Introduction

The needs assessment mission for the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was conducted April 4-7, 2016, by the Convention Secretariat jointly with the Ministry of Public Health of Lebanon. The international team, which came at the government’s invitation, included representatives of the United Nations Development Programme (UNDP) and the WHO Regional Office for the Eastern Mediterranean (EMRO). The team met with the leaders of government agencies, NGOs and civil society who are involved in implementing the WHO FCTC at country level.

Currently smoking cigarettes among 13-15 year old students

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>GYTS 2001</td>
<td>10.4</td>
<td>5.3</td>
</tr>
<tr>
<td>GYTS 2005</td>
<td>11.8</td>
<td>5.6</td>
</tr>
<tr>
<td>GYTS 2011</td>
<td>17.7</td>
<td>6.0</td>
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Tobacco control milestones in Lebanon

- 1983: Warnings required on cigarette packages and smoking advertisements.
- 1993: Secondhand smoke prohibited.
- 2004: Lebanon signs the WHO FCTC.
- 2005: Lebanon ratifies the WHO FCTC.
- 2011: 100% smoke-free public places, ban on tobacco advertising and 40% health warnings on cigarette packs.
- 2012: E-cigarettes banned.

Key facts

- 38.5% of Lebanese smoke cigarettes.
- 22.4% of Lebanese smoke water pipes.
- 43% of Lebanese men smoke.
- 34% of Lebanese women smoke.
- 31.6% of young people smoke cigarettes.
- 34.8% of males smoke water pipes.
- 39.3% of males were exposed to secondhand smoke at home.
- 40.5% of females were exposed to secondhand smoke at home.
- 30.6% of males use tobacco other than cigarettes.
- 40.5% of females use tobacco other than cigarettes.

A 2010 study found secondhand smoke levels in 28 public places sampled in Lebanon to be in the “hazardous” range on average.

Find the full Needs Assessment Report at: http://www.who.int/fctc/implementation/needs
Main findings and recommendations

- Lebanon ratified the WHO FCTC in 2005. Lebanon has a National Strategy to Combat and Prevent Tobacco Harms that highlights WHO FCTC implementation. **Recommendation:** Include WHO FCTC in all relevant policy documents and use the needs assessment report as a point of reference for these documents.

- Lebanon has established a tobacco control focal point in the Ministry of Health. Several other ministries and agencies are also responsible for implementing the Tobacco Control Law. **Recommendation:** Designate full-time staff to work on tobacco control. Create a multi-sector coordinating committee that includes civil society organizations to help implement the WHO FCTC.

- Lebanon’s Tobacco Control Law has strong provisions for 100% smoke-free public places and a ban on tobacco advertisements, promotions and sponsorships. **Recommendation:** Fully enforce these provisions. Providing training for enforcement personal and promoting public awareness are keys to successful enforcement.

- Lebanon has implemented ad valorem, value-added and import duty taxes on tobacco products. **Recommendation:** Implement the WHO FCTC recommendations for tobacco taxes by bringing them up to at least 70% of the retail price. Thereafter, the Ministry of Finance should increase tobacco tax rates on a regular basis. The Ministry of Health should prepare an excise tax rate proposal for the Ministry of Finance.

- Lebanon is legally required to provide universal protection from exposure to tobacco smoke in all indoor public places. Lebanon implemented this protection within the five-year deadline with a strong public-awareness campaign and enforcement. However, over time, enforcement has slackened and the law is frequently violated, especially in restaurants and bars where water pipes are allowed. **Recommendation:** Enforcement should be stepped up so that the law is universally enforced.

- Lebanon’s Tobacco Control Law requires a written health warning on tobacco products. However, it does not require health warnings in the form of pictures, which were to be agreed to between the Ministry of Health and the Ministry of Finance. This agreement has not yet been reached. Electronic nicotine delivery systems are also currently unregulated. **Recommendation:** Bring health warnings into compliance with WHO FCTC guidelines. Introduce and enforce regulations for electronic nicotine delivery systems.

- Lebanon has a comprehensive ban on tobacco advertising, promotion and sponsorships. However, tobacco companies are allowed to give promotional discounts and make in-kind contributions. **Recommendation:** Amend the Tobacco Control Law so that it complies with WHO FCTC guidelines by eliminating promotional discounts and in-kind contributions.

- The Tobacco Control Law has not been fully implemented and enforced. This makes it less effective. **Recommendation:** The four ministries responsible for enforcing the law and other enforcement agencies should work together closely. As part of this process, law enforcement officials and people from the relevant ministries and agencies should receive special training.

- The United Nations Development Assistance Framework that has been agreed to between Lebanon and the UN does not include prevention and control of non-communicable diseases or of the WHO FCTC. **Recommendation:** Include tobacco control in the planning process for implementing the Sustainable Development Goals.

Post needs assessment assistance available from the Convention Secretariat

- Support for the Ministry of Health in preparing a proposal to raise tobacco excise taxes.
- Immediate support for any priorities the Ministry of Health identifies.
- Support for and facilitation of a stakeholder workshop to re-energize government and civil society engagement in the tobacco control effort and consider the needs assessment report.

Outcomes

1) The needs assessment served to raise awareness of the importance of strengthening the implementation of the WHO FCTC.
2) After the mission, the Ministry of Public Health and the Ministry of Finance have discussed the implementation of pictorial health warnings on tobacco products.
3) The Director General of the Ministry of Public Health, together with Ministers of Health of other Parties, have declared their support for the implementation of evidence-based measures and successful approaches to tobacco packaging and labelling, including consideration of the use of large health pictorial warnings, and plain and standardized packaging.