Overview of needs assessments conducted in the Pacific islands

Acknowledgement

The Secretariat of the WHO Framework Convention on Tobacco Control would like to acknowledge the work of Dr Harley Stanton in the preparation of this paper. The first draft was prepared to support the sharing of experiences and discussions on needs assessments in the Pacific islands at the Western Pacific Regional meeting on implementation of the Convention (Nadi, Fiji, 28–30 April 2014). The document was updated based on the discussions at the meeting and feedback received from the eight countries that participated after the meeting.

Executive summary

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of WHO and was adopted in 2003. It is one of the most widely and rapidly embraced treaties in the history of the United Nations with 178 Parties to date.

The Conference of the Parties (COP) to the WHO FCTC requested the Convention Secretariat to assist developing country Parties and Parties with economies in transition in assessing their needs in the light of their obligations under the WHO FCTC.

Between 2009 and 2013, needs assessments were conducted in eight Pacific island Parties, namely Cook Islands, Federated States of Micronesia, Fiji, Marshall Islands, Palau, Papua New Guinea, Samoa and Solomon Islands.

A summary of the needs assessments shows that there have been significant achievements but also that some challenges remain.

Achievements:

1. In terms of general obligations, the majority of the countries have national strategies/plans in place to reduce and control tobacco use and exposure to tobacco smoke. All have established a focal point on tobacco control and implementation of the WHO FCTC.

2. All countries have either full or partial bans on tobacco advertising, promotion and sponsorship and half were within the five year timeline for implementation of this provision of the WHO FCTC.

3. All countries use education, communication and training to raise public awareness of the harms caused by tobacco use and exposure to tobacco smoke. However, in most countries there is limited use of mass media, and a lack of information provided to the public on the tactics of the tobacco industry. There is also an opportunity for greater engagement with civil society in supporting Article 12 of the WHO FCTC and other articles.

4. Research, surveillance and exchanges of information on tobacco control have taken place in all eight countries. However, there is considerable variation in the extent of the research being undertaken. Three countries now include surveillance on tobacco use in their national census.

5. Since the Convention entered into force, the majority of countries have met either partially or fully the obligation to provide protection from exposure to tobacco smoke.
6. All countries have in general fulfilled their obligation to submit implementation reports to the COP. The deadline for 2014 reports has been met by seven of the countries that undertook needs assessments. However, so far several Parties have submitted only one report.

Challenges:

1. Only a few countries have established a multisectoral coordination mechanism. Most have tobacco control legislation in place, but half of the countries do not have implemented regulations to enforce the legislation. Only one country has a clear policy that protects government from the influences of the tobacco industry.

2. Most countries have not used tax and price measures to reduce the demand for tobacco. The real price of tobacco products has fallen in at least two countries.

3. Implementation of effective measures to ensure that tobacco product packaging and labelling do not promote tobacco products and that they carry effective warnings, in line with Article 11 of the WHO FCTC, poses one of the main challenges. It is a time-bound obligation (to be implemented within three years of entry into force for the Party concerned) that has not been met by most Parties.

4. There has been very little progress on Article 14 on demand reduction measures concerning tobacco dependence and cessation. Cook Islands, however, provides free tobacco cessation services using the revenue from tobacco taxation.

5. All the countries invited civil society organizations to participate in the needs assessments. These organizations have also contributed to implementation of the Convention in the countries, in particular in raising awareness and conducting advocacy campaigns. Ensuring that there is sustainable funding to enable these organizations to play a more active role remains a challenge. More engagement from the governments with civil society is needed.

The needs assessments have highlighted the opportunity to strengthen implementation of the Convention in the Pacific by the following means:

- developing and/or strengthening national tobacco control strategies, plans and programmes;
- establishing or updating multisectoral coordination mechanisms for tobacco control within governments;
- revising and updating legislation and in particular the regulations to support its implementation and enforcement;
- increasing tobacco tax and price measures in order to enhance health outcomes;
- enhancing collaboration with nongovernmental organizations and civil society;
- implementing the time-bound provisions of the WHO FCTC (Articles 11 and 13 and the timeline recommended in the guidelines for implementation of Article 8), including pictorial health warnings.

Nearly all the countries have been provided with post-needs assessment assistance from the Convention Secretariat aimed at implementing priority measures jointly identified in the needs assessment reports.

The needs assessments in the eight Pacific Island countries have been well received by the Parties as an effective means of providing a clear picture of the current status of implementation of the WHO FCTC for each of these Parties, including the challenges that remain in meeting all the obligations

---

1 Cook Islands, Federated States of Micronesia, Fiji, Marshall Islands, Palau, Papua New Guinea and Solomon Islands.
under the Convention. The needs assessments have also helped to build capacity, and have proved to be an important catalyst for strengthened tobacco control policies in accordance with the WHO FCTC.
1. **Background**

The World Health Organization adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) as the first international health treaty in 2003. It is one of the most widely and rapidly embraced treaties in the history of the United Nations, with 178 Parties to date.

The WHO FCTC recognizes the need to generate global, regional and local actions to enable Parties to implement the provisions of the Convention. To achieve this, accurate information is required regarding the status and needs of Parties.

At its first session, in February 2006, the Conference of the Parties (COP) called upon developing country Parties and Parties with economies in transition to conduct needs assessments and requested the Convention Secretariat to provide assistance to these Parties in conducting such assessments, upon request. The COP also called upon development partners to provide financial and technical support to developing country Parties and Parties with economies in transition for conducting such assessments. The Convention Secretariat was also requested to develop a database of available resources and to regularly update it in order to be able to advise on existing and potential funding sources.

The COP reaffirmed the importance of needs assessments and assistance from the Secretariat in conducting them in its following sessions, through its decisions and work plans.

2. **Methodology and process**

Needs assessments are undertaken jointly in cooperation with Parties from developing countries and Parties with economies in transition to enable: (1) identification of the current status of implementation of the obligations of the WHO FCTC by the concerned Party; (2) gaps and needs that may exist; and (3) action and resources that are required. The needs assessment is a comprehensive review based on all the substantive articles of the WHO FCTC and is undertaken in collaboration with the Party that has made the formal request.

From 2009 to 2013, eight needs assessments have been conducted in the Pacific islands, with funding made available from three sources. Funding for the pilot needs assessment in Papua New Guinea was provided from the regular budget of the Convention Secretariat. Funding from the Government of Australia supported five needs assessments (Cook Islands, Fiji, Palau, Samoa and the Solomon Islands). Funding from the European Union enabled the missions to the Federated States of Micronesia and the Marshall Islands to take place. A summary of the needs assessments covered by this overview and the dates of the country missions is included in Annex 1.

In conducting the country missions the team from the Convention Secretariat uses a WHO FCTC Needs Assessment Instrument (NAI) that follows the structure of the Convention and includes questions that cover the WHO FCTC and its guidelines. The instrument lists the objectives as outlined by each article, the current legislative or other measures taken by the Party, any gaps in meeting the obligations under the specific articles and actions and resources needed to achieve implementation. The instrument has been refined following the initial pilot phase of needs assessments.

The needs assessments are undertaken in stages:

(a) preparing for the needs assessment mission through an initial analysis of available information;
(b) conducting the needs assessment mission in the country;
(c) completing the needs assessment report;
(d) providing or facilitating post-needs assessment assistance based on jointly identified priorities.
Country missions usually take 4 to 5 working days with the collated information being discussed by partners. The results of the preliminary analysis, with identification of gaps, are discussed with representatives of the Party on the basis of a note containing the major findings and recommendations. In most circumstances, a draft report is reviewed jointly prior to conclusion of the needs assessment. When this is not possible, the draft report is provided soon after the needs assessment. Parties review the reports and provide inputs, and then the contents of the report are agreed. The full report is normally available within eight weeks of the needs assessment and is then communicated officially to the government for consideration and action. A formal debriefing by the mission team prior to departure is always undertaken with senior officials of the government.

The needs assessments involve meetings between the Convention Secretariat and country representatives of governments and civil society as well as WHO country offices and the office of the United Nations Residence Coordinator. In most cases, the needs assessments involve a full-day meeting with a group of key members of relevant ministries and civil society that review all substantive articles of the WHO FCTC and in a systematic manner using the NAI. Areas that lack information or require further details are followed up through individual meetings with relevant ministries and stakeholders as appropriate.

3. **Main findings**

The joint needs assessments in the eight Pacific island country Parties have proved to be much more than a means of information sharing and identifying needs and in all cases there has been capacity building, multisectoral engagement and significant scaling up of knowledge concerning the Convention. The provision of WHO FCTC documents, including the Convention itself and the guidelines for implementation of its provisions adopted by the COP, in hard copy, has in every case proved a valuable aspect of the needs assessment missions. This is particularly the case for Parties where there is limited availability of internet and printing capabilities.

While there has been success in early ratification of the Convention in the Pacific there is a lack of knowledge in most Parties concerning the obligations ratification entails and the whole-of-government approach required for implementation of the Convention. The needs assessment missions have enabled a process of sharing and exchange of information, engagement with key partners in government and civil society, and highlighting the current status of implementation. Furthermore, the missions provided the ability to document the gaps that exist in Parties’ implementation of their obligations under the Convention. In many countries, the assessments have enabled strengthening or establishment of the multisectoral coordinating mechanisms that ensure high-level government involvement in fulfilling the obligations of the Convention.

Most countries planned thoroughly for engagement in the needs assessments, with particular attention being given to the in-country missions by the Secretariat team. All countries indicated that the needs assessment missions provided significant capacity building support.

The following section outlines the main findings of the needs assessment missions in the eight Pacific island country Parties (PICPs) in relation to the provisions of the Convention.

**Article 5. General obligations**

**Article 5.1 National tobacco control strategies, plans and programmes**

Five of the PICPs have implemented national tobacco control plans with several in the process of being updated. All Parties have a focal point on tobacco control.

**Article 5.2(a) National coordinating mechanism**
The establishment of a national multisectoral coordinating mechanism presents one of the greatest challenges for implementation of the Convention in the PICPs. While a few countries have established such a mechanism, sustainable financing is often lacking. A few countries indicated early implementation of such a mechanism following entry into force, but it was not sustained and continuously supported.

Article 5.2(b) Legislative and executive measures to prevent and reduce consumption

None of the eight countries have legislation and regulations that are fully compliant with the Convention. While most have existing or recent legislation on tobacco control, their effectiveness is often limited by a lack of implementing regulations. Four countries require regulations to enable either implementation or enforcement measures for their legislation.2

Article 5.3 Public health policies protected from the tobacco industry

In order to ensure the development and implementation of effective policy and legislation, there needs to be a concerted effort to distance governments from the vested interests of the tobacco industry. Solomon Islands has two Memorandums of Understanding (MOUs) with their local tobacco industry, which limits its ability to implement the Convention.3 One of these MOUs limits increases in tax, while the other allows the tobacco company to be involved in law enforcement on issues concerning illicit trade in tobacco products.

Only one of the Parties (Samoa) has in place a policy for government officials to ensure that there is no conflict of interest in dealing with the tobacco industry. It is imperative that the other Parties implement such a measure.

Samoa has a code of conduct preventing conflicts of interest that applies to all public servants. It was strengthened in the most recent legislation to ban public servants from having any association with the tobacco industry.

Article 5.4 – Article 5.6 Matters related to international cooperation

Most countries indicated that they undertake bilateral cooperation with other Parties to implement the Convention as well as with international and regional intergovernmental organizations. All countries reported that they take part in cooperation to raise financial resources to implement the Convention. The nature and extent of such engagement need more detailed information in order to be analysed.

Article 6: Price and tax measures that reduce the demand for tobacco

Article 6.2(a) Implement tax and price policies that contribute to health objectives

While all of the countries tax tobacco products, only three4 have tax and price policies aimed at enhancing health objectives through reducing tobacco consumption. Most countries do not link taxation to inflation and in several countries the real price of tobacco products has declined.

2 Cook Islands, Federated States of Micronesia, Marshall Islands and Solomon Islands.
3 Four Pacific island countries have manufacturing plants operated by British American Tobacco (BAT): Fiji, Papua New Guinea, Samoa and Solomon Islands.
4 Cook Islands, Federated States of Micronesia and Samoa.
Between August 2012 and August 2015, Cook Islands will double the import levy on tobacco products, with a 33% increase each year. The first increase in 2012 raised the price of an average pack by NZ$ 2.10. Palau implemented new tax legislation in 2013, which changed the import tax to an excise tax (Palau’s first and only product taxed in this manner) and taxes all tobacco products in the same manner, raising the tax from $2.00/pack to $3.50/ pack on 1 Jan 2014 and by another $1.50 on 1 Jan 2015.

Article 6.2(b) Prohibiting or restricting, as appropriate, sales to and/or importation of tax or duty free tobacco products

Six of the PICPs have met their obligations under this Article, with three Parties partially meeting their obligations.

Article 6.3 Providing information on taxation in periodic reports to the COP

All but one of the countries (Papua New Guinea) has provided information on the rates of taxation for tobacco products and a few have provided information on the trends in consumption. Overall consumption can provide valuable information on trends in smoking, particularly in terms of uptake.

Article 8: Protection from exposure to tobacco smoke

Only two Parties (Cook Islands and Marshall Islands) have met the obligations to adopt and implement measures that provide protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Six Parties have partially met this obligation. Similarly, only two Parties (Cook Islands and Marshall Islands) met the timeline recommended in Article 8 guidelines.

It is of particular note that the Cook Islands incorporated a definition of “public place” in its legislation that is very broad.

Cook Islands’ definition of “public place” is: “any place (including any ship, aircraft or other vehicle or conveyance used for the purposes of public transport) to which members of the general public or class of general public ordinarily have access by express or implied invitation or licence, whether by payment or otherwise and includes any building, structure or facility which is either owned or occupied by the Crown”.

In Fiji, the community initiative of “Tobacco-Free Villages” highlights that some communities take tobacco control very seriously and can set an example for others. In 2006, Nabila received the WHO World No Tobacco Day Award and four other villages have followed their smoke-free example with villagers not smoking anywhere in the villages including in their homes.

5 Cook Islands, Federated States of Micronesia, Marshall Islands, Palau, Samoa and Solomon Islands.
6 Federated States of Micronesia, Fiji, Palau, Papua New Guinea, Samoa and Solomon Islands.
**Article 9: Regulation of the contents of tobacco products, and**
**Article 10: Regulation of tobacco product disclosures**

There is very limited regulation of the contents of tobacco products and virtually no disclosure of such information to the public in the PICPs. Cook Islands and Samoa require yearly testing of tobacco products, although only one report has been produced (in 2010) in Cook Islands, and no information has been disclosed to the public concerning toxic constituents or emissions. Papua New Guinea has legislation from a 1987 Act that prevents the Minister from disclosing such information to the public. This would appear to serve only the interests of the tobacco industry.

**Article 11: Packaging and labelling of tobacco products**

Only two countries (Cook Islands and Fiji) met the three-year deadline for a Party to ensure adoption and implementation of the obligations on packaging and labelling.

Article 11.1(a). Three countries (Cook Islands, Fiji and Samoa) have met their obligations to ensure measures that remove false, misleading, deceptive or erroneous descriptors or impressions about tobacco products.

Article 11.1(b). Most countries have not met the requirement to ensure that packaging meets the requirements for large, clear, visible, rotating health warnings that cover not less than 30% of the principal display areas. Cook Islands stipulates pictorial warnings on tobacco packs and Fiji has passed regulations that required, by 1 July 2013, all tobacco packages to carry pictorial health warnings.

Article 11.2. Most countries have not met the requirements for the relevant constituents and emissions of tobacco products to be shown on packaging.

Article 11.3. Most of the countries have not met the requirement to ensure that outside packaging and labelling are in the principal language or languages of the country. Fiji fully meets this requirement and the Cook Islands partially meets the requirement.

In April 2013, Fiji implemented new regulations that required, as of 1 July 2013, that all tobacco packages carry pictorial health warnings, which cover 90% of the back of the packs and 30% of the front, with an overall average of 60% of the front and back. The text on the front appears in English and the text on the back is bilingual in iTuakei (Fijian) and Hindi.

**Article 12: Education, communication, training and public awareness**

Article 12.(a). All the countries have a plan to communicate the risks of tobacco consumption and exposure to tobacco smoke, with varying levels of resources, promotion and marketing of these programmes or messages.

Article 12.(b). All the countries have used mass media to promote tobacco-free lifestyles and the benefits of cessation.

The Ministry of Health, Samoa, conducted 138 village fairs with 23,302 people participating. Following the fairs, many of the villages adopted smoke-free village plans. The fairs provide a supportive environment, especially in rural locations, to enable strong promotion of tobacco-free living. Surveys conducted after the health fairs show an overall decline in smoking prevalence from 2002 to 2010 of 40% to 27%.
Article 12.(c). In half of the countries no information is made publicly available on the tobacco industry and in the remainder there is only limited information. It is important to note that tobacco manufacturing takes place in four of the countries: Fiji, Papua New Guinea, Samoa and Solomon Islands.

Article 12.(d). Most countries have provided some training for health workers and social and community workers though with significant variations in the reach of the training. Several countries have implemented training on enforcement as well. Training workshops have been widely used in most countries.

Article 12.(e). It is encouraging to find that all countries have nongovernmental organization (NGO) and civil society involvement in tobacco control advocacy, with four countries having significant NGO activity.

Article 12.(f). Samoa provides public information on the adverse consequences of tobacco production and consumption. There are several countries where no tobacco is produced even at the village level, but in most countries there is either commercial or local production of tobacco, which in many cases provides a considerable challenge for change because it provides income to subsistence level farmers.

Article 13: Tobacco advertising, sponsorship and promotion

Article 13.2. Four of the countries in which needs assessment have been conducted met the requirement to implement a comprehensive ban on tobacco advertising, promotion and sponsorship within five years of entry into force for that country.

Article 13.4 and 13.5. Fiji has a ban on any tobacco product which is advertised or labelled for chewing.

Article 13.7. None of the countries have yet implemented legislation or regulations that ban cross-border advertising, promotion or sponsorship originating from outside their territory.

Article 14: Demand reduction measures concerning tobacco dependence and cessation

The provision of national guidelines and treatment services for tobacco dependence and cessation is largely not covered in the PICPs for which needs assessments were conducted.

Article 14.1. No country appears to have the capacity to develop its own guidelines. Cook Islands has adapted the New Zealand guidelines on cessation and treatment of tobacco dependence.

Article 14.2(a). Very few countries have implemented programmes aimed at promoting cessation of tobacco use, especially in health-care and educational settings and workplaces. Cook Islands has recently introduced a free tobacco-cessation service in the capital using the revenue from the increased tobacco tax. Federated States of Micronesia has provided a quitline service for the past 10 years. Some training in cessation for health-care workers has been undertaken in many countries, but has not been sustained.

Article 14.2 (b) & (c). Very few countries have health-care and educational staff trained to undertake diagnosis and treatment of tobacco use. Federated States of Micronesia and Marshall Islands each has a staff counsellor and provide assessment and follow-up for referred persons. Most countries do not

---

8 Fiji, Palau, Papua New Guinea and Solomon Islands.
9 Federated States of Micronesia, Palau, Marshall Islands and Solomon Islands. Federated States of Micronesia has strong coalitions with NGOs in all four States, with binding contracts.
10 Cook Islands, Papua New Guinea, Marshall Islands, Samoa. This does not include bans on cross border advertising.
have any operational support to those needing diagnosis, support and counselling in cessation and dependence.

In Marshall Islands, recording of tobacco use is mandatory in medical history notes and questions on smoking behaviour are routinely asked during all medical visits. Questions concerning smoking are included in the behavioural health screening form used by substance abuse counsellors, and one person works full time in this area.

Article 14.2(d). Very few countries have any availability of pharmaceutical products, and although nicotine replacement gum is available in two countries, its cost is prohibitive to most of the population.

**Article 15: Illicit trade in tobacco products**

Illicit trade in tobacco products is a recurrent problem in many of the Pacific island countries. While volumes may not always be large, there have been cases of container shipments of tobacco being confiscated. Such shipments, if successful, mean a large loss of revenue to the respective government and often the sale of an illicit product at a low price, thus encouraging uptake or continuing use by current smokers.

Article 15.2(a) & (b). No country has yet implemented a tracking and tracing regime for the importation and distribution of tobacco products. Additionally, no country has yet required tobacco being sold within their country to bear the statement: “Sales only allowed in (name of country)”. There is also no country requiring the information on packaging to be in the principal language or languages of the country.

Apart from these omissions, the obligations for monitoring and surveillance of illicit trade in tobacco are largely met by all countries in the Pacific that conducted needs assessments.

Fiji signed the Protocol to Eliminate Illicit Trade in Tobacco Products on 11 July 2013, thereby becoming the first Pacific island country to do so.

**Article 16: Sales to and by minors**

Article 16.1 and 16.1(a) require the prohibition of sales to minors (and that each purchaser produce appropriate evidence of having reached full legal age or the age set by national law in case of doubt).

Most countries have met their obligations to ban sales to minors or the age set by national law. Two countries (Palau and Samoa) have set the age of purchase at 21 years, although there appear to be challenges in enforcing this legislation. Several countries face challenges in enforcing legislation or regulation.

Article 16.1(b). In most places in the Pacific there is no direct access to tobacco products. Two countries (Fiji and Samoa) have met their obligations under the Convention. A few countries provided no information.

Article 16.1(c). No information was available in three countries on the sale of sweets, snacks or toys in the form of tobacco. Three countries (Fiji, Samoa and Solomon Islands) have met their obligations and two have not met their obligations.

Article 16.1(d). There are no vending machines in any of the countries visited. Only Palau has legislation to ban sales of tobacco products through vending machines while two countries (Federated States of Micronesia and Papua New Guinea) have the potential to introduce vending machines.
Article 16.2. Insufficient information is available from most countries on the distribution of free cigarettes or tobacco products. Three countries (Cook Islands, Fiji and Palau) have met the obligations of the Convention.

Article 16.3. Three countries (Cook Islands, Fiji and Palau) have met the requirement to ban sales in small packs either partially or totally. Five countries still need to prohibit sales in small packs or individually.

Article 16.7. Only Palau has implemented legislation or policies to ban tobacco sales by minors.

Article 17: Provision of support for economically viable alternative activities

Tobacco is produced commercially only in Fiji, with 350–400 growers contracted to a major tobacco company. Four countries have cultivation of tobacco for local or traditional markets. Three countries (Cook Islands, Palau and Marshall Islands) import the entirety of the tobacco products for sale in their territory in commercial packaging.

In most countries, there is no awareness of the requirement to provide alternative livelihoods and lack of awareness of the need to consider it by governments.

Article 18: Protection of the environment and the health of persons

Samoa provides environmental protection for tobacco workers. All of the other countries have either no measure in place to protect the environment or no information is available.

Article 19: Liability

Two countries (Marshall Islands and Palau) have previously initiated action to recover costs from the tobacco industry for the costs tobacco places on individuals, the community and government. In 1997, Marshall Islands initiated action against five US tobacco companies to recover costs for diseases caused by tobacco. The case, however, was dismissed in both lower and high court. Palau also passed legislation to enable similar legal action to progress but no action has ever taken place.

Article 20: Research, surveillance and exchange of information

Article 20.1(a) & (b). All countries have conducted research through WHO STEPwise approach to Surveillance (STEPS) and most have conducted research using the Global Youth Tobacco Survey (GYTS), the Global School Professional Survey, the Global Health Professional Survey or the Youth Risk Behavioural Survey. Palau also uses the Behavioural Risk Factor Surveillance System. Two countries (Palau and Solomon Islands) have information obtained from their national household expenditure surveys and three (Cook Islands, Federated States of Micronesia and Marshall Islands) have data from their national census. Half of the countries participating in the GYTS have conducted surveys two or more times and this has provided valuable data on trends.

Article 20.2. There is almost no information on the determinants and consequences of tobacco smoking and no information on the burden of disease and costs attributable to tobacco use within Pacific countries.

Samoa has implemented several key surveillance measures including the Demographic and Health Survey, the GYTS, STEPS and more recently the “Whole of Country, ‘One Health’ Integrated Approach for Healthy Living”.

11 Federated States of Micronesia, Papua New Guinea, Samoa and Solomon Islands.

12.
Article 21: Reporting and exchange of information

All of the Pacific island countries participating in needs assessments have provided implementation reports to the COP. Half have provided three reports on time and three have supplied only one report. Most of the reports have provided limited information, with major constraints being the limited technical and financial resources available in several countries. Seven out of the eight countries met the 30 April 2014 deadline to submit their 2014 implementation reports.\(^\text{13}\)

Article 22: Cooperation in the scientific, technical and legal fields and provision of related expertise

All but one of the countries have met their obligations to cooperate in scientific, technical and legal areas arising from the Convention. The Pacific island countries have in general been supportive of this aspect of the Convention, though often constrained by limited resources.

The United National Development Assistance Framework (UNDAF) for the Pacific Subregion 2008–2012 only contained one reference to legislation on smoking as part of the country project output. It did not refer to the overall implementation of the Convention as part of the UNDAF. The needs assessment missions in all eight countries included meetings with the UN Resident Coordinators or managers of the United Nations joint presence, and relevant governmental agencies responsible for foreign affairs and national development strategies, to advocate for the need to include support for implementation of the Convention in the next UNDAF. Following the needs assessment in Palau in October 2011 and subsequent initiatives and advocacy and follow-up through the United Nations Development Programme (UNDP) and by the WHO country offices during other missions, it is encouraging to note that the current UNDAF for the Pacific Region (2013–2017) has recognized the importance of the WHO FCTC and included, specifically, “multilateral efforts to expedite the implementation of the Framework Convention on Tobacco Control.”\(^\text{14}\) Four countries have included tobacco use or implementation of the WHO FCTC in their country-specific UNDAF action plans.\(^\text{15}\)

Article 26: Financial resources

Six of the countries have allocated funding for implementation of the Convention.\(^\text{16}\) Cook Islands has designated some of the increased tax to the tobacco control programme. Samoa allocates funding from its Sector Wide Approach to funding for two full-time staff as well as additional funds for other programme activities. Three countries (Federated States of Micronesia, Marshall Islands and Palau) receive bilateral funding resulting from agreements with the United States to support their tobacco control programme. Fiji allocates funding for tobacco control with an emphasis on supporting enforcement measures. Solomon Islands is establishing a health foundation and direct funding support for tobacco control has recently been allocated by the Government.

---

\(^\text{13}\) Cook Islands, Federated States of Micronesia and Marshall Islands, questions on tobacco use have been included in the most recent national census. This will enable trend data on tobacco use to be made available.


\(^\text{15}\) Cook Islands, Fiji, Palau and Solomon Islands.

\(^\text{16}\) Cook Islands, Federated States of Micronesia, Fiji, Marshall Islands, Samoa and Solomon Islands.
4. Common issues and challenges in implementation of the Convention among the eight PICPs

This section describes issues and challenges in four broad areas of the Convention.

**Guiding principles and general obligations (Articles 4–5)**

Most of the eight PICPs have made significant progress in tobacco control measures over the decade following the adoption and ratification of the WHO FCTC. During the 1990s, the Pacific island countries had largely focused on measures to reduce tobacco use, with many implementing their first legislation during the latter half of the decade. Ratification by the Pacific island countries of the WHO FCTC was then a catalyst for accelerated enhancement of tobacco control. Evidence is provided by the following:

- greater commitment of resources by governments to tobacco control, including the appointment of full- or part-time focal persons and other staff;
- drafting and passage of new or updated legislation in most countries;
- support to needs assessments in eight Pacific island country Parties.

The limited communication within governments may explain why none of the eight countries reported on other relevant governmental agreements and legal instruments, as required by the Convention. There is a need for Parties to review their existing agreements and provide this information to the COP through the Secretariat. It is important that collaboration take place with other sectors of government, particularly those responsible for United Nations-related matters, including reporting on treaties.

The development, implementation and updating of multisectoral national tobacco control strategies and the establishment or reinforcement of national coordination mechanisms is one of the most significant developments under the Convention, which was stimulated by the joint needs assessments. The role and scope of multisectoral coordination mechanisms has been enhanced in most countries following such assessments. The mechanisms enable high-level action within governments and the community in support of the Convention.

In many countries there is need to update national legislation. While most countries have relevant legislation in place, the needs assessments highlighted the gaps in legislation when compared to the obligations under the Convention and the need for regulations to be either developed or updated in support of the legislation. This applies to most countries, although several have recently made progress in ensuring that legislation and regulations comply with the WHO FCTC.17

Most countries have not implemented policies or established procedures that protect society and individuals from interference by the tobacco industry. Only Samoa has included in its code of conduct for government employees provisions on preventing conflicts of interest. There have been a number of clearly documented cases in which an MOU has been put in place between the tobacco industry and various sectors of government subsequent to the entry into force of the WHO FCTC for that country. Such actions compromise the ability of the Party to meet the obligations of the Convention.

**Measures relating to the reduction of demand for tobacco (Articles 6–14)**

Tobacco products remain in general affordable in the PICPs. Two countries (Marshall Islands and Solomon Islands) are in a position to make progress in their plans to establish health promotion funds with revenue generated from tobacco taxes to be made available for tobacco control. The experiences of other Parties who have established such a fund could be useful. The draft guidelines for implementation of Article 6, which have been submitted for consideration by the COP at its sixth

17 Cook Islands, Federated States of Micronesia, Fiji and Solomon Islands.
session would, once adopted by the COP, provide an important guide for country action. Palau has used the principles and recommendations for implementation of Article 6, which were adopted at the fifth session of the COP in guiding the development of new tax legislation.

Most countries did not meet the five-year timeline for implementation of Article 8 as recommended in the guidelines for implementation of that Article. This measure has wide-reaching impact on the health and well-being of the population. Ensuring that the definition of public place is suitably broad is also important.

Enforcement of the existing legislation and regulations is vital. Three countries (Cook Islands, Fiji and Samoa) have strong enforcement measures including the provision of training for enforcement officers.

Several countries have requirements for regulations and disclosure, but none of the Parties have capacity to do their own testing within the Pacific. It is important that countries implement legislation that requires the use of regional reference laboratories with the expense borne by the tobacco industry.

Only a few countries have in place packaging and labelling measures that fully meet the obligations under the Convention, and only two countries met the three year deadline. While implementing Article 11 may appear challenging, there are examples, such as that of Fiji, which show clearly that this can be achieved. Resources are available to countries wishing to achieve compliance with the obligations of Article 11.

Most countries have put in place strong measures concerning education and communication on tobacco use and have similarly introduced bans on tobacco advertising, sponsorship and promotion.

An area of considerable opportunity exists to expand the reach of information aimed at communicating the risks of tobacco use and limiting exposure to tobacco smoke by engaging more broadly with civil society and NGOs.

Experience from many countries has shown the importance of education for reducing the risks of tobacco consumption, and that support from health, medical and educational workers increases the number of attempts and rates of success in quitting. Much can be achieved by targeted use of media and support through brief interventions and brief counselling from the medical community. It is clear that few countries in the Pacific can afford the high cost of providing pharmaceutical support to tobacco cessation, but this does not preclude the significant impact that can be achieved through other means of support. It is important that countries implement or adapt guidelines on cessation and allocate funding for media messages aimed at assisting quitting.

There is a significant gap that could be filled in most countries by adaptation of existing guidelines, such as the New Zealand guidelines on cessation, according to their national circumstances.

**Measures relating to the reduction of supply of tobacco (Articles 15–18)**

Most countries have in place some measures to combat illicit trade in tobacco products, although with significant gaps. There does not appear to be widespread illicit trade in tobacco products in the Pacific, but the challenge is to ensure that smuggling, illicit manufacture and counterfeiting are eliminated. Implementation of a mechanism to ensure that tobacco is appropriately labelled for sale in the intended destination is required in all PICPs.

Implementing measures that reduce access to tobacco and make tobacco socially unacceptable increase the likelihood of lower smoking rates. Increasing licence fees for vendors and enhancing enforcement are required.
It is important that countries close any legal loopholes and thereby ensure that vending machines for tobacco products are not introduced.

The issue of sales by minors poses considerable challenge in many areas of the Pacific with the operation of local, often family-based, shops or stores. It is important to ensure that this measure is adequately covered in legislation and regulation.

There has been no focus on the opportunity to offer alternative livelihoods. There has also not been any consideration of the obligation to ensure protection of the environment and the health of persons involved in tobacco production or manufacture.

International cooperation, surveillance and exchange of information (Articles 20–22 and 26)

Most PICPs have cooperated in the exchange of information and in implementing research and surveillance measures. Reporting measures have also been met by most countries. A summary of the implementation status of time-bound Articles (11, 13, 21 and the timeline recommended in Article 8 guidelines) is included in Annex 2.

Half of the eight Pacific countries\(^{18}\) that have undertaken needs assessments are in the upper-middle-income and the remainder in the lower-middle-income range of the World Bank development ranking.\(^{19}\) There is need for countries in both categories to allocate resources to support the implementation of the Convention, and in particular to allocate funds for national coordination. Funding for tobacco control remains very limited and often relies on external sources or development partners. It is important that governments provide sufficient resources to sustain multisectoral coordination and support the implementation of national WHO FCTC action plans.

None of the PICPs have fully utilized their multilateral channels that are available to provide funding for the development and strengthening of multisectoral tobacco control programmes.

5. Follow-up actions by Parties and post-needs assessment assistance in line with the needs identified

While gaps and challenges exist, there have been significant developments in most countries following the needs assessments. In addition, post-needs assessment assistance has been provided by the Convention Secretariat to address the immediate needs as jointly agreed with the governments.

Four countries have increased tobacco taxes following the needs assessments.\(^{20}\) At least four countries are updating legislation and/or regulations to meet their obligations under the Convention.\(^{21}\) Three countries (Fiji, Samoa and Solomon Islands) adopted legislation on pictorial health warnings. Two countries (Federated States of Micronesia and Samoa) updated or implemented multisectoral coordinating mechanisms. Other actions that have taken place following the needs assessments include expansion of smoke-free environments (Fiji and Palau), provision of enhanced cessation services (Cook Islands and Samoa), allocation of funds to support tobacco control (Cook Islands, Federated States of Micronesia and Palau), updated pictorial health warnings (Fiji), and restrictions on duty free tobacco product sales (Cook Islands and Palau).

At least six countries have made plans to hold stakeholder meetings, with funding support from the Convention Secretariat.\(^ {22}\) Other support includes funding to review legislation (Cook Islands), provide

---

\(^{18}\) Cook Islands, Fiji, Marshall Islands, and Palau. This assumes that Cook Islands, for which data were not provided, is in the World Bank “upper-middle-income” category.

\(^{19}\) Federated States of Micronesia, Papua New Guinea, Samoa and Solomon Islands.

\(^{20}\) Cook Islands, Federated States of Micronesia, Fiji and Palau.

\(^{21}\) Cook Islands, Palau, Marshall Islands and Solomon Islands.

\(^{22}\) Cook Islands, Federated States of Micronesia, Fiji, Palau, Marshall Islands and Solomon Islands.
enforcement training (Federated States of Micronesia) and conduct advocacy campaigns (Fiji). A summary of actions taken and the support provided by the Secretariat following the needs assessments is attached in Annex 3.

6. **Conclusions and way forward**

The PICPs that participated in the needs assessments have expressed appreciation for the assistance provided through this mechanism, and most of the countries have made notable progress following the needs assessment. Parties appreciate the systematic approach in which all substantive articles of the Convention are addressed and the collaborative nature of the exercise. The needs assessment exercise itself promotes multisectoral coordination among relevant stakeholders. It is also valued as a capacity building process. It also raised awareness of all the obligations under the Convention.

Supporting implementation of the Convention has been included in the UNDAF for the Pacific Region (2013–2017) as a result of active advocacy by Parties, the Convention Secretariat and UNDP after the needs assessment missions that started in 2010 in the Pacific. However, operationalization of activities remains, and will remain, a challenge unless Parties actively take up the issue at the programmatic stage of UNDAFs. Parties in the subregion and beyond are, therefore, encouraged to include tobacco control in their national health and development strategies and plans and to advocate for inclusion of implementation of the Convention into the country-specific UNDAFs.

At the Western Pacific Regional meeting on implementation of the WHO FCTC held in Nadi, Fiji, in April 2014, all Parties had the opportunity to discuss the experience of the eight PICPS that have conducted needs assessments. The participants agreed that as and when appropriate, other Parties in the region should consider undertaking needs assessments.
Annex 1. Schedule of needs assessment missions – Pacific Island Countries

<table>
<thead>
<tr>
<th>Party</th>
<th>Dates of mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cook Islands</td>
<td>5–9 March 2012</td>
</tr>
<tr>
<td>2. Federated States of Micronesia</td>
<td>21–29 November 2012</td>
</tr>
<tr>
<td>3. Fiji</td>
<td>26 September – 3 October 2011</td>
</tr>
<tr>
<td>4. Palau</td>
<td>5–7 October 2011</td>
</tr>
<tr>
<td>5. Papua New Guinea</td>
<td>9–13 November 2009</td>
</tr>
<tr>
<td>7. Samoa</td>
<td>26 February – 3 March 2012</td>
</tr>
<tr>
<td>8. Solomon Islands</td>
<td>12–16 March 2012</td>
</tr>
</tbody>
</table>
Annex 2: Summary of meeting time-bound obligations

*Article 8: Protection from exposure to tobacco smoke*
*Article 11: Packaging and labelling of tobacco products*
*Article 13: Tobacco advertising, promotion and sponsorship*
*Article 21: Reporting and exchange of information*

<table>
<thead>
<tr>
<th></th>
<th>CKI</th>
<th>FSM</th>
<th>FIJ</th>
<th>PAL</th>
<th>PNG</th>
<th>RMI</th>
<th>SAM</th>
<th>SOL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Article 8</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-year timeline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for implementation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Article 11</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-year deadline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for implementation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Article 13</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-year deadline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for implementation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Article 21</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Abbreviations for Pacific island country Parties in Annexes 2 and 3*

CKI – Cook Islands  
FSM – Federated States of Micronesia  
FIJ – Fiji  
PAL – Palau  
PNG – Papua New Guinea  
RMI – Republic of Marshall Islands  
SAM – Samoa  
SOL – Solomon Islands
Annex 3. Follow up actions by Parties and post-needs assessment assistance provided by the Convention Secretariat

<table>
<thead>
<tr>
<th>CKI</th>
<th>FSM</th>
<th>FIJ</th>
<th>PAL</th>
<th>PNG</th>
<th>RMI</th>
<th>SAM</th>
<th>SOL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Follow up action by Parties</strong></td>
<td><strong>Follow up action by Parties</strong></td>
<td><strong>Follow up action by Parties</strong></td>
<td><strong>Follow up action by Parties</strong></td>
<td><strong>Follow up action by Parties</strong></td>
<td><strong>Follow up action by Parties</strong></td>
<td><strong>Follow up action by Parties</strong></td>
<td><strong>Follow up action by Parties</strong></td>
</tr>
<tr>
<td>• Adopted National Tobacco Control Action Plan</td>
<td>• Established national coordination mechanism*</td>
<td>• Significantly increased tobacco taxes</td>
<td>• Amended legislation</td>
<td>• Plan to review and amend the tobacco control act and develop regulations</td>
<td>• Revitalized National Tobacco Control Committee mechanism</td>
<td>• Adopted regulations to implement the Tobacco Control Act 2010</td>
<td>• Adopted regulations to introduce pictorial health warnings</td>
</tr>
<tr>
<td>• Significantly increased tobacco taxes</td>
<td>• Developed and adopted national action plan</td>
<td>• Introduced tobacco tax and Expanded smoke-free areas</td>
<td>• Increased tobacco taxes</td>
<td>• Stakeholder meeting*</td>
<td>• Plan to introduce pictorial health warnings in January 2015</td>
<td>• Plan to introduce pictorial health warnings</td>
<td></td>
</tr>
<tr>
<td>• Introduced free cessation services in the capital and is planning to extend to outer islands</td>
<td>• Increased tobacco tax and Increased funding for tobacco control</td>
<td>• Introduced pictorial health warnings</td>
<td>• Amended tobacco control legislation</td>
<td>• Stakeholder meeting*</td>
<td>• Developed Strategic Health Communication Plan for Tobacco Control in 2013</td>
<td>• Developed draft legislation and code of conduct on implementation of Article 5.3 and its guidelines</td>
<td></td>
</tr>
<tr>
<td>• Included WHO FCTC implementation in UNDAF</td>
<td>• Included WHO FCTC implementation in UNDAF</td>
<td>• Included WHO FCTC implementation in UNDAF</td>
<td>• Stakeholder meeting*</td>
<td>• Advocacy campaigns*</td>
<td>• Conducted communication and campaigns</td>
<td>• Conducted communication and campaigns</td>
<td></td>
</tr>
<tr>
<td>• Stakeholder meeting*</td>
<td>• Stakeholder meeting*</td>
<td>• Stakeholder meeting*</td>
<td>• Plan to amend decree, in particular in the areas related to meet the obligations under Articles 8, 9&amp;10, 13 and 16.3 of the Convention*</td>
<td>• Advocacy campaigns*</td>
<td>• Included WHO FCTC implementation in UNDAF</td>
<td>• Included WHO FCTC implementation in UNDAF</td>
<td></td>
</tr>
<tr>
<td>• Amending tobacco control act and regulations*</td>
<td>• Amending tobacco control act and regulations*</td>
<td>• Amending tobacco control act and regulations*</td>
<td>• Stakeholder meeting*</td>
<td>• Stakeholder meeting*</td>
<td>• Stakeholder meeting*</td>
<td>• Stakeholder meeting*</td>
<td></td>
</tr>
<tr>
<td>• Supported to train a lawyer from the Ministry of Health*</td>
<td>• Supported to train a lawyer from the Ministry of Health*</td>
<td>• Supported to train a lawyer from the Ministry of Health*</td>
<td>• Stakeholder meeting*</td>
<td>• Stakeholder meeting*</td>
<td>• Stakeholder meeting*</td>
<td>• Stakeholder meeting*</td>
<td></td>
</tr>
</tbody>
</table>

*Post-needs assessment assistance provided by the Convention Secretariat.