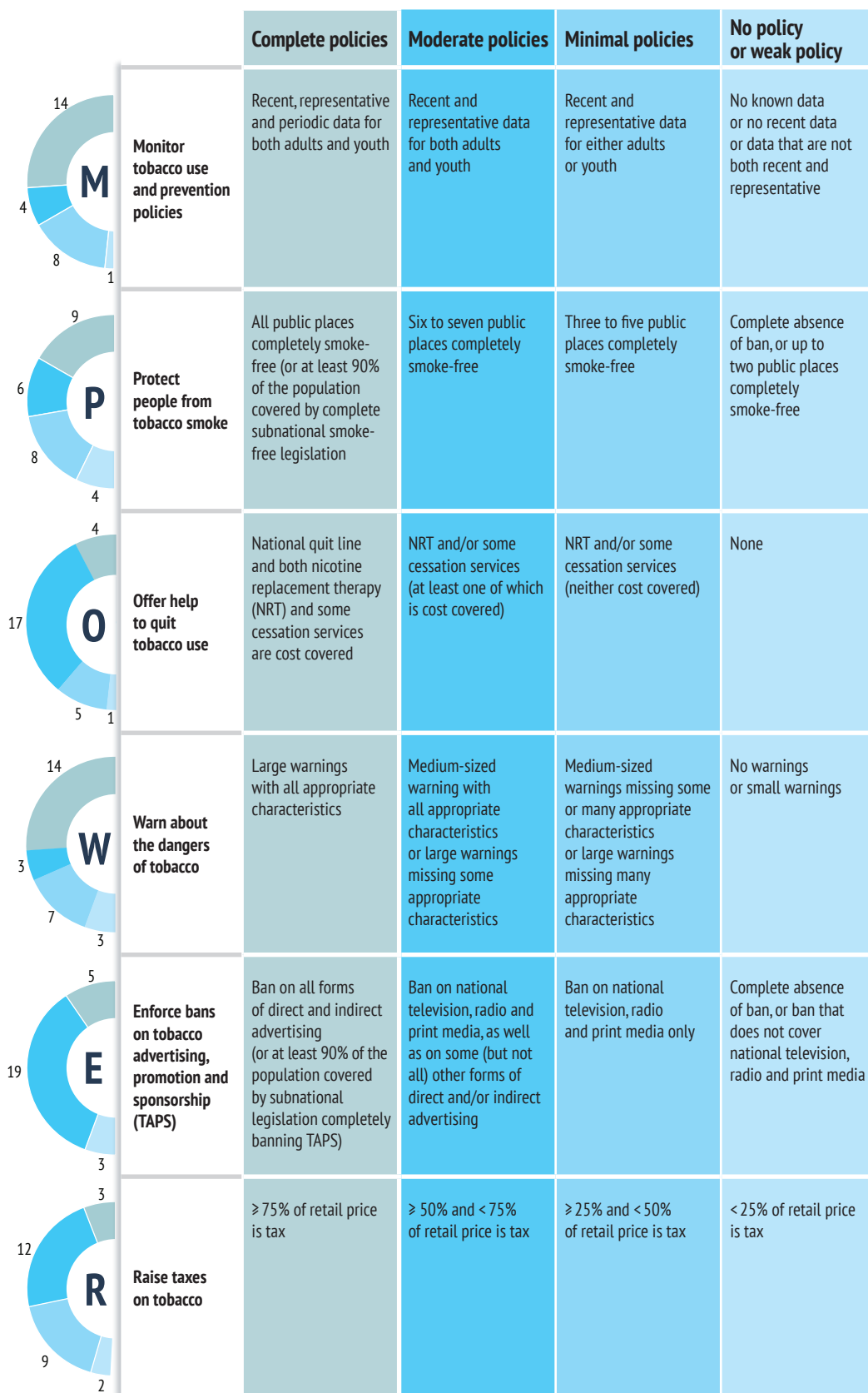
The implementation of MPOWER measures¹⁹ – the key demand reduction measures of the WHO FCTC – has been regularly monitored by WHO to evaluate the progress in countries over the past decade. When monitoring of the MPOWER measures began in 2007, there were only nine countries with one or more MPOWER measures at the highest level of achievement at the national level. The overall tobacco control progress since then has been significant.

Although no country in the Region has yet reached the highest level of achievement for every measure, according to the 2019 *WHO Report on the Global Tobacco Epidemic*, 24 countries have achieved at least one of the MPOWER measures at the highest level (Fig. 2). On the basis of the two highest categories of achievement of MPOWER measures, 18 countries (67% of countries in the Region) have recent and representative data on tobacco use, 15 (56%) have smoke-free legislation covering most public places, 21 (78%) have cost-covered cessation services, 17 (63 %) have health warnings that meet designated criteria, 24 (89%) have banned tobacco advertising and some or all forms of promotion and sponsorship, and in 15 countries (56%) taxes comprise at least 51% of the retail price of cigarettes.

18. GBD 2017 Risk Factor Collaborators. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. Seattle, WA: Institute for Health Metrics and Evaluation; 2018.

19. M: Monitor tobacco use and prevention policies (WHO FCTC Article 20)
 P: Protect people from tobacco smoke (WHO FCTC Article 8)
 O: Offer help to quit tobacco use (WHO FCTC Article 14)
 W: Warn about the dangers of tobacco (WHO FCTC Article 11)
 E: Enforce bans on tobacco advertising, promotion and sponsorship (WHO FCTC Article 13)
 R: Raise taxes on tobacco (WHO FCTC Article 6)

FIG. 2 Number of countries by strength of MPOWER measure implemented, 2018



The Region, through the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)*, has focused for the past five years on accelerating the comprehensive implementation of the WHO FCTC. A progress review in August 2018 revealed a number of advancements made by the countries. For instance, in a majority of the countries, communication and advocacy campaigns for tobacco control have been implemented (81% of the 27 countries in the Region) and primary health-care workers have been trained to offer brief cessation advice (81%). Furthermore, more than half (52%) have successfully established sufficient funding for tobacco control and are continuing efforts for its sustainability. These are all two-fold increases from the baseline figures established in 2014.

Beyond national governments, many contributions have been made by various stakeholders at different levels. Cities are making important gains in protecting populations from exposure to second-hand smoke by implementing subnational smoke-free laws, even in countries that have not yet achieved full implementation of Article 8 of the WHO FCTC in their national laws. Large cities such as Beijing, Hong Kong SAR (China), Shanghai, Shenzhen and Xi'an have comprehensive smoke-free laws independent of national laws. Many tourism sites and companies have also become smoke free through the establishment of smoke-free policies to protect their visitors, clients and employees.

On the other hand, advancements are uneven across countries and tobacco control measures. Some of the most effective measures to reduce tobacco use, such as raising tobacco taxes and providing comprehensive cessation support – including free national “quit lines” – are examples where insufficient progress has been made in implementation. Monitoring compliance with tobacco control laws is essential in ensuring appropriate enforcement activities, yet one third of the countries in the Western Pacific Region do not have a mechanism for such monitoring.

Tobacco industry interference remains a major challenge across the Region. However, only 41% of the countries reported having national policy and enforcement mechanisms to implement Article 5.3 of the WHO FCTC and its guidelines for implementation, and just 37% monitor the tobacco industry. An alarming tactic employed by the tobacco industry to circumvent or dilute tobacco control policies in the Region is their characterization of emerging tobacco products (such as HTPs) and ENDS, as so-called reduced-risk or harm reduction products. The rapid increase in the market share of these products in some countries in the Region and globally suggests that countries must anticipate and quickly respond to these challenges and be alert to ever-evolving tobacco industry interference.

Strong and strategic action is needed for the Region

The comprehensive and sustained implementation of the WHO FCTC is the only way to ensure that the benefits from the treaty's evidence-based tobacco control interventions accrue in countries and areas, and for their people. This requires strategic investment in leadership development and capacity-building at all levels: legislative and enforcement measures, establishment of monitoring systems to track compliance, and surveillance systems to gauge the impact on consumption and health indicators.

How the Regional Action Plan was developed

This document resulted from a systematic effort to collaboratively develop an updated regional action plan for tobacco control – this Action Plan being the seventh in the Western Pacific since 1990 – that outlines key objectives, recommended actions and indicators for countries and areas in the Region, consistent with the WHO FCTC and aligned with the health-related SDGs, the global NCD voluntary targets and GS2025.

The progress that countries and areas made under the preceding Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) was assessed and preliminary input sought to update the action plan. A comprehensive review was conducted of documents, meeting reports, data and feedback from countries and areas to create this *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)*. The text underwent a round of peer review coordinated through the WHO Regional Office for the Western Pacific, as well as further technical reviews by national focal points, regional tobacco control experts and other stakeholders. The reviewed document was further revised by countries and areas in the Region at the Consultation to Develop the Regional Action Plan for Tobacco Control in the Western Pacific, held from 30 April to 2 May 2019 at the WHO Regional Office in Manila.

The Regional Action Plan (2020–2030) builds upon and complements the preceding action plan, which remains a useful source of information and guidance; however, the structure of the strategic areas for action has been revised to reflect the evolution of tobacco control within the Region. The Regional Action Plan reflects the changing nature of priority and emerging tobacco control challenges and issues that countries and areas in the Region must confront in order to meet global targets. Clearly, the comprehensive implementation of the WHO FCTC is critical, but the capacity and resource challenges within the Region mandate prioritization of specific cost-effective measures that must be addressed to enable the effective implementation of other measures.

How the Regional Action Plan can help you

Western Pacific Region countries and areas have varying capacities and are at different stages of tobacco control implementation. This document provides a range or suite of actions and policy options for countries and areas to accelerate tobacco control, recognizing the significant diversity across the Region – and that not all countries and areas will be ready or able to adopt all of these actions and policy options immediately. Rather, countries and areas are encouraged to start with the actions and policy options that are appropriate for their context, level of tobacco control capacity and resources, and, once these are accomplished, to move towards implementation of the more complex actions and policy options. This plan also encourages adaptation of successful implementation models and tools, as well as interaction and engagement with counterparts from other countries and areas in the Region, to create a regional “learning community” that can facilitate the diffusion of lessons learnt, and potentially create a pool of cross-border technical assistance resources.



2. VISION, MISSION, GOAL AND OVERALL TARGET

VISION

A healthy and sustainable world for all – tobacco-free people, communities and environments.

MISSION

To empower countries and areas in the Western Pacific Region to combat the tobacco epidemic.

GOAL

To reduce tobacco use by accelerating the implementation of effective tobacco control measures, including and beyond those in the WHO Framework Convention on Tobacco Control and its guidelines for implementation, through the establishment of sustainable systems and whole-of-government and whole-of-society approaches.

OVERALL TARGET

To attain in each country and area by 2030 a minimum 30% relative reduction in the age-standardized prevalence of current tobacco use among people aged 15 years and older from the estimated baseline of 2015.



3. STRATEGIC AREAS, OBJECTIVES, ACTIONS AND INDICATORS

STRATEGIC AREA 1

Prioritize tobacco control in all relevant policies

Objective 1.1: Incorporate and prioritize tobacco control in the national development agenda and in relevant action plans, policies and legislation

The integration of tobacco control in comprehensive national development plans and policy frameworks is critical to ensure that tobacco control forms part of the broader national strategy to attain the SDGs. Countries and areas must adopt a systematic approach to tobacco control that recognizes its significance and implications on development, beyond health, and accordingly engages and empowers other sectors to implement effective tobacco control interventions. To address social inequities that directly or indirectly affect tobacco consumption and exposure to tobacco smoke, the strategy must also adopt a perspective that considers gender, ethnicity, religion and other socioeconomic determinants to resolve the fundamental causes of poor health and elevated risks among groups with increased vulnerabilities to tobacco and its adverse health effects.

Actions and policy options for countries and areas

1. Consistent with the goal of full implementation of the WHO FCTC and its guidelines for implementation, integrate tobacco control into relevant global and national plans and policy frameworks, such as, within the health sector, incorporating tobacco control into health systems strengthening, UHC, and NCD prevention and control, and, outside the health sector, addressing tobacco control's role in economic development, protection of the environment and the attainment of the SDGs. (GS2025 Specific Objectives 2.1.3 and 3.2.2)
2. Engage state leaders and policy-makers from health and other sectors to highlight tobacco control in high-level policy dialogues for economic and social development, poverty reduction, public sector health financing, agriculture, trade, environment, climate change, tourism, gender, children's issues, women's issues, protection of vulnerable and disadvantaged populations, education, and other relevant areas. (GS2025 Specific Objective 3.2.1)
3. Advocate the inclusion of transnational tobacco control issues, including those related to international trade and investment, on the agendas of international, regional and subregional organizations and initiatives, including the Association of Southeast Asian Nations, Asia-Pacific Economic Cooperation, Asian Development Bank, Pacific Islands Forum, Pacific Community, Pacific Island Health Officers' Association, and Belt and Road Initiative.
4. Engage with civil society, such as nongovernmental organizations (NGOs), traditional leaders, and faith-based and other groups not affiliated with the tobacco industry in multisectoral policy dialogues, consultation, and development of tobacco control policies and programmes.
5. Engage in South–South and triangular cooperation programmes, including as provider or recipient. (GS2025 Specific Objective 1.2.1)
6. Include tobacco control in relevant cross-cutting high-level policy discussions, seminars and international conferences, such as those relating to economic development, the environment, the SDGs, health systems strengthening, UHC, and NCD prevention and control.
7. Safeguard the right to regulate to protect public health when negotiating or entering into international trade and investment agreements.

Indicators for countries and areas

1. Identification of the implementation of effective tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, as a development priority, including in the *United Nations Sustainable Development Cooperation Framework* and *United Nations Pacific Strategy 2018–2022*. (GS2025 Strategic Objective 1.1)

2. Inclusion of WHO FCTC implementation in voluntary national reviews on the implementation of the SDGs, in relation to target 3.a. (GS2025 Strategic Objective 2.1)
3. Integration of tobacco control strategies into NCD plans to achieve the goals and targets of the WHO *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*. (GS2025 Specific Objective 2.1.3)
4. Engagement in South–South and triangular cooperation programmes, including as provider or recipient. (GS2025 Specific Objective 1.2.1)

Actions for WHO

1. Ensure that tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, are fully mainstreamed in the implementation of the *2030 Agenda for Sustainable Development* and deliberations in any forums organized under the United Nations framework that are relevant to tobacco control. (GS2025 Specific Objective 2.1.2)
2. Facilitate the inclusion of tobacco control in high-level policy discussions at the international, regional and national levels with key United Nations agencies, other institutions and organizations representing diverse sectors, including financing, economic and social development, poverty reduction, agriculture, trade, environment and climate change, as well as regional and subregional bodies. (GS2025 Specific Objectives 2.1.1, 2.1.4 and 3.2.2)
3. Provide technical guidance to countries and areas in promoting tobacco control policy coherence across sectors, with an emphasis on multisectoral coordination and protection of these processes from commercial and vested interests of the tobacco industry. (GS2025 Specific Objective 3.2.2)
4. Disseminate evidence and policy recommendations regarding tobacco control's role in non-health areas, such as the environmental harm and impact of tobacco cultivation, manufacturing and consumption, as well as for tobacco and ENDS/ENNDS taxation as a revenue-generating means for health financing, and customs control systems to curb illicit trade.
5. Improve mechanisms for the sharing of expertise and evidence, such as through South–South and triangular cooperation programmes. (GS2025 Specific Objective 1.2.1)

WHO indicators

1. Number of United Nations forums or meetings within the Region on the attainment of the SDGs that recognize and address tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, as an integral component to attain the SDG targets. (GS2025 Strategic Objective 2.1)

2. Number of development agencies, intergovernmental organizations, international organizations or initiatives within the Region that include tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, in their strategies or plans. (GS2025 Strategic Objective 2.1; GS2025 Specific Objectives 2.1.1 and 2.1.4)
3. Number of countries and areas receiving technical assistance on tobacco control policy coherence.
4. Number of countries and areas engaged in South–South and triangular cooperation programmes, including as provider or recipient. (GS2025 Specific Objective 1.2.1)

Objective 1.2: Use strategic communications to build public support for integration of tobacco control into broader policy areas

Strategic, effective, integrated and coordinated communications and advocacy campaigns create the nexus between policy formulation and the engagement of policy-makers to champion tobacco control for public health. They also raise awareness among the general public to facilitate implementation and secure support for and compliance with tobacco control laws. Technological advances, digital media platforms and new forms of media (for example, audio, video and image content that has been encoded or uses digital technology, such as the Internet) also set the stage for communications campaigns to go beyond traditional media (for example, print, broadcast and outdoor media) and effectively reach vulnerable sectors of the population who are aggressively targeted by the tobacco industry.

Actions and policy options for countries and areas

1. Create, strengthen and implement a comprehensive strategic communications and advocacy campaign with sustainable funding to generate widespread support for tobacco control policy priorities, and incorporate this within the overall tobacco control work plan. (GS2025 Specific Objectives 2.1.5 and 3.2.3)
2. Engage and keep media updated on tobacco control emerging evidence, achievements, challenges and priorities, as well as publicize success stories and other information that clearly and persuasively demonstrate the effectiveness of tobacco control policy implementation.
3. Raise public awareness on the harms of tobacco use and exposure to tobacco smoke and the emissions of emerging tobacco products and ENDS/ENNDS, as

well as tobacco industry interference, through evidence-based communications campaigns to gain public support for tobacco control and ENDS/ENNDS policies and measures, and to encourage health-enhancing behaviour change.

4. Use multimedia platforms for information and advocacy, such as traditional media (including paid media), earned media (gained through promotional efforts and not paid) and social media (paid or earned), tailoring the communications channel, content and messages to the specific audience.
5. Develop education and advocacy materials and multimedia content that are accessible, credible, relevant, timely, understandable and easily adaptable by subnational governments and local communities.
6. Work with partners and develop networks to reach and engage specific stakeholder audiences with tailored content and messages.
7. Build communities and mobilize support for effective tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, via social media, new technology and media platforms, and other innovative means.
8. Engage community role models, high-profile individuals or entities, and social media influencers not affiliated with the tobacco industry as tobacco control champions. (GS2025 Operational Objective 1.4)

Indicator for countries and areas

1. Development, strengthening and implementation of comprehensive strategic communications and advocacy campaigns with sustainable funding. (GS2025 Specific Objectives 2.1.5 and 3.2.3)

Actions for WHO

1. Advocate for and provide information and technical assistance to countries and areas and to decision-makers on the use of strategic communications with sustainable funding to build public support for effective tobacco control and ENDS/ENNDS policies and measures, motivate health-enhancing behaviour change, and make the business case for tobacco control's pivotal role in economic development and attainment of the SDGs. (GS2025 Specific Objective 3.2.3)
2. Provide clear and persuasive position papers and resources for distribution to media on complex tobacco control topics and emerging issues, such as emerging tobacco products and ENDS/ENNDS, including information on prevalence, health harms, regulatory measures and initiatives on the national, regional and global levels, and available evidence.
3. Facilitate and support the exchange of communication and good advocacy practices and materials among countries and areas.

4. Develop communications and advocacy materials, as well as multimedia content, templates and tools that are accessible, credible, relevant, timely, understandable and readily adaptable by countries and areas. (GS2025 Specific Objective 2.1.5)

WHO indicators

1. Number of countries and areas that have received technical assistance for the development, strengthening and implementation of comprehensive strategic communications and advocacy campaigns with sustainable funding to support tobacco control and ENDS/ENNDS policies and measures. (GS2025 Specific Objectives 2.1.5 and 3.2.3)
2. Creation of an operational communications and advocacy resource repository for use by countries and areas.

Objective 1.3: Strengthen multisectoral surveillance and evidence-based research to support tobacco control and measures on ENDS/ENNDS

It is essential to track and monitor progress in tobacco control over time and to correlate and assess the impact of policy interventions on tobacco use prevalence rates. Countries and areas should conduct appropriately spaced and multisectoral surveillance activities in cooperation with WHO and relevant institutions working on impact evaluation surveys, research and similar initiatives at the global and regional levels. Developing an up-to-date and responsive research agenda and evidence base relevant to the national or local context is also critical to building a strong foundation for sound tobacco control policies and to addressing emerging issues that may pose new challenges to countries and areas in regulating tobacco products and ENDS/ENNDS.

Actions and policy options for countries and areas

1. Implement standard global and regional tobacco control surveys regularly, including questions on emerging tobacco products and ENDS/ENNDS, and promptly report the data to WHO. (GS2025 Specific Objective 3.2.5)
2. Conduct monitoring and assessment of implementation, compliance with, and enforcement of tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, and those on emerging tobacco products and ENDS/ENNDS. (GS2025 Specific Objective 3.2.5)

3. Conduct impact evaluation research and participate in regional and global policy impact and evaluation surveys. (GS2025 Specific Objectives 2.2.3 and 3.2.5)
4. Develop a tobacco control research agenda to address other areas in tobacco control that are of particular relevance to the local context, as well as emerging issues, such as: the determinants and consequences of tobacco use and exposure to tobacco smoke; alternative crops and livelihood; research on tobacco use disparities; environmental impacts of tobacco growing, manufacturing and consumption; smokeless tobacco use; and emerging tobacco products and ENDS/ENNDS. (GS2025 Specific Objective 2.2.3)
5. Promote and strengthen multisectoral engagement in surveillance activities, impact evaluation surveys, research and similar initiatives. (GS2025 Specific Objectives 2.2.3, 3.2.2 and 3.2.5)
6. Widely disseminate national and regional data and information collected to policy-makers and tobacco control stakeholders and strengthen the use of evidence for policy action.

Indicators for countries and areas

1. Availability of recent, representative and periodic (for example, every five years) prevalence data on use of tobacco, including emerging tobacco products and ENDS/ENNDS for both adults and youth. (GS2025 Specific Objective 3.2.5)
2. Monitoring and assessment of the implementation and enforcement of policies and measures on tobacco and ENDS/ENNDS undertaken. (GS2025 Specific Objective 3.2.5)
3. Research conducted to build the evidence base on tobacco control and other emerging issues. (GS2025 Specific Objective 2.2.3)
4. Engagement of health and non-health sectors in surveillance activities, impact evaluation surveys, research and similar initiatives. (GS2025 Specific Objectives 2.2.3 and 3.2.5)
5. Dissemination of data and information collected to policy-makers and tobacco control stakeholders, and use of evidence for policy action.

Actions for WHO

1. Expand capacity-building for tobacco control surveillance and evaluation, including development of tools and guidelines for conducting assessments of implementation and enforcement. (GS2025 Specific Objective 3.2.5)
2. Assist in identifying projects and facilitating tobacco control research and provide technical assistance on emerging issues, linking countries and areas to the appro-

appropriate WHO resources, including WHO collaborating centres and WHO FCTC knowledge hubs. (GS2025 Specific Objectives 1.2.2 and 2.2.3)

WHO indicators

1. Number of countries and areas receiving technical assistance for surveillance and evaluation. (GS2025 Specific Objective 3.2.5)
2. Number of countries and areas receiving technical assistance to identify projects and conduct research on tobacco control and other emerging issues. (GS2025 Specific Objective 2.2.3)
3. Number of countries and areas receiving assistance from WHO collaborating centres and WHO FCTC knowledge hubs. (GS2025 Strategic Objective 1.2.2)

STRATEGIC AREA 2

Accelerate implementation of tobacco control measures, including those in the WHO Framework Convention on Tobacco Control and its guidelines for implementation

Objective 2.1: Strengthen national capacity and infrastructure to fully implement tobacco control measures, including those in the WHO FCTC and its guidelines for implementation

Sufficient evidence exists for effective action against the tobacco epidemic; the evidence is articulated in the WHO FCTC and its guidelines for implementation and the extensive evidence base supporting effective comprehensive tobacco control interventions. However, ratification of the treaty or the enactment of tobacco control policies is insufficient to revert the tobacco epidemic and mitigate its devastating impact on people's health and lives. To truly make a difference, governments also need to invest in establishing strong national capacity and infrastructure to undertake sustained implementation and enforcement of comprehensive tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation.

Actions and policy options for countries and areas

1. Develop, implement and regularly update a comprehensive, costed national tobacco control plan and tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, that are most important in the national context. (GS2025 Specific Objectives 1.1.1 and 3.2.3)
2. Ensure that tobacco control is in the national health human resource development plan in support of the national NCD prevention and control plans and other health promotion efforts, including training of health workers in hospitals and health facilities.
3. Ensure an adequate number of tobacco control and related staff, including legal staff, and build their skills and capacity to support the implementation of the national tobacco control plan or tobacco control policies and measures, as well as relevant global and national plans and policy frameworks, such as those relating to tobacco control's role in economic development, protection of the environment, attainment of the SDGs, health systems strengthening, UHC, and NCD prevention and control.

4. Provide adequate tobacco control funding from national budget appropriations and allocations to cover implementation of the national tobacco control plan or tobacco control policies and measures. (GS2025 Specific Objective 3.2.3)
5. Develop or strengthen executive, administrative and legislative measures to ensure adequate funding and logistical support for national tobacco control programmes, such as the use of revenues from taxes on tobacco, ENDS/ENNDS and other products. (GS2025 Specific Objective 3.2.3)

Indicators for countries and areas

1. Existence of: (a) a comprehensive, costed national tobacco control plan (b) that is fully funded and (c) appropriately staffed. (GS2025 Specific Objectives 1.1 and 3.2.3)
2. Tobacco control capacity-building programme in place.

Actions for WHO

1. Assist countries and areas in the creation of a comprehensive, costed national tobacco control plan and tobacco control measures, including those in the WHO FCTC and its guidelines for implementation, with clearly identified priority areas and adequate human resources. (GS2025 Specific Objective 3.2.3)
2. Provide technical support to countries and areas in legislating or adopting measures that ensure sustainable funding for tobacco control, and promote regional examples of successful financing mechanisms for ensuring the sustainability of national tobacco control programmes. (GS2025 Specific Objective 3.2.3)
3. Disseminate good country practices, lessons learnt, templates, protocols and social media resources for multisectoral tobacco control coordination.

WHO indicators

1. Number of countries and areas receiving technical assistance to strengthen national capacity for the implementation of tobacco control measures, including those in the WHO FCTC and its guidelines for implementation.
2. Number of countries and areas with comprehensive, costed national tobacco control plans. (GS2025 Specific Objective 3.2.3)

Objective 2.2: Protect tobacco control policies and national efforts from tobacco industry interference (WHO FCTC Article 5.3)

Tobacco industry interference remains the barrier to progress in tobacco control that is most commonly cited by countries. Even as governments work to raise awareness among the public and build capacity to counter tobacco industry attempts to hinder, delay or weaken implementation, the tobacco industry is finding various means to influence policy development for its own commercial interests, such as through engagement with non-health sectors or by funnelling research funding to third-party organizations that claim to have legitimate interests in public health. Countries must ramp up efforts to inoculate all branches of government across all sectors from these and evolving tobacco industry tactics.

Actions and policy options for countries and areas

1. Implement policies and measures to protect public health policies and tobacco control measures from commercial and other vested interests of the tobacco industry, including, at a minimum, implementation of Article 5.3 of the WHO FCTC and its guidelines for implementation. (GS2025 Specific Objectives 3.1.3 and 3.2.4)
2. Strengthen awareness raising, within the government and among the public, of tobacco industry interference strategies and tactics and the need to protect public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.
3. Formulate, adopt and implement a code of conduct for public officials, including civil servants and elected officials, or amend any such existing code of conduct, prescribing the standards for public agency engagement with the tobacco industry consistent with Article 5.3 of the WHO FCTC and its guidelines for implementation.
4. Provide training on countering tobacco industry interference for public officials, civil servants and elected officials in government agencies that are involved in tobacco control issues.
5. Monitor and collect information on tobacco industry activities and practices, including information on tobacco industry players, entities, and organizations and individuals acting on their behalf, and counter tobacco industry interference with policy development and implementation.
6. Engage with, seek support from, and build partnerships with civil society and academia to use their expertise and experience in monitoring and responding to, and exposing and reporting on, tobacco industry interference, including interference conducted on behalf of industry by non-independent organizations.

7. Periodically assess the implementation of Article 5.3 of the WHO FCTC and its guidelines for implementation based on a tobacco industry interference index accepted by the tobacco control community.
8. Prohibit so-called socially responsible activities by the tobacco industry, including activities described as corporate social responsibility or related terms such as corporate sustainability.
9. Eliminate incentives, privileges or benefits to the tobacco industry, including preferential tax exemption or treatment, to establish or run their business.
10. Strengthen awareness raising about the tobacco industry or related third-party funding among research institutions, government agencies, international inter-governmental organizations and NGOs, and the private sector, and adopt policies that would prevent the use of research output from such industry-related entities in policy development.
11. Share all efforts undertaken and results achieved in the country or area to counter tobacco industry interference.
12. Require the tobacco industry to periodically disclose to the government and to the public its activities with regard to tobacco production, manufacture, market share, marketing expenditures, revenues, marketing, privileges, investment, funding of third parties and NGOs, lobbying, philanthropy, political contributions, and all advertising, promotion and sponsorship activities that have not yet been banned in accordance with Article 13 of the WHO FCTC.
13. Ensure that the country or area has no investment in the tobacco industry and related ventures, including via public or government pension or superannuation funds.
14. In countries with a state-owned tobacco industry, ensure that any investment in the tobacco industry does not prevent full implementation of tobacco control measures, including those in the WHO FCTC and its guidelines for implementation.
15. Ensure that there is whole-of-government implementation of Article 5.3 of the WHO FCTC and its guidelines for implementation, including by government and diplomatic missions and offices in other countries, and in the conduct of international and economic relations.

Indicator for countries and areas

1. Implementation of policies and measures to protect public health policies from tobacco industry interference, including those in Article 5.3 of the WHO FCTC and its guidelines for implementation. (GS2025 Specific Objectives 2.2.1 and 3.2.4)

Actions for WHO

1. Disseminate guidelines and templates for policies and measures to address or counter tobacco industry interference in tobacco control policy development, and facilitate full implementation of measures consistent with Article 5.3 of the WHO FCTC and its guidelines for implementation. (GS2025 Specific Objectives 3.1.3 and 3.2.4)
2. Assist countries in building capacity to prevent tobacco industry interference among public officials, including civil servants and elected officials.
3. Provide technical assistance and training opportunities to countries and areas facing tobacco industry interference, including threatened or actual litigation or legal challenges to tobacco control measures in domestic courts or international trade and investment tribunals, and link such countries and areas with technical experts and resources.
4. Disseminate policy initiatives and good country examples of responses to a global or regional interference strategy on the part of the tobacco industry, such as the formation and promotion of industry-funded bodies and their use as related third parties to further the commercial and other vested interests of the tobacco industry.
5. Develop and disseminate information and tools to counter tobacco industry arguments.
6. Facilitate the sharing of good country practices on prohibiting so-called socially responsible, activities by the tobacco industry, including activities described as corporate social responsibility or related terms such as corporate sustainability.
7. Facilitate and provide technical assistance and training opportunities to countries and areas to monitor tobacco industry interference, including the use of a tobacco industry interference index.
8. Raise awareness in countries and areas that investment in the tobacco industry and related ventures is contrary to Article 5.3 of the WHO FCTC and its guidelines for implementation, and to public health.

WHO indicators

1. Number of countries and areas that have received WHO assistance to establish or enact policies and measures that address tobacco industry interference in tobacco control, consistent with Article 5.3 of the WHO FCTC and its guidelines for implementation. (GS2025 Specific Objective 3.1.3)
2. Number of countries and areas that have received WHO assistance to establish policies and measures and to monitor the tobacco industry.

Objective 2.3: Implement price and tax policies and measures to reduce affordability and consumption (WHO FCTC Article 6)

Raising tobacco taxes to reduce affordability is recognized as one of the most effective measures to reduce tobacco consumption and exposure to tobacco smoke. Tobacco taxes have been shown to be progressive and improve equity; the positive impact of tobacco price tax measures on public health is also more strongly felt where it is most needed – among price-sensitive young children and adolescents, and in low- and middle-income countries. The public revenue garnered by increasing taxes is also a win–win solution for governments: tobacco tax revenues may be used to finance tobacco control activities and other programmes for public health, such as UHC.

Actions and policy options for countries and areas

1. Implement price and tax policies and measures to reduce tobacco consumption, including, at a minimum, those in Article 6 of the WHO FCTC and its guidelines for implementation. (GS2025 Specific Objective 1.1.2)
2. Work multisectorally across relevant government ministries, including ministries of finance:
 - a. to ensure that excise taxes on all tobacco products comprise at least 70% of the retail price, with equivalent taxes applied to emerging tobacco products and ENDS/ENNDS (in countries and areas where such products are not banned);
 - b. to monitor, increase or adjust tax rates on an annual basis to reduce affordability, taking into account inflation and income growth developments; and
 - c. to ensure that a unified tax system or the most simple and effective excise tax system is implemented.
3. Develop a tax administration plan to ensure efficient and effective implementation of the tax policy, including measures such as licensing regimes, fiscal markings and enforcement.
4. Implement the following measures:
 - a. a transparent licensing or equivalent approval or control system for trade in tobacco products;
 - b. effective anti-forestalling measures to prevent an increase in the production or stock of tobacco products in anticipation of a tax increase, such as restricting the release of excessive volumes of tobacco products immediately prior to a tax increase or levying the new tax on products already produced or kept in stock;

- c. mandatory tobacco package tax markings or fiscal markings to distinguish between illicit and legal tobacco products and increase compliance with tax policies and measures through monitoring of production and importation; and
 - d. tracking and tracing regimes or systems to monitor tobacco products throughout the supply chain and to assist in the investigation of illicit trade in tobacco products.
5. Dedicate tobacco tax revenue to tobacco control programmes, such as: awareness raising; health promotion; NCD prevention and control; cessation services; economically viable alternative activities; financing of appropriate structures for tobacco control, research and communications strategies; UHC; and other government priorities. (GS2025 Specific Objective 2.2.3)
 6. Prohibit the sale of individual cigarettes or tobacco products in small packets (for example, fewer than 20 cigarettes per packet), which increase the affordability of such products to minors.
 7. Prohibit or restrict sales to and/or importations by international travellers of tax- and duty-free tobacco products.
 8. Ratify or accede to the *Protocol to Eliminate Illicit Trade in Tobacco Products* (Illicit Trade Protocol).

Indicators for countries and areas

1. Excise taxes on all tobacco products comprise at least 70% of the retail price, with equivalent taxes applied to emerging tobacco products and ENDS/ENNDS, where such products are not banned.
2. Policies in place in all relevant ministries, including ministries of finance, to ensure that tobacco tax rates are monitored and increased annually.
3. Tobacco tax revenue dedicated to health promotion and NCD prevention, including tobacco control.
4. Existence of a tracking and tracing regime or system consistent with the Illicit Trade Protocol.
5. Ratification of, or accession to, the Illicit Trade Protocol.

Actions for WHO

1. Provide tools and assistance for countries and areas to make the business case for raising tobacco taxes.
2. Provide technical guidance, tools and training opportunities to countries and areas for effective design, implementation, administration and monitoring of tobacco tax and price strategies.

3. Provide technical guidance, tools, models and assistance for dedicating tobacco taxes to tobacco control programmes, such as: awareness raising; health promotion; NCD prevention and control; cessation services; economically viable alternative activities; financing of appropriate structures for tobacco control, research and communications strategies; UHC; and other government priorities. (GS2025 Specific Objective 2.2.3)
4. Collaborate with other intergovernmental organizations to advocate regular tobacco taxation increases with senior government officials.
5. Facilitate implementation of tracking and tracing regimes or systems consistent with the Illicit Trade Protocol.
6. Facilitate the sharing of good country practices in countering illicit trade.
7. Provide technical assistance and support to countries to encourage ratification of, or accession to, the Illicit Trade Protocol.

WHO indicator

1. Number of countries and areas receiving technical guidance, tools and assistance for effective tobacco tax and price strategies, including effective tax administration.

Objective 2.4: Implement policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS (WHO FCTC Article 8)

Scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability, as set out in Article 8 of the WHO FCTC. This is one of the most implemented articles of the WHO FCTC worldwide and has contributed to the denormalization of tobacco use. Still, countries and areas must work to eliminate gaps and exceptions in policies to provide universal protection from exposure to tobacco smoke, as well as emissions from emerging tobacco products and ENDS/ENNDS, because approaches that fall short of a 100% smoke-free environment have been shown to be ineffective. Special attention must also be given to places such as outdoor public spaces and areas frequented by youth and vulnerable sectors – such as workers in restaurants and commercial establishments – as well as to the protection of women and children exposed to second-hand smoke at home.

Actions and policy options for countries and areas

1. Develop and implement policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS, including, at a minimum, implementation of Article 8 of the WHO FCTC and its guidelines for implementation and in consideration of the time frame set therein (GS2025 Specific Objective 1.1.3), as well as to protect against third-hand smoke (residual tobacco smoke pollutants that remain on surfaces and in dust after tobacco has been smoked), such as those:
 - a. protecting from such exposure in indoor workplaces, public transport, indoor public places, and other public places, such as health-care facilities, educational facilities, universities, government facilities, cultural facilities, historical sites, tourism and heritage sites, public gatherings, restaurants, cafes, pubs, bars, shopping malls, retail establishments, parks, beaches and playgrounds;
 - b. protecting from such exposure in outdoor public places covered by a roof or roof-like structure or enclosed by one or more walls or sides;
 - c. prohibiting indoor tobacco chewing or consumption of other tobacco products; and
 - d. ensuring legal responsibilities are established for business establishments and stakeholders to comply with policies and measures to protect from such exposure, such as duties to install required signage, fixtures and facilities, remove ashtrays and similar receptacles, supervise observance of the rules, and take reasonable steps to discourage individuals from smoking or using tobacco products, including emerging tobacco products and ENDS/ENNDS.
2. Ensure communication to business establishments and other stakeholders of their legal responsibilities for compliance – including possible penalties for non-compliance – with policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS.
3. Involve civil society, such as tobacco control, NCD advocacy and health promotion groups, and other relevant stakeholders not affiliated with the tobacco industry or related industries, as active partners in the process of developing, implementing and enforcing measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS.
4. Educate and empower community groups to take action to protect women, children and other vulnerable groups from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS.
5. Conduct activities to promote 100% protection from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS, including in places such as homes, private vehicles, outdoor public spaces and others, as appropriate.

Indicator for countries and areas

1. Adoption and implementation of policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS, which are, at a minimum, consistent with Article 8 of the WHO FCTC and its guidelines for implementation.

Actions for WHO

1. Provide technical guidance, tools and assistance for countries and areas to effectively formulate and adopt policies and measures to protect from exposure to smoke and emissions from emerging tobacco products and ENDS/ENNDS, including those in Article 8 of the WHO FCTC and its guidelines for implementation.
2. Integrate policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS in healthy settings-based approaches, such as the Healthy Cities or Healthy Islands initiatives, major public events, and other settings and initiatives.
3. Monitor implementation and enforcement of policies and measures within the Region to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS.
4. Disseminate case studies; success stories; evidence; updates on policy implementation; and monitoring, evaluation and impact assessments.
5. Develop and disseminate evidence in relation to the harm caused by exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS.

WHO indicators

1. Number of countries and areas that have received technical guidance, tools and assistance for the implementation of policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS, including those in the WHO FCTC and its guidelines for implementation.
2. Facilitation of, and support for, the exchange of good country practices, success stories, lessons learnt, and challenges among countries and areas.

Objective 2.5: Implement packaging and labelling policies and measures (WHO FCTC Article 11)

International developments in packaging and labelling measures signal considerable progress in tobacco control, as more and more countries worldwide increase the size of pictorial health warnings on tobacco packs and move towards legislation requiring plain or standardized packaging, while successfully defending legal challenges by the tobacco industry in domestic courts and international trade and investment tribunals. Countries must innovate and work to maximize the benefits of packaging and labelling measures as a direct and cost-effective means of reducing tobacco consumption and exposure to tobacco smoke and emissions, including emissions from emerging tobacco products and ENDS/ENNDS.

Actions and policy options for countries and areas

1. Develop policies and measures to ensure that effective health warnings describing and showing the harmful effects of tobacco use appear on all tobacco packaging and labelling, and that they are 75% or more of principal display areas, clear, visible, legible, include full-colour pictures, are rotating, and include health warnings in all principal languages, including, at a minimum, implementation of Article 11 of the WHO FCTC and its guidelines for implementation, and in consideration of the time frame set therein. (GS2025 Specific Objective 1.1.3)
2. Develop policies and measures to prevent tobacco and related industries from using any means through the packaging and labelling that are false, misleading or deceptive, including with respect to emissions (including those from emerging tobacco products and ENDS/ENNDS), contents, harm reduction and attractiveness.
3. Require that the country or area of intended retail be printed on the tobacco packaging and labelling to assist in preventing illicit trade of tobacco products.
4. Implement policies and measures requiring a plain or standardized appearance of tobacco products and their packaging, as well as policies and measures to regulate tobacco product contents and disclosures, consistent with Articles 9 and 10 of the WHO FCTC and their guidelines for implementation.
5. Introduce innovative policies and measures regarding location of the warning, such as requiring health warnings and messages to be printed on the tobacco product itself or its components, as well as on devices such as ENDS/ENNDS and those used for emerging tobacco products (including HTPs), and water-pipe smoking.

Indicator for countries and areas

1. Adoption and implementation of packaging and labelling policies and measures that are, at a minimum, consistent with Article 11 of the WHO FCTC and its guidelines for implementation.

Actions for WHO

1. Provide technical guidance and assistance for countries and areas to effectively develop packaging and labelling policies and measures, including those in Article 11 of the WHO FCTC and its guidelines for implementation.
2. Provide examples and facilitate the sharing of images for effective health warnings and other technical specifications for packaging and labelling.
3. Provide technical assistance to countries and areas regarding issues pertaining to the development and implementation of packaging and labelling policies and measures, including defending such measures from legal challenges.

WHO indicator

1. Number of countries and areas that have received technical guidance, tools and assistance for the implementation of packaging and labelling policies and measures, including those in the WHO FCTC and its guidelines for implementation.

Objective 2.6: Implement policies and measures to ban tobacco advertising promotion and sponsorship (WHO FCTC Article 13)

A comprehensive ban on all forms of tobacco advertising, promotion and sponsorship is required to effectively prevent people – especially vulnerable groups such as women, children and youth – from starting or continuing to smoke or use tobacco products. The tobacco industry aggressively uses wide-ranging promotional activities, the Internet and social media, entertainment media, and cross-border platforms to exploit areas with minimal regulation or to circumvent existing restrictions on tobacco advertising, promotion and sponsorship. Countries must close loopholes in their laws to ensure the widest possible coverage of the ban and address special challenges for regulators, such as point-of-sale retail display and so-called corporate social responsibility or corporate sustainability activities by the tobacco industry, as well as learn to anticipate and counter well-funded marketing campaigns.

Actions and policy options for countries and areas

1. Undertake a comprehensive ban on advertising, promotion and sponsorship of tobacco products, including, at a minimum, implementation of Article 13 of the WHO FCTC and its guidelines for implementation and in consideration of the time frame set therein (GS2025 Specific Objective 1.1.3), including policies and measures:
 - a. to prohibit tobacco advertising in all forms, without exemption, including any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly;
 - b. to prohibit tobacco promotion in all forms, direct and indirect, and without exemption, such as discounts, free distribution of tobacco products, raffles, contests, incentive schemes, or any other form of promotional activity; and
 - c. to prohibit tobacco sponsorships in all forms, direct and indirect, financial or otherwise, without exemption, and regardless of how or whether the contribution is acknowledged or publicized.
2. Implement policies and measures to address aspects that could pose special challenges for regulators, such as the following:
 - a. prohibit retail display and visibility of tobacco products at points of sale;
 - b. prohibit sales other than face-to-face purchases, such as from vending machines, via the Internet and similar means;
 - c. prohibit brand stretching and brand sharing;
 - d. prohibit contributions from the tobacco industry to any other entity for so-called socially responsible causes and publicity given to so-called socially responsible activities by the tobacco industry, including activities described as corporate social responsibility or related terms such as corporate sustainability; and
 - e. reduce or address depictions of tobacco in entertainment media, such as by requiring certifications that no benefits or contributions have been received for any tobacco depiction; prohibiting the use of tobacco brands or imagery; requiring anti-tobacco advertisements and health and content warnings on material that depicts tobacco; implementing a ratings or classification system and age ratings that take tobacco depiction into account; requiring tobacco industry disclosure of all expenditures associated with tobacco advertising, promotion and sponsorship; ensuring that entertainment media aimed at children do not depict tobacco products, use or imagery; and prohibiting tax concessions and subsidies for films and other media that include tobacco promotions.
3. Implement policies and measures to prohibit cross-border tobacco advertising primarily found in digital entertainment media, including the Internet, social media and new forms of media, and through access to digital video, films, games, streaming and other media.

4. Enforce policies and measures to ensure an effective comprehensive ban on tobacco advertising, promotion and sponsorship.
5. Create awareness and work with all sectors of government to ensure that contributions in all forms directly or indirectly from the tobacco industry to any other entity for so-called socially responsible causes are not accepted.

Indicator for countries and areas

1. Adoption of policies and measures to implement a comprehensive ban on tobacco advertising, promotion and sponsorship that are, at a minimum, consistent with Article 13 of the WHO FCTC and its guidelines for implementation.

Actions for WHO

1. Provide technical guidance, tools and assistance for countries and areas to effectively formulate and adopt policies and measures to implement a comprehensive ban on tobacco advertising, promotion and sponsorship, including those in Article 13 of the WHO FCTC and its guidelines for implementation.
2. Facilitate the sharing of case studies and strategies on monitoring and enforcing bans on tobacco advertising, promotion and sponsorship in digital entertainment media, including the Internet, social media and new forms of media, and through access to digital video, films, games, streaming and other media.
3. Promote international cooperation and policy development on cross-border tobacco advertising, promotion and sponsorship, including to address the use of digital entertainment media to circumvent bans or restrictions on tobacco advertising, promotion and sponsorship.

WHO indicator

1. Number of countries and areas that have received technical guidance, tools and assistance to adopt policies and measures to implement a comprehensive ban on tobacco advertising, promotion and sponsorship, including those in Article 13 of the WHO FCTC and its guidelines for implementation.

Objective 2.7: Implement measures to strengthen multisectoral tobacco control enforcement

The real impact of well-crafted tobacco control policies and measures will be seriously undermined without strong enforcement. Countries must provide adequate support for the effective enforcement of tobacco control measures, including to subnational governments and local authorities, through the provision of resources, capacity-building and the establishment of coordinating mechanisms. Innovative means of monitoring should also be explored to enhance enforcement activities, such as through community-based reporting or the use of social media.

Actions and policy options for countries and areas

1. Develop and implement effective multisectoral enforcement mechanisms for all tobacco control measures, as appropriate, such as immediate fines or sanctions, linking enforcement action to retailer licensing, and establishing clearly identified and well-trained enforcement authorities. (GS2025 Specific Objective 3.2.2)
2. Ensure that enforcement is included in planning for adequate human resources and funding for tobacco control. (GS2025 Specific Objective 3.2.3)
3. Provide support to subnational governments or authorities and conduct capacity-building for tobacco control enforcement.
4. Explore the use of innovative means and resources to expand enforcement capability, such as community-based participatory enforcement and the use of digital technology and digital media platforms for compliance monitoring.
5. Conduct and support activities to raise awareness among the public and key stakeholders to ensure that the enforcement action is understood and supported.
6. Pursue collaborative mechanisms with neighbouring countries and areas to address transnational tobacco control issues, such as cross-border illicit trade; advertising, promotion and sponsorship; and the use of digital technology and digital media platforms to promote tobacco use, sale and distribution.

Indicators for countries and areas

1. Policy initiatives and measures that address enforcement.
2. Existence and implementation of enforcement mechanisms that engage multi-sectoral partners. (GS2025 Specific Objective 3.2.2)

Actions for WHO

1. Provide technical assistance to countries and areas in developing enforcement standards and protocols.
2. Facilitate the exchange of good country practices and sharing of experiences in enforcement.
3. Facilitate the linkage of countries and areas to existing training curricula and capacity-building resources for tobacco control policy enforcement, compliance monitoring and leadership development.
4. Assist countries and areas to establish networks and alliances to address cross-border tobacco control issues.

WHO indicator

1. Number of countries and areas that have received technical guidance, tools and assistance for enforcement capacity-building.

STRATEGIC AREA 3

Gear up for emerging challenges in tobacco control

Objective 3.1: Ban or regulate ENDS/ENNDS and emerging tobacco products, including through strengthening existing regulatory mechanisms, and conduct needed research

Objective 3.1A: Ban or regulate ENDS/ENNDS, including through strengthening existing regulatory mechanisms

Evidence shows that ENDS/ENNDS are not risk free, and long-term use is expected to increase the risk of chronic obstructive pulmonary disease, lung cancer, and possibly cardiovascular disease, as well as some other diseases also associated with smoking.²⁰ At this time, there is limited research quantifying the absolute risk of ENDS/ENNDS use and the relative risk of ENDS/ENNDS compared to traditional tobacco products, and no specific metric that establishes that ENDS/ENNDS are “safer” to use.²⁰ In recognition of the potential harms of using ENDS/ENNDS, the Conference of the Parties to the WHO FCTC has reminded Parties about their commitments under the WHO FCTC and invited them to consider prioritizing a wide range of measures in accordance with the WHO FCTC and national law, such as to regulate – including restrict or prohibit, as appropriate – the manufacture, importation, distribution, presentation, sale and use of ENDS/ENNDS.²¹ A growing number of countries worldwide have taken progressive measures to ban or regulate ENDS/ENNDS, including through strengthening existing regulatory mechanisms, in an effort to prevent increasing uptake by youth, for whom ENDS/ENNDS can be a gateway to tobacco use, and to protect consumers from the likely harms to health resulting from the use of such products.

20. Electronic nicotine delivery systems and electronic non-nicotine delivery systems (ENDS/ENNDS). Report by WHO. Seventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, August 2016 (FCTC/COP7/11; https://www.who.int/fctc/cop/cop7/FCTC_COP_7_11_EN.pdf).

21. Novel and emerging tobacco product. Decision. Eighth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, October 2018 (FCTC/COP8/(22); [https://www.who.int/fctc/cop/sessions/cop8/FCTC__COP8\(22\).pdf](https://www.who.int/fctc/cop/sessions/cop8/FCTC__COP8(22).pdf)).

Actions and policy options for countries and areas

1. Ban or regulate ENDS/ENNDS on an urgent basis, including through strengthening existing regulatory mechanisms, such as through prohibiting or restricting the manufacture, importation, distribution, presentation, sale and use of such products, and share information on such a ban or regulation with regional and global tobacco control officials.
2. In countries and areas where ENDS/ENNDS are not banned, require pre-market notification to regulatory authorities and implement policies or measures to prevent the initiation of ENDS/ENNDS by non-smokers and youth, with special attention to vulnerable groups, such as:
 - a. banning the sale and distribution of ENDS/ENNDS products to people under a minimum age, as established by Article 16 of the WHO FCTC;
 - b. banning the possession of ENDS/ENNDS by people under a minimum age;
 - c. banning advertising, promotion and sponsorship of ENDS/ENNDS;
 - d. taxing ENDS/ENNDS at a level that makes the products – including accessories such as devices and e-liquids – unaffordable to people under a minimum age;
 - e. banning the use of flavours, including those that appeal to children and youth, as well as ingredients that increase palatability;
 - f. regulating places, density and channels of sales;
 - g. developing measures to combat illicit trade in ENDS/ENNDS; and
 - h. promoting cessation, supporting research on cessation for users, particularly youth, as well as providing appropriate cessation support. (GS2025 Specific Objective 2.2.3)
3. In countries and areas where ENDS/ENNDS are not banned, implement policies or measures to minimize as far as possible potential health risks to ENDS/ENNDS users, and protect non-users from exposure to their emissions, such as:
 - a. Policies and measures to minimize health risks to users:
 - i. testing heated and inhaled flavourants or other additives used in e-liquids for safety (for which costs should be borne by the industry), and banning those found to be of serious toxicological concern;
 - ii. regulating electrical and fire safety standards of ENDS/ENNDS devices;
 - iii. requiring the disclosure to governmental authorities of information on product content, including nicotine levels, and on all related accessories, including liquids to refill such devices, at specified intervals and, as appropriate, to include the results of tests conducted by regulatory authorities, as well as disclosure of the quantity and quality of data collected by such products and the purposes, methods and frequency of data collection (for example, the fact of collection of user information and how the product is used), and the ability of the manufacturer, importer or retailer to use technology embedded in the device in any manner, including to modify how the device performs after its sale, presentation or distribution;

- iv. regulating appropriate labelling of devices and e-liquids, including of their actual nicotine content;
 - v. requiring manufacturers to monitor and report adverse effects of use; and
 - vi. providing for the removal from the market of products that do not comply with regulations.
- b. Policies and measures to minimize health risks to non-users:
- i. prohibiting the use of ENDS/ENNDS in indoor spaces or at least where tobacco use is not permitted;
 - ii. requiring health warnings on the product and all related accessories about potential health risks deriving from their use; health warnings should additionally inform the public about the addictive nature of nicotine in ENDS; and
 - iii. reducing the risk of accidental acute nicotine intoxication by: (a) requiring tamper-evident/child-resistant packaging for e-liquids and leak-proof containers for devices and e-liquids; and (b) limiting the nicotine concentration and total nicotine amount in devices and e-liquids.
4. In countries and areas where ENDS/ENNDS are not banned, implement policies and measures to prevent unproven health claims being made about ENDS/ENNDS, such as prohibiting implicit or explicit claims:
- a. about the effectiveness of ENDS/ENNDS as smoking cessation aids;
 - b. that ENDS/ENNDS are innocuous or that ENDS are not addictive; and
 - c. about the comparative safety, health, harm reduction or addictiveness of ENDS/ENNDS with respect to any product.
5. Implement policies or measures to protect tobacco control activities from all commercial and other vested interests related to ENDS/ENNDS, including interests of the tobacco industry, such as:
- a. raising awareness about potential industry interference with tobacco control policies;
 - b. establishing measures to limit interactions with the industry to those strictly necessary to effectively regulate the industry and its products, and to ensure transparency in those interactions that do take place;
 - c. rejecting partnerships with the industry;
 - d. taking measures to prevent conflicts of interest for government officials and employees;
 - e. requiring that information provided by the industry be transparent and accurate;
 - f. banning so-called socially responsible activities by the tobacco industry, including activities described as corporate social responsibility or related terms such as corporate sustainability;
 - g. not giving preferential treatment to industry; and
 - h. treating state-owned industries in the same way as any other industry.
6. Include ENDS/ENNDS in adult and youth tobacco surveillance instruments to collect and share data on the prevalence of ENDS/ENNDS use.

7. Monitor the availability of ENDS/ENNDS in the market.
8. In countries and areas where ENDS/ENNDS are not banned, require manufacturers and importers to provide and pay for environmentally sound disposal of all ENDS/ENNDS sold or distributed at the conclusion of their use by the consumer.

Indicators for countries and areas

1. Adoption and implementation of policies and measures to ban or regulate ENDS/ENNDS, including through strengthening existing regulatory mechanisms.
2. Existence and implementation of enforcement mechanisms to ensure effective implementation of policies and measures to ban or regulate ENDS/ENNDS that engage multisectoral partners, including through strengthening existing regulatory mechanisms.

Actions for WHO

1. Provide technical guidance, tools and assistance and capacity-building to support countries and areas to ban or regulate ENDS/ENDS, including through strengthening existing regulatory mechanisms.
2. Facilitate international information sharing and collaboration on the banning or regulation of ENDS/ENNDS, including through strengthening existing regulatory mechanisms.
3. Ensure rapid dissemination and access to research and evidence on the health harms of ENDS/ENNDS use, including on exposure to their emissions, their addictive potential and attractiveness, their contents, and use of synthetic nicotine, in a manner that is understandable and easily adaptable for policy-making and advocacy. (GS2025 Specific Objective 2.2.3)
4. Include ENDS/ENNDS in adult and youth tobacco surveillance instruments to collect and share data on the prevalence of ENDS/ENNDS use.
5. Share access to resources that monitor the availability of ENDS/ENNDS, as well as global and regional policy initiatives to regulate such products.

WHO indicator

1. Number of countries and areas that have received technical guidance, tools and assistance, and capacity-building to ban or regulate ENDS/ENNDS, including through strengthening existing regulatory mechanisms.

Objective 3.1B: Ban or regulate emerging tobacco products, such as heated tobacco products, including through strengthening existing regulatory mechanisms

A new generation of tobacco products, including heated tobacco products (HTPs), has emerged in the market in recent years and poses regulatory challenges to governments, arising from limited evidence and a lack of experience in classifying and regulating such products in countries. These emerging tobacco products should be subject to policy and regulatory measures applied to all other tobacco products, in line with the WHO FCTC.²² The Conference of the Parties to the WHO FCTC has unequivocally recognized HTPs as tobacco products and therefore fully subject to all provisions of the Convention. In addition, the Conference of the Parties to the WHO FCTC has reminded Parties about their commitments under the WHO FCTC and has called upon them to consider prioritizing a wide range of measures in accordance with the WHO FCTC and national law, including to prevent the initiation of emerging tobacco products, or to regulate, including to restrict or prohibit, as appropriate, the manufacture, importation, distribution, presentation, sale and use of such emerging tobacco products, taking into account a high level of protection for human health.²³

Actions and policy options for countries and areas

1. Ban or regulate emerging tobacco products and any related devices on an urgent basis, including through strengthening existing regulatory mechanisms, such as by prohibiting or restricting the manufacture, importation, distribution, presentation, sale and use of such products, and share information on such ban or regulation with regional and global tobacco control officials.
2. In countries and areas where emerging tobacco products are not banned, ensure that tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, strictly apply to such products and any related devices, including:
 - a. measures under Objective 2.2 of this Regional Action Plan on protection of tobacco control policies and national efforts from tobacco industry interference;
 - b. measures under Objective 2.3 of this Regional Action Plan on price and tax;

22. Heated tobacco products (HTPs), information sheet. Geneva: World Health Organization; 2018 May (<https://apps.who.int/iris/bitstream/handle/10665/272875/WHO-NMH-PND-17.6-eng.pdf>).

23. Footnote 21

- c. measures under Objective 2.4 of this Regional Action Plan on protection from exposure to tobacco smoke and emissions;
 - d. measures under Objective 2.5 of this Regional Action Plan on packaging and labelling;
 - e. measures under Objective 2.6 of this Regional Action Plan on a comprehensive ban on tobacco advertising, promotion and sponsorship;
 - f. measures under Objective 2.7 of this Regional Action Plan on strengthening multisectoral enforcement of tobacco control measures; and
 - g. with particular emphasis on: (i) measures to prohibit claims regarding safety, health and harm reduction; (ii) measures to prohibit the use of flavours; and (iii) measures to prevent the initiation of emerging tobacco products by non-smokers and youth, with special attention to vulnerable groups, including raising the minimum age for sale, as established by Article 16 of the WHO FCTC.
3. In countries and areas where emerging tobacco products are not banned, implement policies and measures to require the disclosure to governmental authorities of information on sales data and any adverse events caused by product malfunction, as well as on product content (including all related accessories), at specified intervals, and to include the results of tests required by regulatory authorities. The disclosure must include the quantity and quality of data collected by such products and the purposes, methods and frequency of data collection (for example, the fact of collection of user information and how the product is used), as well as the ability of the manufacturer, importer or retailer to use technology embedded in the device in any manner, including to modify how the device performs after its sale, presentation or distribution.
 4. In countries and areas where emerging tobacco products are not banned, implement policies and measures to protect consumers, such as regulating electrical and fire safety standards and requiring rigorous safety testing of emerging tobacco products, including any related devices.
 5. Include emerging tobacco products in adult and youth tobacco surveillance instruments to collect and share data on the prevalence of their use.
 6. Monitor the availability of emerging tobacco products in the market.
 7. In countries and areas where emerging tobacco products are not banned, require manufacturers and importers to provide and pay for environmentally sound disposal of all devices and accessories associated with such products at the conclusion of their use by the consumer.

Indicator for countries and areas

1. Adoption and implementation of legislative, executive, administrative or other measures that ban or regulate emerging tobacco products, such as HTPs, including the strengthening of existing regulatory mechanisms.

Actions for WHO

1. Provide technical guidance, tools and assistance, and capacity-building to support countries and areas to ban or regulate emerging tobacco products and any related devices, including through strengthening existing regulatory mechanisms.
2. Facilitate international information sharing and collaboration on the regulation of emerging tobacco products.
3. Ensure rapid dissemination and access to research and evidence on the health harms of emerging tobacco products and exposure to their emissions, their addictive potential and attractiveness, as well as with respect to their contents and any technology embedded or related to the device in any manner, such as technology that may be used to collect data or to alter how the product performs after its sale, presentation or distribution, in a manner that is understandable and easily adaptable for policy-making and advocacy. (GS2025 Specific Objective 2.2.3)
4. Include emerging tobacco products in adult and youth tobacco surveillance instruments in order to collect and share data on the prevalence of their use.
5. Share access to resources that monitor the availability of emerging tobacco products, as well as global and regional policy initiatives to regulate them.

WHO indicator

1. Number of countries and areas that have received technical guidance, tools and assistance and capacity-building to ban or regulate emerging tobacco products, including through strengthening existing regulatory mechanisms.

Objective 3.2: Develop innovative approaches to address new challenges in tobacco control

The tobacco and related industries have capitalized on advancements in the Internet, digital information, mobile technology and new forms of media to produce new kinds of tobacco products and ENDS/ENNDS, expand their reach, and intensify their commercial activities in an increasingly global market. This environment has given rise to a host of new regulatory challenges for governments. To effectively counteract the strategies of the tobacco and related industries, countries and areas must also harness the best available evidence, technology and information to find innovative ways to continually and substantially reduce the prevalence of tobacco use and nicotine dependence.

Actions and policy options for countries and areas

1. Use innovation, including technology, to further tobacco control (GS2025 Strategic Objective 1.2) and:
 - a. to support tobacco cessation and treatment of tobacco dependence, consistent with Article 14 of the WHO FCTC and its guidelines for implementation, as well as treatment of nicotine dependence;
 - b. to promote enforcement of, and compliance with, tobacco control measures;
 - c. to contribute to monitoring and surveillance activities (GS2025 Specific Objective 3.2.5); and
 - d. to undertake research contributing to tobacco control and nicotine dependence. (GS2025 Specific Objective 2.2.3)
2. Explore multisectoral partnerships to facilitate innovation, including new technologies and digital media platforms, to harness a better understanding of the audiences for tobacco control advocacy and to positively reinforce the public health message.
3. Use innovation, including technology and data science, to identify, plan and analyse future challenges and opportunities, and to better understand tobacco and related industry behaviour, evolving industry marketing strategies, and the marketing of tobacco products and ENDS/ENNDS.
4. Consider innovative policy options and other approaches that envision an end to tobacco use, sale, manufacturing, importation, distribution, supply or presentation, as well as to nicotine dependence.

Indicator for countries and areas

1. Use of innovative approaches to address tobacco control and ENDS/ENNDS challenges.

Actions for WHO

1. Seek out and identify new and potentially effective tobacco control and ENDS/ENNDS challenges.
2. Provide technical support in integrating innovation into tobacco control action plans.
3. Assist countries and areas to evaluate, support and scale up promising innovations.
4. Facilitate the exchange of good country practices and innovative approaches among countries and areas.
5. Create opportunities for engagement with sectors involved in innovation.

6. Use new technology and data science to identify, plan and analyse future challenges and opportunities, and communicate information to tobacco control stakeholders on tobacco and related industry threats and behaviour, evolving industry marketing strategies, and the marketing of tobacco products and ENDS/ENNDS.
7. Support innovative policy options and other approaches that envision an end to tobacco use, sale, manufacturing, importation, distribution, supply or presentation, as well as to nicotine dependence.

WHO indicator

1. Number of countries and areas that have received technical guidance, tools and assistance to identify, plan and analyse future challenges and opportunities, and to explore the use of innovation in addressing tobacco control and ENDS/ENNDS challenges.

STRATEGIC AREA 4

Apply whole-of-government and whole-of-society approaches to tobacco control

Objective 4.1: Apply a whole-of-government approach through engagement of health and non-health sectors in tobacco control

Effective tobacco control necessitates multisectoral participation, strong partnerships and networking. At the national level, the health sector must engage with other government ministries to fully address the comprehensive nature of tobacco control. Some countries already have multisectoral mechanisms that facilitate the participation of relevant national stakeholders in tobacco control. Countries and areas are encouraged to review these examples for possible adaptation or replication. Effective collaboration is also necessary at the regional and global levels. Mechanisms to foster creative partnerships are essential for successful implementation of tobacco control interventions.

Actions and policy options for countries and areas

1. Establish an effective national multisectoral coordination mechanism to ensure tobacco control policy coherence among relevant government agencies (such as finance ministries, health economists, human rights agencies, revenue and customs authorities, communications experts, justice ministries, law enforcement agencies, education ministries, social welfare agencies and environmental authorities), and to develop, implement and enforce tobacco control and related policies and measures. (GS2025 Specific Objectives 2.1.4 and 3.2.2)
2. Consult and seek assistance from other sectors in the preparation of relevant investment cases supporting tobacco control, and engage them in policy development, communication and advocacy.
3. Support national and local government authorities to develop strategic communications campaigns and public service announcements as part of the enforcement strategy to raise awareness of the health, economic, social and environmental harm caused by tobacco use and exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS.

4. Ensure tobacco control policy coherence across health programmes within the health sector, including health systems strengthening, UHC, and NCD prevention and control.
5. Strengthen and promote coordination and cooperation between health and non-health sectors, particularly trade, investment and foreign affairs ministries, including in the context of the negotiation of international trade and investment agreements.
6. Foster capacity-building on practices to safeguard public health measures, including tobacco control measures, under international trade and investment agreements, as well as pursuant to relevant decisions of international trade and investment tribunals and international developments.

Indicator for countries and areas

1. Presence of an effective national multisectoral coordinating mechanism for tobacco control. (GS2025 Strategic Objective 3.2)

Actions for WHO

1. Facilitate multisectoral coordination in countries and areas, including non-health government sectors, to support tobacco control. (GS2025 Specific Objective 3.2.2).
2. Assist countries and areas in identifying opportunities, including coordinating with relevant intergovernmental organizations, for the preparation of investment cases and in using them effectively for advocacy purposes with all stakeholders and across government sectors.
3. Facilitate the exchange of information with other countries and areas on good country practices and lessons learnt in tobacco control policy implementation.

WHO indicator

1. Number of countries and areas that have received technical guidance, tools and assistance for multisectoral coordination in addressing tobacco control issues.

Objective 4.2: Engage subnational governments in tobacco control

While tobacco control laws are generally adopted at the national level, actual implementation and enforcement commonly form part of the mandate of subnational governments, thus requiring translation of the law into subnational laws and policies. Local authorities also have greater familiarity with the implementation and enforcement context and, ideally, have the proper institutions, facilities and resources to effectively carry out tobacco control programmes and activities. Subnational governments should thus be supported to ensure that tobacco control policies and measures achieve their objectives and are properly enforced.

Actions and policy options for countries and areas

1. Support the adoption, implementation and enforcement of subnational tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation.
2. Integrate tobacco control in relevant subnational development plans and local programmes, especially through healthy settings-based approaches, such as the Healthy Cities and Healthy Islands initiatives, major public events, and other settings and initiatives.
3. Provide capacity-building for subnational legislators and public officials, including civil servants and elected officials, working in areas relevant to tobacco control, consistent with Article 5.3 of the WHO FCTC and its guidelines for implementation.
4. Work with subnational or local government authorities in creating mechanisms to monitor implementation, enforcement and compliance with tobacco control policies and measures within the community.
5. Share success stories and materials from subnational governments that have successfully incorporated tobacco control into their development plans and implemented effective tobacco control policies, and implement recognition programmes to acknowledge achievements at the subnational level.
6. Support subnational governments to identify and mobilize human and financial resources for city- and community-based tobacco control efforts.

Indicators for countries and areas

1. Subnational governments have adopted, implemented and enforced tobacco control measures, including those in the WHO FCTC and its guidelines for implementation.
2. Integration of tobacco control in relevant subnational development plans and local programmes.

Actions for WHO

1. Highlight tobacco control when supporting healthy settings-based approaches, such as the Healthy Cities or Healthy Islands initiatives, major public events, and other settings and initiatives.
2. Create opportunities for subnational capacity-building for tobacco control.
3. Create opportunities for peer-to-peer learning of subnational governments.
4. Share success stories and materials from cities and other communities that have successfully incorporated tobacco control and implemented effective tobacco control policies, including the WHO FCTC, into their city development plans.
5. Support and engage with networks of tobacco-free or smoke-free cities and other communities in countries and areas and other relevant alliances and networks.
6. Support countries and areas in their efforts to identify and mobilize human and financial resources for city- and community-based tobacco control efforts.
7. Promote and share subnational success stories at the global and regional levels.

WHO indicator

1. Number of countries and areas that have received technical guidance, tools and assistance to integrate tobacco control into subnational development plans.

Objective 4.3: Engage and empower civil society, academia, health and other professionals, and community groups to support tobacco control

The participation of civil society is essential to achieving the objectives of tobacco control, as expressly recognized in the WHO FCTC. The public sector needs to work collaboratively with appropriate counterparts in civil society and the private sector that are not affiliated with the tobacco or related industries, for effective implementation, advocacy and community mobilization. Countries should also engage communities and professional groups, such as teachers, lawyers and health-care professionals, to support tobacco control activities.

Actions and policy options for countries and areas

1. Ensure wide engagement and broad participation of civil society, academia, health and other professionals, and community groups in policy development and enforce-

ment, evaluation, research and communications to ensure the effective implementation of tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation, as well as in monitoring tobacco industry interference. (GS2025 Specific Objectives 2.2.1 and 2.2.3)

2. Support the engagement of civil society to mobilize resources for tobacco control.
3. Incorporate, integrate and expand tobacco control in the training of health workers and other professionals, such as teachers, lawyers, social workers and government officials.
4. Integrate tobacco control, including incorporation of tobacco cessation consistent with Article 14 of the WHO FCTC and its guidelines for implementation, in the curricula of health professionals, health administrators and health workers, including continuing education requirements, and other capacity-building activities.
5. Engage with private sector entities that are not affiliated with the tobacco industry or related industries to support tobacco control efforts.
6. Ensure civil society membership in the national multisectoral coordinating mechanism for tobacco control. (GS2025 Specific Objective 3.2.2)

Indicator for countries and areas

1. Inclusion of civil society, academia, health and other professionals, and community groups in the development and implementation of national tobacco control approaches and the multisectoral coordinating mechanism. (GS2025 Strategic Objective 2.2)

Actions for WHO

1. Provide technical assistance, guidelines, recommendations and tools to help countries and areas strengthen engagement with civil society, academia, health and other professionals, and community groups, and to share good practices.
2. Facilitate interaction and collaboration among civil society, academia and other groups from various countries and areas. (GS2025 Specific Objective 2.2.2)
3. Engage civil society, academia and other groups in planning, implementing and evaluating tobacco control and related activities.
4. Work closely with WHO collaborating centres and WHO FCTC knowledge hubs in assisting countries and areas, and facilitate their engagement with civil society, academia and other groups. (GS2025 Specific Objective 1.2.2)
5. Support the integration of tobacco control in the curricula of health professionals, health administrators and health workers, including continuing education requirements, and other capacity-building activities.

WHO indicators

1. Number of countries and areas engaging civil society, academia, health and other professionals, and community groups in collaborative tobacco control initiatives, such as South–South and triangular cooperation programmes. (GS2025 Specific Objective 1.2.1)
2. Engagement of civil society, academia and other groups in planning, implementing and evaluating tobacco control and related activities.



4. HOW THE REGIONAL ACTION PLAN WILL BE IMPLEMENTED, SUPPORTED AND EVALUATED

WHO will work with countries and areas and other partners towards accelerated implementation of tobacco control policies and measures, including those in the WHO FCTC and its guidelines for implementation.

Tobacco control is a fundamental component to achieving the targets of the SDGs and the regional and global NCD action plans. Tobacco control is also a key aspect of work that WHO is undertaking with other United Nations agencies and regional intergovernmental organizations for the full implementation of the WHO FCTC and its guidelines for implementation, and towards the achievement of the national, regional and global targets.

Periodic monitoring of progress in the implementation of the Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030) will be undertaken, using existing data to as great an extent as possible. Mid-term and end-of-term evaluations of progress are planned for 2025 and 2030, respectively, with the findings to be reported to the Regional Committee for the Western Pacific in the same year.

GLOSSARY

Electronic nicotine delivery systems (ENDS)

A heterogeneous class of products in which an electrically powered coil is used to heat a liquid matrix, or e-liquid, that contains nicotine, solvents (for example, propylene glycol, with or without glycerol) and, usually, flavourings. The user inhales the resulting aerosol, which contains variable concentrations of nicotine, a dependence-producing central nervous system stimulant. ENDS include e-cigarettes and vaping devices.

Electronic non-nicotine delivery systems (ENNDS)

A heterogeneous class of products in which an electrically powered coil is used to heat a liquid matrix, or e-liquid, that contains solvents (for example, propylene glycol, with or without glycerol) and, usually, flavourings, but not nicotine. The user inhales the resulting aerosol. ENNDS include e-cigarettes and vaping devices.

Emerging tobacco products

Products entirely or partly made of leaf tobacco as the raw material that are manufactured to be used for smoking, sucking, chewing, snuffing or inhaling, that are or may be produced for consumer sales or distribution, that may incorporate technology or other means for non-therapeutic delivery of nicotine, and that include heated tobacco products.

Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025 (GS2025)

A strategy adopted by the Conference of the Parties to the WHO FCTC at its Eighth Session (Decision FCTC/COP8(16) and Annex 1 of document FCTC/COP8/11) to identify priority action areas aimed at strengthening implementation of the Convention.

Heated tobacco products (HTPs)

Tobacco products that use an electrically powered device to heat tobacco, but not combust it, to produce aerosols containing nicotine and other chemicals that are inhaled by users. HTPs contain nicotine and non-tobacco additives and are often flavoured. HTPs are often designed to mimic the behaviour of smoking conventional cigarettes, and some make use of specifically designed cigarette-like units to contain the tobacco for heating.

Voluntary National Review

A process by which United Nations Member States detail their experience in progress towards the SDGs, including successes, challenges and lessons learnt, with a view to accelerating the implementation of the *2030 Agenda for Sustainable Development*.

