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Introduction

In the Joint Action on Tobacco Control 2 (JATC2) -project, the work package 9 (WP9) focuses on best practices to develop effective and comprehensive tobacco endgame strategies. It has the following three objectives, with specific tasks under each objective:

- Objective 9.1: To identify and assess tobacco endgame strategies and forward-looking tobacco control policies for the European region.
 - Task 9.1a: To identify and map forward-looking tobacco control policies and tobacco endgame strategies using a questionnaire developed in cooperation with WP4, and using existing sources such as the WHO FCTC Implementation Database.
 - Task 9.1b: To assess the inclusion of cessation support (WHO FCTC Article 14) to national tobacco endgame strategies.
 - Task 9.1c: To synthesize the available evidence and identify the needs for future research on the effectiveness of new or recently introduced policies through literature review and key stakeholder interviews.
 - Task 9.1d: To assess the feasibility of their translation into the development of national policies and strategies in the European region, taking into account different national contexts and capacities for tobacco control.
- Objective 9.2: To explore best practices in the development, implementation and evaluation of tobacco endgame strategies and forward-looking tobacco control policies.
 - Task 9.2a: To explore national best practices through key stakeholder interviews.
 - Task 9.2b: To identify the typical enablers and constraints through key stakeholder interviews.
- Objective 9.3: To promote best practices and facilitate the development of national tobacco endgame strategies in Europe, in synergy with WP4 and other WPs.
 - Task 9.3a: To define and introduce the concepts of tobacco endgame and forward-looking tobacco control policies to policymakers in the European region.
 - Task 9.3b: To disseminate and promote best practices in the development, implementation and evaluation of tobacco endgame strategies and forward-looking tobacco control policies in the European region.

This document is the first milestone of WP9 (M9.1), indicator compendium to compile the selected measures, criteria and data sources for identifying and assessing the policies, strategies, enablers, constraints and best practices covered in this WP. This document first describes the tobacco endgame framework adopted in WP9 to guide the overall work, and then provides information of the methodology used in WP9.

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Tobacco endgame framework in JATC2 WP9

External workshop to discuss traditional and forward-looking approaches

In order to inform the work to be conducted in WP9 under different tasks, and to provide an opportunity to consult different stakeholders, a virtual workshop (M9.2¹) “How to develop, implement and evaluate tobacco endgame strategies – case studies from Europe” was organized 4 November 2021. The workshop was opened by Dr. Kremlin Wickramasinghe, Acting Head of the WHO European Office for the Prevention and Control of Noncommunicable Diseases, Ms. Ana Duarte, DG Sante and WP9 lead Ms. Hanna Ollila, Finnish Institute for Health and Welfare (THL) – WHO FCTC Knowledge Hub on Surveillance. The opening remarks were followed by case studies on different European approaches on tobacco endgame:

- The Danish Action Plan to protect children and adolescents from tobacco and nicotine – Mrs. Sascha Löwenstein, Senior Advisor, Danish Ministry of Health, Denmark
- Way towards the end game goal in tobacco and nicotine policy – Finnish experience, Mrs. Reetta Honkanen, Senior Specialist, Ministry of Social Affairs and Health, Finland
- New legislative proposals as part of Norway's strategy for a tobacco free society, Mrs. Helena Wilson, Senior Adviser, Norwegian Ministry of Health and Care Services, Norway
- Towards a tobacco-free generation in France: actions, effects and challenges, Mrs. Maria-Alejandra Cardenas, Ministry of Health, France
- Towards 5%: Irelands end game and the role of enforcement, Dr. Maurice Mulcahy, Regional Chief Environmental Health Officer, Health Service Executive, Ireland
- Strategy on tobacco control as a next step towards tobacco free Slovenia 2040, Ms. Helena Koprivnikar, National Institute of Public Health, Slovenia

Workshop then continued to breakout sessions to gather participant views on needs and challenges in tobacco endgame. The workshop was attended by over 60 participants from governmental and non-governmental organizations not affiliated with the tobacco industry² from Europe, USA and Canada. Figures 1 and 2 summarize the insights derived from participant responses. Overall, the participants responses clearly reflected a need to still adopt and better implement the key requirements and recommendations from the WHO FCTC to progress achieving tobacco endgame goals. The current or expected challenges centered around ineffective policy-making and evolving

¹ M9.2 Workshop for key policy makers, regulators and researchers to discuss traditional and forward-looking approaches. Moreover, how to bridge the gap to achieve a tobacco-free Europe.

² In line with the Article 5.3 of the WHO FCTC, upon the registration to the workshop, participants were asked to declare their interests related to tobacco industry or related entities.

industry interference. Further, insufficient resources for civil society, research and evaluation were seen as challenges as it weakens the capacity to advocate tobacco endgame to political agenda and provide counterarguments to industry claims. Participants were also asked to elaborate on what to avoid in tobacco endgame. Four overarching themes emerged:

- Stigmatization of tobacco users: Especially important for those who have failed to quit despite many efforts
- Criminalization of use: Phase-out of tobacco sales does not mean prohibition of use
- Distraction: Poor regulatory oversight of new products weakens the focus on tobacco endgame
- Mixing commercial and traditional tobacco: In indigenous populations, traditional or sacred tobacco needs to be differentiated from commercial tobacco

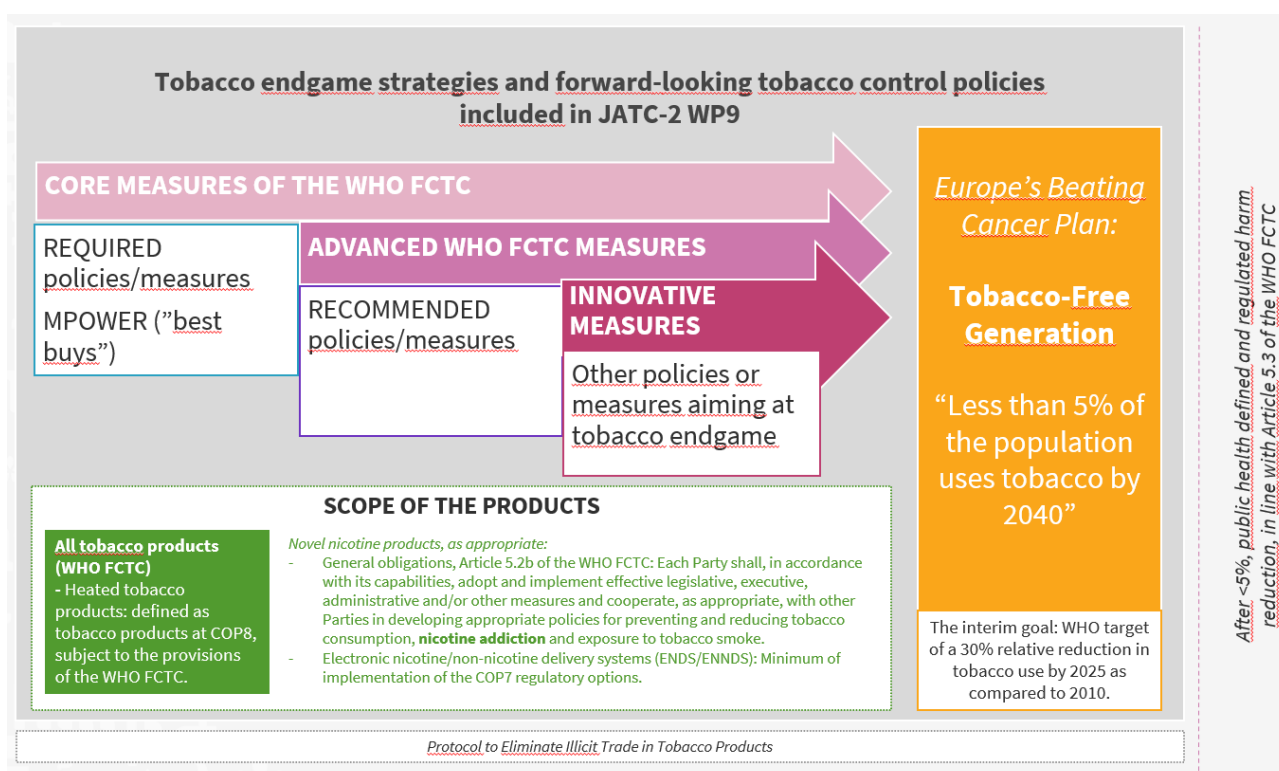
Figure 1. Summary of participant responses to a question on what is needed to reach <5% tobacco use prevalence by 2040 in the workshop “How to develop, implement and evaluate tobacco endgame strategies – case studies from Europe” 4 November 2021.



Internal tobacco endgame workshop and development of WP9 framework

On 16 December 2021, the WP9 partners held an internal workshop on tobacco endgame to familiarize all partners to key concepts and literature on tobacco endgame (see Annex 1 for the information package shared to partners as orientation prior to workshop), to discuss the insights derived from the external workshop, and to discuss a tobacco endgame framework proposal from the WP9 lead to guide the overall work in WP9 (Figure 2).

Figure 2. The tobacco endgame framework in Work Package 9.



To summarize the WP9 tobacco endgame framework (Figure 2), WP9 considers that to meet the Tobacco-Free Generation goal of the Europe's Beating Cancer Plan, progress needs to be achieved in the implementation of both core and advanced measures of the WHO FCTC, which can then be supported with innovative measures. While countries currently have differing approaches on the inclusion of combustible and non-combustible tobacco products in the tobacco endgame goals, and products on the market are partially different depending on the country, the European Tobacco-Free Generation Goal is not a smoke-free goal but concerns tobacco products. Therefore, to progress towards the European goal, strengthening the policies for all tobacco products in line with the WHO FCTC is needed. Inclusion of novel nicotine products in tobacco endgame depends on country contexts, but all Parties to the WHO FCTC are bound with the general obligation to prevent nicotine addiction (Article 5.2b of the WHO FCTC) and to regulate electronic nicotine/non-nicotine delivery

systems. While the WP9 acknowledges that preventing and controlling illicit trade supports tobacco endgame, the requirements and recommendations under the Protocol to Eliminate Illicit Trade in Tobacco Products have been excluded from the scope of this project given it being another comprehensive treaty in itself. Further, while WP9 acknowledges that some countries that have already implemented several advanced tobacco control policies are supplementing – not replacing – their effective policies with harm reduction measures, harm reduction is by its definition not aiming at tobacco endgame and is therefore outside the scope of this project. When the Tobacco-Free Generation goal with less than 5% prevalence of tobacco use has been achieved by 2040, public health defined and regulated harm reduction measures – respecting the Article 5.3 of the WHO FCTC – have a place. At the moment, most European countries need to strengthen the implementation of the evidence-based measures of the WHO FCTC, and avoid distraction caused by new nicotine products and harm reduction arguments used by tobacco industry and related entities to gain access to public health policymaking. This tobacco endgame framework (Figure 2) has been adopted among the WP9 partners to guide the work in the project.

Objective 9.1: To identify and assess tobacco endgame strategies and forward-looking tobacco control policies for the European region

Analysis of existing global tobacco control databases

To search for innovative measures that go beyond the WHO FCTC in Europe (Task 9.1a), a review of existing global databases and an analysis of the current status of the implementation of the WHO FCTC was needed. The current status assessment forms also the basis for the assessment of the feasibility of the translation of tobacco endgame measures into the development of national policies and strategies in the European region, taking into account different national contexts and capacities for tobacco control (Task 9.1d).

To form a standardized criteria for the current status assessment, a list of core (required) and advanced (recommended) measures was formed. This exercise began by conducting a review and analysis of the WHO FCTC and its implementation guidelines and the WHO MPOWER “best buys” to separate requirements and recommendations and more general provisions. The MPOWER “best buys” refer to measures also in the WHO FCTC which have been considered as priority cost-effective measures. In this exercise, the following criteria were utilized:

- Measures were eligible for categorization as core, if the language in the respective provision contained a requirement (e.g. each Party shall), and as advanced if it contained a recommendation (e.g. Parties should);
- Given the focus on tobacco endgame, only the strongest level of requirement or recommendation without exemptions were categorized (e.g. advertising restrictions in the absence of a comprehensive ban were not eligible);

- Given the focus on the development of national measures and policies, the provisions requiring or recommending only or mostly international cooperation were excluded;
- The provisions without operational requirements or recommendations were excluded (e.g. recognizing the importance of regulation);
- The provisions entailing only or mostly administrative requirements or recommendations were excluded;
- From the guidelines for implementation, only those provisions were included which
 - contain measures or policies that go beyond requirements or recommendations in the Convention for the respective Article; and
 - were under Recommendations or Proposed actions, except for Articles 8 and 11 where the guidelines do not contain these specific subtitles. For these articles, recommendations were searched from the main text of the guideline following the above criteria.

Initial review and categorization were conducted by the co-leads of the task 9.1a (THL and NIJZ), and the categorization was reviewed and refined following three feedback rounds among WP9 partners. The tables 1, 2 and 3 in this indicator compendium present the source texts, abbreviations of the measures, their classification to core or advanced, and available key indicator data from the WHO FCTC and MPOWER sources.

Table 1 covers the regulatory measures in line with the WP9 tobacco endgame framework, including WHO FCTC Articles 5, 6, 8, 9, 10, 11, 13, 16, 17, 18 and 19. Table 2 covers WHO FCTC measures related to education and public awareness (Article 12), cessation (Article 14), research and surveillance (Article 20), technical assistance (Article 22) and illicit trade (Article 15), which were considered to support the assessment of the measures from Table 1. All MPOWER “best buys” in Table 3 were classified as core, and the classification is not therefore repeated in the table.

As part of the reviews, partners also selected the measures that will be included in the country assessment from existing data sources, and to be included in the new data collection with a questionnaire and/or in the interviews. The selected measures are also presented in the tables. All MPOWER “best buys” were selected to the country assessment, and this information is therefore not repeated in the Table 3.

For WHO European Region countries for which WHO FCTC information was not available due to recent acceptance of the treaty (i.e. Andorra) or not being part of the Convention (i.e. Monaco and Switzerland), only data from MPOWER were extracted. Hence, WHO FCTC data were retained for 50 countries while MPOWER data were retained for 53 countries.

The key indicators referenced in the tables are available in the WHO FCTC Implementation Database (<https://untobaccocontrol.org/impldb/>) and in the appendices of the WHO Global Tobacco Epidemic Report 2021 (<https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>). Some references to the WHO FCTC Additional questionnaire are also included, but these questionnaires are voluntary and not publicly available in the implementation database. Through the participation of the WHO FCTC Knowledge Hub on Surveillance hosted by WP9 lead THL, the most recent implementation reports from the 2020 WHO FCTC reporting cycle were derived from the reporting platform, containing also updated information provided by the Parties. The WP9 partners

also reviewed their own country information and had the possibility to update it with most recent information. The received updates were minor and did not substantially change the general information gathered from the existing databases.

Upon the initiation of the analysis with the selected measures and their indicators, the list was further refined to exclude measures for which the available information from the indicator data was on too general level (those associated with the type of tax structure applied to tobacco products), did not concern all countries in the region (provision of support for economically viable alternative activities if tobacco growing exists), and was not providing added value to the analysis (specific indicators on educational and public awareness programmes). Eventually, 89 core indicators and 20 advanced indicators were retained for all WHO FCTC Articles. The Table 4 presents the final list of WHO FCTC indicators selected for the analysis, in a checklist format.

Regarding the MPOWER measures, 10 indicators were included: smoking bans and compliance with smoking bans; health warnings and antitobacco mass campaigns; bans in advertising and compliance; share of total taxes in the retail price, affordability trend (since 2010), % of gross domestic product (GDP) per capita to purchase 2000 cigarettes of the most sold brand and offer help to quit smoking and offer help to quit tobacco smoke. Although the last two indicators are not graded within the main MPOWER framework, they were incorporated in the compendium to provide a better description of the affordability of tobacco at the national level.

The description of the statistical analyses conducted in the current status assessment is available from the journal publication.

Table 1. Classification of the regulatory measures of the WHO FCTC.

Respective document section and source text <i>(Only the sections of the provisions which specify strongest level of measures, address other than only/mostly administrative matters, address other than only/mostly collaboration between entities and do not only repeat previous measures are included in the Core/Advanced classification.)</i>	Measure(s)	Core/ Advanced	Selected to the JATC2 WP9 current status assessment	If selected, existing key indicators from the WHO FCTC Implementation Database	If selected, additional information sources
WHO FCTC Article 5 – GENERAL OBLIGATIONS					
Article 5.1: Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention and the protocols to which it is a Party.	Multisectoral national tobacco control strategies, plans, programmes	Core	Yes, from existing data	C111 - Comprehensive multisectoral national tobacco control strategy	C112 - Tobacco control included in national health strategies C113 - Any aspect of tobacco referred in any national strategy C116 - Progress made in implementing Article 5.1 and Article 5.2 6.14 NTC programmes Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021, Technical document https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.14
Article 5.2a Towards this end, each Party shall , in accordance with its capabilities: (a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control; (b) adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.	National coordinating mechanism or focal point for tobacco control	Core	Yes, from existing data	C114c - National coordinating mechanism for tobacco control C114a - Focal point for tobacco control	C114b - Tobacco control unit C115 - Details on focal point for tobacco control, tobacco control unit and national coordinating mechanism for tobacco control C116 - Progress made in implementing Article 5.1 and Article 5.2 C117 - Additional information concerning general obligations 6.14 NTC programmes, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021, Technical document https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.14
Article 5.3 In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these	Protection of public health tobacco control policies from industry interference	Core	Yes, from existing data	C121 - Interference by the tobacco industry	C123 - Details on the protection of public health policies C124 - Progress made in protection of public health policies

policies from commercial and other vested interests of the tobacco industry in accordance with national law.					C127 - Additional information concerning protection of public health policies
Guidelines for implementation of Article 5.3 of WHO FCTC					
Recommendation 1.1: Parties should , in consideration of Article 12 of the Convention, inform and educate all branches of government and the public about the addictive and harmful nature of tobacco products, the need to protect public health policies for tobacco control from commercial and other vested interests of the tobacco industry and the strategies and tactics used by the tobacco industry to interfere with the setting and implementation of public health policies with respect to tobacco control.	Information and education of the need to protect public health policies from tobacco industry interference to all branches of government and the public	Advanced	No		
Recommendation 1.2: Parties should , in addition, raise awareness about the tobacco industry's practice of using individuals, front groups and affiliated organizations to act, openly or covertly, on their behalf or to take action to further the interests of the tobacco industry.	Awareness raising of the practices that tobacco industry uses to further their interests	Advanced	No		
Recommendation 2.1: Parties should interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products.	Interaction with tobacco industry only when necessary in regulation	Advanced	Yes, in the questionnaire		A2, A3 questions in additional questionnaire on the use of implementation guidelines by the parties
Recommendation 2.2: Where interactions with the tobacco industry are necessary, Parties should ensure that such interactions are conducted transparently. Whenever possible, interactions should be conducted in public, for example through public hearings, public notice of interactions, disclosure of records of such interactions to the public.	Transparency of tobacco industry interactions	Advanced	Yes, in the questionnaire		A3.1 question in additional questionnaire on the use of implementation guidelines by the parties
Recommendation 3.1: Parties should not accept, support or endorse partnerships and non-binding or non-enforceable agreements as well as any voluntary arrangement with the tobacco industry or any entity or person working to further its interests.	Partnerships, agreements and voluntary arrangements with tobacco industry or entities or persons that further its interests not	Advanced	No		

	accepted, supported or endorsed				
Recommendation 3.2: Parties should not accept, support or endorse the tobacco industry organizing, promoting, participating in, or performing, youth, public education or any initiatives that are directly or indirectly related to tobacco control.	Tobacco industry organizing, promoting or participating in, or performing, tobacco control initiatives not accepted, supported or endorsed	Advanced	Yes, in the questionnaire		A5 question in additional questionnaire on the use of implementation guidelines by the parties
Recommendation 3.3: Parties should not accept, support or endorse any voluntary code of conduct or instrument drafted by the tobacco industry that is offered as a substitute for legally enforceable tobacco control measures.	Tobacco industry drafted voluntary code of conduct or instrument to substitute legally enforceable measures not accepted, supported or endorsed	Advanced	No		
Recommendation 3.4: Parties should not accept, support or endorse any offer for assistance or proposed tobacco control legislation or policy drafted by or in collaboration with the tobacco industry.	Tobacco industry assistance or proposals in tobacco control legislation not accepted, supported or endorsed	Advanced	Yes, in the questionnaire		A6 question in additional questionnaire on the use of implementation guidelines by the parties
Recommendation 4.1: Parties should mandate a policy on the disclosure and management of conflicts of interest that applies to all persons involved in setting and implementing public health policies with respect to tobacco control, including government officials, employees, consultants and contractors.	Disclosure of conflict of interests required from all persons involved in setting and implementing tobacco control policies	Advanced	Yes, in the questionnaire		

Recommendation 4.2: Parties should formulate, adopt and implement a code of conduct for public officials, prescribing the standards with which they should comply in their dealings with the tobacco industry.	Code of conduct for public officials regarding their dealings with tobacco industry	Advanced	Yes, in the questionnaire		A7 question in additional questionnaire on the use of implementation guidelines by the parties
Recommendation 4.3: Parties should not award contracts for carrying out any work related to setting and implementing public health policies with respect to tobacco control to candidates or tenderers who have conflicts of interest with established tobacco control policies.	Public health contracts not awarded to candidates who have conflicts of interest with established tobacco control policies	Advanced	No		
Recommendation 4.4: Parties should develop clear policies that require public office holders who have or have had a role in setting and implementing public health policies with respect to tobacco control to inform their institutions about any intention to engage in an occupational activity within the tobacco industry, whether gainful or not, within a specified period of time after leaving service.	Public office holders required to inform of intention to engage in an occupational activity within tobacco industry within specified period of time after service	Advanced	No		
Recommendation 4.5: Parties should develop clear policies that require applicants for public office positions which have a role in setting and implementing public health policies with respect to tobacco control to declare any current or previous occupational activity with any tobacco industry whether gainful or not.	Applicants for public office positions in tobacco control are required to declare any current or previous occupational activity with tobacco industry	Advanced	No		
Recommendation 4.6: Parties should require government officials to declare and divest themselves of direct interests in the tobacco industry.	Requirement for government officials to declare and divest of direct interests in tobacco industry	Advanced	No		

Recommendation 4.7: Government institutions and their bodies should not have any financial interest in the tobacco industry, unless they are responsible for managing a Party's ownership interest in a State-owned tobacco industry.	Government institutions or their bodies have no financial interest in tobacco industry	Advanced	No		
Recommendation 4.8: Parties should not allow any person employed by the tobacco industry or any entity working to further its interests to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy.	Tobacco industry or front group employees not allowed to be a member of any governmental body that sets or implements tobacco control or public health policy	Advanced	Yes, in the questionnaire		A9 question in additional questionnaire on the use of implementation guidelines by the parties
Recommendation 4.9: Parties should not nominate any person employed by the tobacco industry or any entity working to further its interests to serve on delegations to meetings of the Conference of the Parties, its subsidiary bodies or any other bodies established pursuant to decisions of the Conference of the Parties.	Tobacco industry or front group employees not nominated to serve as COP delegate	Advanced	No		
Recommendation 4.10: Parties should not allow any official or employee of government or of any semi/quasi-governmental body to accept payments, gifts or services, monetary or in kind, from the tobacco industry.	Government officials or employees or semi/quasi-governmental bodies not allowed to accept payments, gifts or services from tobacco industry	Advanced	No		
Recommendation 4.11: Taking into account national law and constitutional principles, Parties should have effective measures to prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates or campaigns, or to require full disclosure of such contributions.	Measures to ban or require full disclosure of contributions from tobacco industry or front groups to political parties, candidates or campaigns	Advanced	Yes, in the questionnaire		A11 question in additional questionnaire on the use of implementation guidelines by the parties

Recommendation 5.1: Parties should introduce and apply measures to ensure that all operations and activities of the tobacco industry are transparent.	Measures to ensure transparency of tobacco industry operations and activities	Advanced	No		
Recommendation 5.2: Parties should require the tobacco industry and those working to further its interests to periodically submit information on tobacco production, manufacture, market share, marketing expenditures, revenues and any other activity, including lobbying, philanthropy, political contributions and all other activities not prohibited or not yet prohibited under Article 13 of the Convention	Periodical reports on tobacco production, manufacture, market share, marketing expenditures, revenues, other activities required	Advanced	No		
Recommendation 5.3: Parties should require rules for the disclosure or registration of the tobacco industry entities, affiliated organizations and individuals acting on their behalf, including lobbyists.	Rules for the disclosure or registration of tobacco industry entities, affiliated organizations and individuals acting on their behalf, including lobbyists	Advanced	No		
Recommendation 5.4: Parties should impose mandatory penalties on the tobacco industry in case of the provision of false or misleading information in accordance with national law.	Mandatory penalties on tobacco industry for false or misleading information	Advanced	No		
Recommendation 5.5: Parties should adopt and implement effective legislative, executive, administrative and other measures to ensure public access, in accordance with Article 12(c) of the Convention, to a wide range of information on tobacco industry activities as relevant to the objectives of the Convention, such as in a public repository.	Public access to information on tobacco industry	Core	No		
Recommendation 6.1: Parties should ensure that all branches of government and the public are informed and made aware of the true purpose and scope of activities described as socially responsible performed by the tobacco industry.	Awareness raising of the true purpose of tobacco industry corporate social responsibility activities	Advanced	No		

Recommendation 6.2: Parties should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible.	No involvement in activities related to tobacco industry corporate social responsibility	Advanced	No		
Recommendation 6.3: Parties should not allow public disclosure by the tobacco industry or any other person acting on its behalf of activities described as socially responsible or of the expenditures made for these activities, except when legally required to report on such expenditures, such as in an annual report.	Ban on public disclosure by tobacco industry of corporate social responsibility activities, except when legally required to report	Advanced	No		
Recommendation 6.4: Parties should not allow acceptance by any branch of government or the public sector of political, social, financial, educational, community or other contributions from the tobacco industry or from those working to further its interests, except for compensations due to legal settlements or mandated by law or legally binding and enforceable agreements.	Any branch of government or the public sector not allowed to accept contributions from tobacco industry except for compensations	Advanced	No		
Recommendation 7.1: Parties should not grant incentives, privileges or benefits to the tobacco industry to establish or run their businesses.	No incentives, privileges or benefits to tobacco industry	Advanced	No		
Recommendation 7.2: Parties that do not have a State-owned tobacco industry should not invest in the tobacco industry and related ventures. Parties with a State-owned tobacco industry should ensure that any investment in the tobacco industry does not prevent them from fully implementing the WHO Framework Convention on Tobacco Control.	No investments in tobacco industry	Advanced	Yes, in the questionnaire		
Recommendation 7.3: Parties should not provide any preferential tax exemption to the tobacco industry	No preferential tax exemption to tobacco industry	Advanced	No		
Recommendation 8.1: Parties should ensure that State-owned tobacco industry is treated in the same way as any other member of the tobacco industry in respect of setting and implementing tobacco control policy.	Treatment of state-owned tobacco industry the same way as other tobacco industry in setting	Advanced	No		

	and implementing tobacco control policy				
Recommendation 8.2: Parties should ensure that the setting and implementing of tobacco control policy are separated from overseeing or managing tobacco industry.	Separation of setting and implementing tobacco control policy from overseeing or managing tobacco industry	Advanced	No		
Recommendation 8.3: Parties should ensure that representatives of State-owned tobacco industry does not form part of delegations to any meetings of the Conference of the Parties, its subsidiary bodies or any other bodies established pursuant to decisions of the Conference of the Parties.	State-owned tobacco industry not allowed to form part of COP delegations	Advanced	No		
Article 6 of the WHO FCTC – PRICE AND TAX MEASURES TO REDUCE THE DEMAND FOR TOBACCO					
Article 6.2: Without prejudice to the sovereign right of the Parties to determine and establish their taxation policies, each Party should take account of its national health objectives concerning tobacco control and adopt or maintain , as appropriate, measures which may include: (a) implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; and (b) prohibiting or restricting, as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products.	Implementation of tobacco tax and/or price policies Ban or restriction of tax- and duty-free tobacco product sales to and/or importations by international travellers	Advanced Advanced	Yes, from existing data Yes, from existing data	C211 - Tax policies to reduce tobacco consumption C212 - Tobacco sales to international travelers prohibited C213 - Tobacco imports by international travelers prohibited	C214 - Progress made in implementing Article 6 C217 - Additional information concerning price and tax measures 9.1 Taxes and retail price for a pack of 20 cigarettes most sold brand, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.9.1 9.5 Supplementary information on taxation, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.9.5 Tobacco control indicators/Raise taxes on tobacco: https://www.who.int/data/gho/data/indicators

Guidelines for implementation of Article 6 of WHO FCTC					
Recommendation under 2.2: When establishing or increasing their national levels of taxation Parties should take into account – among other things – both price elasticity and income elasticity of demand, as well as inflation and changes in household income, to make tobacco products less affordable over time in order to reduce consumption and prevalence. Therefore, Parties should consider having regular adjustment processes or procedures for periodic revaluation of tobacco tax levels.	Affordability considered in taxation levels and adjustment processes for periodic evaluation in place	Advanced	No		
Recommendation under 3.1: Parties should implement the simplest and most efficient system that meets their public health and fiscal needs, and taking into account their national circumstances. Parties should consider implementing specific or mixed excise systems with a minimum specific tax floor, as these systems have considerable advantages over purely ad valorem systems.	Specific or mixed excise systems with a minimum specific tax floor	Advanced	No		
Recommendation under 3.2: Parties should establish coherent long-term policies on their tobacco taxation structure and monitor on a regular basis including targets for their tax rates, in order to achieve their public health and fiscal objectives within a certain period of time. Tax rates should be monitored, increased or adjusted on a regular basis, potentially annually, taking into account inflation and income growth developments in order to reduce consumption of tobacco products.	Coherent long term policies on tobacco taxation with target tax rates established with regular monitoring, increasing, adjustments of taxes, taking into account inflation and income growth	Advanced	Yes, in the questionnaire		B84 - Trends in taxation B93 - Trends in prices H1, H2 questions in additional questionnaire on the use of implementation guidelines by the parties 9.5 Supplementary information on taxation, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.9.5 Tobacco control indicators/Raise taxes on tobacco: https://www.who.int/data/gho/data/indicators

Recommendation under 3.3: All tobacco products should be taxed in a comparable way as appropriate, in particular where the risk of substitution exists. Parties should ensure that tax systems are designed in a way that minimizes the incentive for users to shift to cheaper products in the same product category or to cheaper tobacco product categories as a response to tax or retail price increases or other related market effects. In particular, the tax burden on all tobacco products should be regularly reviewed and, if necessary, increased and, where appropriate, be similar.	Comparable taxation of different tobacco products to minimize substitution with regular reviews of tax burden on all tobacco products	Advanced	Yes, in the questionnaire		H3 question in additional questionnaire on the use of implementation guidelines by the parties
Recommendation under 4.1: Controlling the tobacco supply chain is important for efficient and effective tax administration. Licensing, equivalent approval or control systems should be applied to relevant entities for the control of the supply chain. Parties should ensure that transparent licence or equivalent approval or control systems are in place.	Licensing, equivalent approval or control systems of tobacco supply chain	Advanced	Yes, from existing data	C3113 - Licensing required	
Recommendation under 4.2: Parties are urged to adopt and implement measures and systems of storage and production warehouses to facilitate excise controls on tobacco products. In order to reduce the complexity of tax collection systems, excise taxes should be imposed at the point of manufacture, importation or release for consumption from the storage or production warehouses. Tax payments should be required by law to be remitted at fixed intervals or on a fixed date each month and should ideally include reporting of production and/or sales volumes, and price by brands, taxes due and paid, and may include volumes of raw material inputs. Tax authorities should also allow for the public disclosure of the information contained within the reports, through the available media, including those online, taking into account confidentiality rules in accordance with national law.	Measures and systems of storage and production warehouses to facilitate excise controls, with excise taxes imposed at the point of manufacture/importation/ release for consumption, and tax payments including reporting required at fixed intervals or date with tax authorities allowing for public disclosure of information contained within the reports	Advanced	No		

Recommendation under 4.3: In anticipation of tax increases Parties should consider imposing effective anti-forestalling measures.	Anti-forestalling measures in anticipation of tax increases	Advanced	No		
Recommendation under 4.4: Where appropriate, Parties should consider requiring the application of fiscal markings to increase compliance with tax laws.	Fiscal markings required	Advanced	Yes, in the questionnaire		H7 question in additional questionnaire on the use of implementation guidelines by the parties Tobacco control indicators/Raise taxes on tobacco: https://www.who.int/data/gho/data/indicators
Recommendation under 4.5: Parties should clearly designate and grant appropriate powers to tax enforcement authorities. Parties should also provide for information sharing among enforcement agencies in accordance with national law. In order to deter non-compliance with tax laws, Parties should provide for an appropriate range of penalties.	Tax enforcement in place, with clearly designated authorities with granted powers, and appropriate range of penalties	Advanced	No		
Recommendation under 4.5: Parties could consider, while bearing in mind Article 26.2 of the WHO FCTC, and in accordance with national law, dedicating revenue to tobacco-control programmes, such as those covering awareness raising, health promotion and disease prevention, cessation services, economically viable alternative activities, and financing of appropriate structures for tobacco control.	Use of dedicated revenues for financing tobacco control programmes	Advanced	Yes, from existing data	B85 - Tobacco tax earmarking	9.4 Use of earmarked tobacco taxes Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.9.4
Article 8 of the WHO FCTC – PROTECTION FROM EXPOSURE TO TOBACCO SMOKE					
Article 8.2: Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Protection from exposure to tobacco smoke in all public places (indoor workplaces, public transport, indoor public places, and as appropriate, other public places)	Core	Yes, from existing data	C221 - Tobacco smoking banned in all public places	C2221 - National law providing for the ban C2222 - Subnational law(s) providing for the ban C2223 - Administrative and executive orders providing for the ban C2224 - Voluntary agreements providing for the ban C223 - Explanation of type/nature and content of the measures providing the ban C228 - Progress made in implementing Article 8 C2211 - Additional information concerning protection from exposure to tobacco smoke 6.1 Smoke-free legislation, Web Annex VI: Global Tobacco Control Policy Data, 27 July

					2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.1 6.2 Characteristics of smoke-free legislation, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.2 Tobacco control indicators/ Protect from tobacco smoke https://www.who.int/data/gho/data/indicators Tobacco Free Kids: Tobacco Control Laws https://www.tobaccocontrolaws.org/
Guidelines for implementation of Article 8 of the WHO FCTC					
Recommendations under definitions: It is recommended that “indoor” (or “enclosed”) areas be defined to include any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary.	WHO recommended definition of indoor or enclosed places used	Advanced	Yes, in the questionnaire		
Recommendations under the scope of effective legislation: Obligation to provide universal protection by ensuring that all indoor public places, all indoor workplaces, all public transport and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand tobacco smoke. No exemptions are justified on the basis of health or law arguments. If exemptions must be considered on the basis of other arguments, these should be minimal.	Complete smoking bans to provide universal protection from exposure to tobacco smoke in all public places, with no or minimal exemptions	Core	Yes, from existing data	Comprehensiveness of protection (Complete or partial) in different settings provided in indicators C2225, C226a1-6, C227a , C226b1-7, C227b, C226c1-6, C227c.	6.1 Smoke-free legislation, Web Annex VI: Global Tobacco Control Policy Data, 27 July 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.1 Tobacco control indicators/ Protect from tobacco smoke https://www.who.int/data/gho/data/indicators
Recommendations under the scope of effective legislation: The language of the treaty requires protective measures not only in all “indoor” public places, but also in those “other” (that is, outdoor or quasioutdoor) public places where “appropriate”. In identifying those outdoor and quasi-outdoor public places where legislation is appropriate, Parties should consider the evidence as to the possible health hazards in various settings and should act to adopt the most effective protection against exposure wherever the evidence shows that a hazard exists.	Smoking bans in outdoor and quasi outdoor public places	Advanced	Yes, in the questionnaire		

Recommendations under enforcement, duty of compliance: Effective legislation should impose legal responsibilities for compliance on both affected business establishments and individual smokers, and should provide penalties for violations, which should apply to businesses and, possibly, smokers. Enforcement should ordinarily focus on business establishments. The legislation should place the responsibility for compliance on the owner, manager or other person in charge of the premises, and should clearly identify the actions he or she is required to take.	Legal responsibilities imposed for compliance on both affected business establishments and individual smokers, with penalties for violations, with responsibility for compliance placed on the owner, manager or other person in charge of premises	Advanced	No		
Recommendations under enforcement, penalties: The legislation should specify fines or other monetary penalties for violations. Most importantly, penalties should be sufficiently large to deter violations or else they may be ignored by violators or treated as mere costs of doing business. Penalties should increase for repeated violations and should be consistent with a country's treatment of other, equally serious offences. In addition to monetary penalties, the legislation may also allow for administrative sanctions, such as the suspension of business licences, consistent with the country's practice and legal system.	Sufficiently large fines or other monetary penalties or administrative sanctions for violations	Advanced	No		
Recommendations under enforcement, enforcement infrastructure: Legislation should identify the authority or authorities responsible for enforcement, and should include a system both for monitoring compliance and for prosecuting violators. Monitoring should be based on an overall enforcement plan, and should include a process for effective training of inspectors. A funding mechanism should be identified for this purpose.	Enforcement infrastructure in place with identified funding mechanism	Advanced	Yes, from existing data	C224 - Mechanism/infrastructure for enforcement provided	C225 - Details of the mechanism/infrastructure for enforcement Tobacco control indicators/ Protect from tobacco smoke https://www.who.int/data/gho/data/indicators

Recommendations under enforcement, mobilize and involve the community: Smoke free legislation should specify that members of the public may initiate complaints and should authorize any person or nongovernmental organization to initiate action to compel compliance with measures regulating exposure to second-hand smoke. The enforcement programme should include a toll-free telephone complaint hotline or a similar system to encourage the public to report violations.	Legislation authorizes any person or NGO to initiate action to compel compliance, and includes a toll-free telephone complaint hotline or a similar system for the public to report violations	Advanced	No		
Article 9 and 10 of the WHO FCTC – REGULATION OF THE CONTENTS OF TOBACCO PRODUCTS and REGULATION OF TOBACCO PRODUCT DISCLOSURES					
Article 9: The Conference of the Parties, in consultation with competent international bodies, shall propose guidelines for testing and measuring the contents and emissions of tobacco products, and for the regulation of these contents and emissions. Each Party shall , where approved by competent national authorities, adopt and implement effective legislative, executive and administrative or other measures for such testing and measuring, and for such regulation.	Testing, measuring and regulation of contents and emissions	Core	Yes, from existing data	C231 - Testing and measuring the contents of tobacco products C232 - Testing and measuring the emissions of tobacco products C233 - Regulating the contents of tobacco products C234 - Regulating the emissions of tobacco products	C238 - Additional information concerning regulation of the contents of tobacco products C235 - Progress made in implementing Article 9

Article 10: Each Party shall , in accordance with its national law, adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce.	Tobacco manufacturers and importers required to disclose contents and emissions to authorities, which further disclose information to the public	Core	Yes, from existing data	C2411 - Requiring disclosure of information about the contents of tobacco products C2412 - Requiring disclosure of information about the emissions of tobacco products C2421 - Requiring public disclosure on the contents of tobacco products C2422 - Requiring public disclosure on the emissions of tobacco products	C246 - Relevant information C243 - Progress made in implementing Article 10 Question C2 in additional questionnaire on the use of implementation guidelines by the parties
Partial guidelines for implementation of Articles 9 and 10 of WHO FCTC					

<p>Recommendations 3.1.1.2:</p> <p>(i) Parties should require that manufacturers and importers of tobacco products disclose to governmental authorities information on the ingredients used in the manufacture of their tobacco products at specified intervals, by product type and for each brand within a brand family. Contrary to disclosing ingredients as part of a combined list, disclosing on a brand-by-brand basis and in a standardized format will provide opportunities to governmental authorities to analyse trends in product composition and keep track of subtle changes in the market.</p> <p>(ii) Parties should ensure that manufacturers and importers disclose to governmental authorities the ingredients used in the manufacture of each of their tobacco products and the quantities thereof per unit of each tobacco product, including those ingredients present in the product's components (e.g. filter, papers, glue), for each brand within a brand family. Parties should not accept disclosure only of maximum quantities by category of ingredient, or only of the total quantity. To do so would seriously limit the kind of analysis that could be performed.</p> <p>(iii) Parties should require that manufacturers and importers disclose further information on the characteristics of the tobacco leaves they used, for example:</p> <ul style="list-style-type: none"> (i) type(s) of tobacco leaves (e.g. Virginia, Burley, Oriental), and percentage of each type used in the tobacco product; (ii) percentage of reconstituted tobacco used; (iii) percentage of expanded tobacco used; (iv) Parties should require that manufacturers and importers notify governmental authorities of any changes to tobacco product ingredients when the change is made; (v) Parties should require that manufacturers and importers provide governmental authorities with a statement setting out the purpose⁷ of the inclusion of an ingredient in the tobacco product and other relevant information; (vi) Parties should require that manufacturers disclose the name, address and other contact information of each ingredient's supplier to facilitate direct disclosure to the Party by the supplier, where appropriate, and for compliance monitoring purposes. 	<p>Disclosure of ingredients by product type and brand, per unit of each tobacco product, and characteristics on tobacco leaves used required, as well as notification of changes in ingredients, statement of the purpose of the ingredients, and disclosure of supplier contact information</p>	<p>Advanced</p>	<p>No</p>		
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<p>Recommendations 3.1.2.2: Parties should regulate, by prohibiting or restricting, ingredients that may be used to increase palatability in tobacco products. Ingredients indispensable for the manufacturing of tobacco products and not linked to attractiveness should be subject to regulation according to national law. Parties should prohibit or restrict ingredients that have colouring properties in tobacco products. However, Parties should consider allowing the use of colouring agents for tax-related markings or for health warnings and messages. Parties should prohibit ingredients in tobacco products that may create the impression that they have a health benefit. Parties should prohibit ingredients associated with energy and vitality, such as stimulant compounds, in tobacco products.</p>	<p>Ban or restrictions on ingredients that increase palatability, have colouring properties, and ban on ingredients that create impression of health benefit or are associated with energy or vitality</p>	<p>Advanced</p>	<p>Yes, in the questionnaire</p>		<p>Question C3 in additional questionnaire on the use of implementation guidelines by the parties</p>
<p>Recommendations 3.3.1.2: (i) Parties should require that manufacturers and importers of tobacco products disclose information on design features to governmental authorities at specified intervals, and as appropriate, including the results of tests conducted by the tobacco industry (ii) In order to establish and maintain the consistency of the data reported to them by the tobacco industry, Parties should specify the recommended methods, where applicable, for the reporting of design features as set out in Appendix 2. (iii) Parties should ensure that every manufacturer and importer provides to governmental authorities a copy of the laboratory report where a laboratory test was performed for the measurement of a particular design feature, as well as the proof of accreditation of the laboratory that performed the analysis. (iv) Should there be any change to the design features of a particular brand of tobacco product, Parties should require that manufacturers notify governmental authorities of the change and provide the updated information when the change is made.</p>	<p>Disclosure of design features and notification of changes in these to authorities and specified methods for their reporting required, with copy of laboratory report and proof of laboratory accreditation</p>	<p>Advanced</p>	<p>No</p>		

Recommendations 3.3.2.1: (i) Parties should require that cigarettes comply with an RIP standard, taking into account their national circumstances and priorities. (ii) When implementing recommendation (i) of this paragraph, Parties should consider setting a performance standard that corresponds at a minimum to the current international practice, regarding the percentage of cigarettes that may not burn their full length when tested according to the method described in App. 4. (iii) Parties should not allow any claims to be made suggesting that RIP cigarettes would be unable to ignite fires.	Cigarettes required to comply with RIP standard, with performance standard for testing, and ban on claims suggesting that RIP cigarettes would be unable to ignite fires	Advanced	No		
Recommendations 3.4.2: Parties should require that manufacturers and importers of tobacco products disclose general company information, including the name, street address and contact information of the principal place of business and of each manufacturing and importing facility. This information may prove useful for compliance monitoring purposes. Parties should consider requiring that tobacco manufacturers and importers disclose, at specified intervals, for each brand within a brand family, sales volume information in units (e.g. number of cigarettes or cigars, or weight of roll-your-own tobacco). These disclosures should be on a national basis, and where appropriate on a sub-national basis as well.	Disclosure of general company information and sales volume information in units by brand required	Advanced	Yes, in the questionnaire		Question C5 in additional questionnaire on the use of implementation guidelines by the parties
Recommendations 3.5.2.1: Parties should consider, in accordance with their national laws, making information about the toxic constituents and emissions of tobacco products and other information disclosed to governmental authorities in accordance with these guidelines publicly accessible (e.g. via the Internet, or by request to a governmental authority) in a meaningful way.	The information on constituents and emissions that has been disclosed to authorities publicly accessible	Advanced	No		
Article 11 of the WHO FCTC – PACKAGING AND LABELLING OF TOBACCO PRODUCTS					

Article 11.1: Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement , in accordance with its national law, effective measures to ensure that: (a) tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”; and (b) each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages: (i) shall be approved by the competent national authority, (ii) shall be rotating, (iii) shall be large, clear, visible and legible, (iv) should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas, (v) may be in the form of or include pictures or pictograms.	Tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive	Core	Yes, from existing data	C252 - Misleading descriptors C253 - Health warnings required C254 - Health warnings approved by the competent national authority C255 - Rotated health warnings C256 - Large, clear, visible and legible health warnings C257 - Minimum requirements of warnings mandated by law C258 - Health warnings occupying no less than 30% C259 - Health warnings occupying 50% or more C2510 - Health warnings in the form of pictures or pictograms	C251 - Packaging of tobacco products does not carry advertisement or promotion C2518 - Additional information concerning packaging and labelling C2511 - Copyright to pictures owned by the Government C2512 - Granting of license for the use of health warnings C2515 - Progress made in implementing Article 11 6.7 Packaging, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.7 6.8 Packaging smokeless, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.8 Tobacco control indicators/ Warn about the dangers of tobacco: https://www.who.int/data/gho/data/indicators 6.5 Health warnings, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.5 6.6 Health warnings smokeless, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.6
	Rotating, large, clear, visible and legible health warnings occupying no less than 30% of principal display area on packaging of tobacco products required, approved by competent national authority	Core	Yes, from existing data		
	Large health warnings, occupying 50% or more Pictorial health warnings	Advanced Advanced	Yes, from existing data Yes, from existing data		
Article 11.2: Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall , in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	information on relevant constituents and emissions of tobacco products required on each unit packet and package of tobacco products and any outside packaging and labelling	Core	No		

<p>Article 11.3: Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.</p>	<p>warnings in principal language(s) required</p>	<p>Core</p>	<p>Yes, from existing data</p>	<p>C2514 - Warning required in the principal language(s) of the country</p>	<p>6.5 Health warnings, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021 https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.5 6.6 Health warnings smokeless, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.6 Tobacco control indicators/ Warn about the dangers of tobacco: https://www.who.int/data/gho/data/indicators</p>
<p>Guidelines for implementation of Article 11 of WHO FCTC</p>					
<p>Recommendations under Developing effective packaging and labelling requirements, Design elements: Parties should require that health warnings and messages be positioned: on both the front and back (or on all main faces if there are more than two) of each unit packet and package, rather than just one side, to ensure that health warnings and messages are highly visible, recognizing that the frontal display area is the one most visible to the user for most package types; on principal display areas and, in particular, at the top of the principal display areas rather than at the bottom to increase visibility; in such a way that normal opening of the package does not permanently damage or conceal the text or image of the health warning. Parties should consider requiring, in addition to the health warnings and messages referred to in the previous paragraph, further health warnings and messages on all sides of a package, as well as on package inserts and onserts. Parties should ensure that health warnings and messages are not obstructed by other required packaging and labelling markings or by commercial inserts and onserts. Parties should consider introducing other innovative measures regarding location, including, but not limited to, requiring health warnings and messages to be printed on the filter overwrap portion of cigarettes and/or on other related materials such as</p>	<p>Warnings positioned on both the front and back, on the top of the principal display areas in such way that the normal opening of the package does not permanently damage or conceal the warning</p> <p>Further health warnings on all sides of the package, inserts and onserts required</p> <p>Warnings are not obstructed by any markings or by commercial inserts and onserts</p>	<p>Advanced</p> <p>Advanced</p> <p>Advanced</p>	<p>No</p> <p>No</p> <p>No</p>		

<p>packages of cigarette tubes, filters and papers as well as other instruments, such as those used for water pipe smoking. If a border is required, Parties should consider excluding the space dedicated to framing health warnings and messages from the size of the health warning or message itself.</p>	<p>Innovative warning locations such as cigarettes and/or on other related materials such as cigarette tubes, filters and paper, as well as other instruments such as those used for water pipe smoking</p>	Advanced	Yes, in the questionnaire		
	<p>frame excluded from the size of the warning</p>	Advanced	No		

<p>Recommendations under Developing effective packaging and labelling requirements, Design elements:</p> <p>Parties should consider the use of pictorial health warnings on both principal display areas (or on all main faces if there are more than two) of the tobacco products packaging.</p> <p>When creating pictures for use on tobacco product packaging, Parties should obtain, where possible, ownership or full copyright of images, instead of allowing graphic designers or other sources to retain copyright.</p> <p>Therefore, Parties should require full colour (four-colour printing), rather than black and white, for pictorial elements of health warnings and messages. Parties should select contrasting colours for the background of the text in order to enhance noticeability and maximize the legibility of text-based elements of health warnings and messages.</p> <p>Parties should consider using both types of rotation: rotation can be implemented by having multiple health warnings and messages appearing concurrently or by setting a date after which the health warning and message content will change.</p> <p>Parties should specify the number of health warnings and messages that are to appear concurrently. Parties should also require that health warnings and messages in a specified series be printed so that each appears on an equal number of retail packages, not just for each brand family but also for each brand within the brand family for each package size and type. Parties should consider establishing two or more sets of health warnings and messages, specified from the outset, to alternate after a specified period, such as every 12–36 months. During transition periods, when an old set of health warnings and messages is being replaced by a new set, Parties should provide for a phase-in period for rotation between sets of health warnings and messages, during which time both sets may be used concurrently.</p> <p>Health warnings and messages should address different issues related to tobacco use, in addition to harmful health effects and the impact of exposure to tobacco smoke, such as: advice on cessation; the addictive nature of tobacco; adverse economic and social outcomes (for example, annual cost of purchasing tobacco products); and the impact of tobacco use on significant others (premature illness of one's father due to smoking, for example, or death of a loved one due to exposure to tobacco smoke). Parties should also consider innovative content for other messages, such as adverse environmental outcomes and tobacco industry practices.</p>	pictorial health warnings on both principal display areas	Advanced	No		
	copyright to pictures owned by government	Advanced	No		
	full-colour printing of pictorial elements and in contrasting colours for the background of the text	Advanced	No		
	Rotation with multiple health warnings and messages appearing concurrently and by setting a date after which the warning will change	Advanced	No		
	Number and frequency of appearance of concurrent health warnings specified, with two or more sets of warnings established	Advanced	No		
	In addition to harmful health effects, the health warnings address advice on cessation, addictive nature of tobacco, adverse economic and social outcomes and the impact on significant others, and innovative contents such as adverse environmental	Advanced	No		

Recommendations under Developing effective packaging and labelling requirements, Information on constituents and emissions: Parties should require that relevant qualitative statements be displayed on each unit packet or package about the emissions of the tobacco product. Parties should also require that this information be shown on parts of the principal display areas or on an alternative display area (such as the side of packaging) not occupied by health warnings and messages. Parties should not require quantitative or qualitative statements on tobacco product packaging and labelling about tobacco constituents and emissions that might imply that one brand is less harmful than another	No statements about constituents and emissions on packaging and labelling that would imply that one brand is less harmful than another	Advanced	Yes, in the questionnaire		
Recommendations under Process of developing effective packaging and labelling requirements, Product category considerations: Parties should consider requiring different health warnings and messages for different tobacco products such as cigarettes, cigars, smokeless tobacco, pipe tobacco, bidis and water pipe tobacco, in order to better focus on the specific health effects related to each product. Parties should have a comprehensive understanding of the many different types of tobacco product packaging found within their jurisdiction, and should indicate how the proposed health warnings and messages will apply to each type and shape of packaging such as tins, boxes, pouches, flip-tops, slide and shell packages, cartons, transparent wrappers, clear packaging or packages containing one product unit.	different health warnings and messages required for different tobacco products and different types of packaging	Advanced	No		
Recommendations under Process for developing effective packaging and labelling requirements, Targeting population subgroups: Parties should consider designing warnings that target subgroups, such as youth, and adapting the number of health warnings and their rotation accordingly.	different health warnings and messages available for different target subgroups	Advanced	No		
Recommendations under Process for developing effective packaging and labelling requirements, Pre-market testing: Parties should consider pre-marketing testing to assess the effectiveness of the health warnings and messages on the intended target population.	pre-marketing testing of warnings performed	Advanced	No		

Recommendations under Process for developing effective packagin and labelling requirements, Public information and involvement & Supporting communication activity: Parties should inform the public of proposals to introduce new health warnings and messages. The introduction of new health warnings and messages is more effective when it is coordinated with a broader, sustained public information and education campaign.	Introduction of new health warnings coordinated with a broader public information and education campaign	Advanced	No		
Recommendations under Developing effective packaging and labelling restrictions, Preventing packaging and labelling that is misleading or deceptive: Parties should prohibit the display of figures for emission yields (such as tar, nicotine and carbon monoxide) on packaging and labelling, including when used as part of a brand name or trademark. Parties should prevent the display of expiry dates on tobacco packaging and labelling where this misleads or deceives consumers into concluding that tobacco products are safe to be consumed at any time.	Ban on the display of figures for emission yields on packaging and labelling No display of expiry dates that mislead consumers into concluding that tobacco consumption is safe at any time	Advanced Advanced	No No		
Recommendations under Developing effective packaging and labelling restrictions, Plain packaging: Parties should consider adopting measures to restrict or prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style (plain packaging).	Plain packaging required	Advanced	No ³		
Recommendations under Legal measures, Scope: Parties should ensure that the packaging and labelling provisions related to Article 11 of the Convention apply equally to all tobacco products sold within the jurisdiction, and that no distinction is made between products that are manufactured domestically or imported or intended for duty-free sale within a Party's jurisdiction.	packaging and labelling provisions apply to all tobacco products equally, manufactured domestically or imported or intended for duty free sale	Advanced	Yes, in the questionnaire		Question D9 in additional questionnaire on the use of implementation guidelines by the parties

³ This measure is part of the MPOWER assessment (see Table 3).

Recommendations under Legal measures, Costs: Parties should ensure that the cost of placing health warnings and messages, as well as information on constituents and emissions, on tobacco product packaging is borne by the tobacco industry.	costs of packaging and labelling provisions (warnings, messages, information) required to be borne by tobacco industry	Advanced	No		
Recommendations under Legal measures, Liability: Parties should consider including provisions to make it clear that the requirement to carry health warnings and messages or to convey any other information about a tobacco product does not remove or diminish any obligation of the tobacco industry, including, but not limited to, obligations to warn consumers about the health hazards arising from tobacco use and exposure to tobacco smoke.	Liability provisions that make it clear that health warnings and other information of tobacco product do not remove or diminish any obligation of the tobacco industry in place	Advanced	No		
Recommendations under Legal measures, Source document: Parties should consider providing a “source document”, which contains high quality visual samples of how all health warnings and messages and other information are to appear on packaging.	source document with high quality visual samples of how warnings and messages and other information are required to appear on the packaging	Advanced	No		
Recommendations under Legal measures, Adhesive labels and covers: Parties should ensure that adhesive labels, stickers, cases, covers, sleeves, wrapping and tobacco manufacturers’ promotional inserts and onsets do not obscure, obliterate or undermine health warnings and messages.	requirement that no adhesive elements, covers and inserts or onsets obscure, obliterate or undermine health warnings and messages	Advanced	No		

Recommendations under Legal measures, Legal responsibility for compliance: Parties should specify that tobacco product manufacturers, importers, wholesalers and retail establishments that sell tobacco products bear legal responsibility for compliance with packaging and labelling measures.	product manufacturers, importers, wholesalers and retail establishments that sell tobacco products bear legal responsibility for compliance with packaging and labelling measures	Advanced	No		
Recommendations under Legal measure, Penalties: Parties should specify a range of fines or other penalties commensurate with the severity of the violation and whether it is a repeat violation.	finest and other penalties specified for violations	Advanced	No		
Recommendations under Legal measures, Enforcement powers: Parties should consider granting enforcement authorities the power to order violators to recall non-compliant tobacco products, and to recover all expenses stemming from the recall, as well as the power to impose whatever sanctions are deemed appropriate, including seizure and destruction of non-compliant products. Further, Parties should consider making public the names of violators and the nature of their offence.	power to recall non-compliant tobacco products, to recover all expenses and to impose whatever sanctions deemed appropriate granted to enforcement authorities	Advanced	No		
Recommendations under Enforcement, Infrastructure and budget: Parties should consider ensuring that the infrastructure necessary for compliance and enforcement activities exists. Parties should also consider providing a budget for such activities.	Enforcement infrastructure in place, with identified funding mechanisms	Advanced	No		
Recommendations under Enforcement, Complaints: Parties should consider encouraging the public to report violations in order to further promote compliance with the law. It might be helpful to establish an enforcement contact point for reporting alleged cases of non-compliance. Parties should ensure that complaints are investigated and dealt with in a timely and thorough manner.	Public contact point to report non-compliance	Advanced	No		

Article 13 of the WHO FCTC – TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP					
Article 13.2: Each Party shall , in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party , each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.	Comprehensive ban on all TAPS, including a ban on cross-border TAPS originating from the country	Core	Yes, from existing data	C271 - Comprehensive ban on all tobacco advertising, promotion and sponsorship C2729 - Ban covering cross-border advertising originating from the country	For the content of comprehensive ban, see guideline. C2714 - Progress made in implementing Article 13 C2717 - Additional information concerning tobacco advertising, promotion and sponsorship Question F6 in additional questionnaire on the use of implementation guidelines by the parties Tobacco control indicators/ Enforce bans on tobacco advertising: https://www.who.int/data/gho/data/indicators
Article 13.7: Parties which have a ban on certain forms of tobacco advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law. This paragraph does not endorse or approve of any particular penalty.	Ban and penalties covering cross-border TAPS entering the country	Core	Yes, from existing data	C27210 - Ban covering cross-border advertising entering the country C2713 - Penalties imposed for cross-border advertising	Question F6 in additional questionnaire on the use of implementation guidelines by the parties
Guidelines for the implementation of Article 13 of WHO FCTC					

Recommendations under Scope of a comprehensive ban, Overview: A comprehensive ban on tobacco advertising, promotion and sponsorship, should cover: <ul style="list-style-type: none"> • advertising and promotion of tobacco brand names and all corporate promotion; and • direct and indirect advertising, promotion and sponsorship; • acts that aim at promotion and acts that have or are likely to have a promotional effect; • promotion of tobacco products and the use of tobacco; • commercial communications and commercial recommendations and actions; • contribution of any kind to any event, activity or individual; • advertising and promotion of tobacco brand names and all corporate promotion; and • traditional media (print, television and radio) and all media platforms, including Internet, mobile telephones and other new technologies as well as films. 	Comprehensive ban including all TAPS without exemption (direct and indirect, promotional acts, promotion of use of tobacco, commercial communications, contributions to events, activities or individuals, advertising and promotion of brand names, traditional media and all media platforms)	Core	Yes, from existing data		This specifies the means of TAPS in the comprehensive ban outlined in the treaty, so this has been grouped as core. C2722 - Ban covering the domestic internet C2723 - Ban covering the global internet C2725 - Ban covering product placement C2727 - Ban covering tobacco sponsorship 6.10 Bans on direct advertising, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.10 6.11 Bans on indirect advertising, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.11 Tobacco control indicators/ Enforce bans on tobacco advertising: https://www.who.int/data/gho/data/indicators
Recommendations under Scope of a comprehensive ban, Retail sale and display: Display and visibility of tobacco products at points of sale constitutes advertising and promotion and should therefore be banned. Vending machines should be banned because they constitute, by their very presence, a means of advertising and promotion.	Display ban at points of sales Ban on vending machines	Advanced Advanced	Yes, from existing data Yes, from existing data	C2721 - Ban on display of tobacco products at points of sales C326 - Sale of tobacco products from vending machines prohibited	6.12 Additional bans on indirect advertising, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021 https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.12 Tobacco control indicators/ Enforce bans on tobacco advertising: https://www.who.int/data/gho/data/indicators
Recommendations under Scope of a comprehensive ban, Packaging and product features: Packaging, individual cigarettes or other tobacco products should carry no advertising or promotion, including design features that make products attractive.	Packaging, individual cigarettes or other tobacco products should not carry advertising or promotion, including attractive design features	Advanced	No		
Recommendations under Scope of a comprehensive ban, Internet-sales: Internet sales of tobacco should be banned as they inherently involve tobacco advertising and promotion.	Ban on internet sales	Advanced	Yes, in the questionnaire		Tobacco control indicators/ Enforce bans on tobacco advertising: https://www.who.int/data/gho/data/indicators

Recommendations under Scope of a comprehensive ban, Brand stretching and brand sharing: Parties should ban “brand stretching” and “brand sharing”, as they are means of tobacco advertising and promotion.	Ban on brand stretching and brand sharing	Advanced	Yes, from existing data	C2724 - Ban covering brand stretching and/or sharing	
Recommendations under Scope of a comprehensive ban, Corporate social responsibility: The Parties should ban contributions from tobacco companies to any other entity for “socially responsible causes”, as this is a form of sponsorship. Publicity given to “socially responsible” business practices of the tobacco industry should be banned, as it constitutes advertising and promotion.	Ban on corporate social responsibility contributions and publicity	Advanced	Yes, from existing data	C2728 - Ban covering corporate social responsibility	6.12 Additional bans on indirect advertising, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021 https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.12 Tobacco control indicators/ Enforce bans on tobacco advertising: https://www.who.int/data/gho/data/indicators Tobacco control indicators/ Enforce bans on tobacco advertising: https://www.who.int/data/gho/data/indicators
Recommendations under Scope of a comprehensive ban, Legitimate expression: Implementation of a comprehensive ban on tobacco advertising, promotion and sponsorship need not interfere with legitimate types of expression, such as journalistic, artistic or academic expression or legitimate social or political commentary. Parties should , however, take measures to prevent the use of journalistic, artistic or academic expression or social or political commentary for the promotion of tobacco use or tobacco products.	Measures to prevent journalistic, artistic or academic expressions or social or political commentaries for promotion of tobacco use or tobacco products	Advanced	No		
Recommendations under Scope of a comprehensive ban, Depictions of tobacco in entertainment media: Parties should take particular measures concerning the depiction of tobacco in entertainment media products, including requiring certification that no benefits have been received for any tobacco depictions, prohibiting the use of identifiable tobacco brands or imagery, requiring anti-tobacco advertisements and implementing a ratings or classification system that takes tobacco depictions into account.	Measures concerning the depiction/use of tobacco in entertainment media	Advanced	Yes, from existing data	C2726 - Ban covering the depiction/use of tobacco in entertainment media	6.11 Bans on indirect advertising, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021 https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.11 Tobacco control indicators/ Enforce bans on tobacco advertising: https://www.who.int/data/gho/data/indicators

Recommendations under Responsible entities: The entities responsible for tobacco advertising, promotion and sponsorship should be defined widely, and the way in which they are held responsible should depend on their role. – Primary responsibility should lie with the initiator of advertising, promotion or sponsorship, usually tobacco manufacturers, wholesale distributors, importers, retailers and their agents and associations. – Persons or entities that produce or publish media content should be banned from including tobacco advertising, promotion and sponsorship in the content they produce or publish. – Persons or entities (such as events organizers, sportspeople and celebrities) should be banned from engaging in tobacco advertising, promotion and sponsorship. – Particular obligations, for example, to remove content should be applied to other entities involved in analogue or digital media after they have been made aware of the tobacco advertising, promotion and sponsorship.	Wide definition of entities responsible for TAPS, with responsibility depending on their role	Advanced	No		
Recommendations under Domestic enforcement of laws on tobacco advertising, promotion and sponsorship: Parties should introduce and apply effective, proportionate and dissuasive penalties. Parties should designate a competent, independent authority to monitor and enforce the law and entrust it with the necessary powers and resources. Civil society should be involved in the monitoring and enforcement of the law and have access to justice.	Mechanism or infrastructure for enforcement and penalties introduced and applied, with civil society involvement and access to justice	Advanced	Yes, from existing data (penalties)		C2713 - Penalties imposed for cross-border advertising Question F8, F9, F10 in additional questionnaire on the use of implementation guidelines by the parties 6.10 Bans on direct advertising, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021, https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.10 6.11 Bans on indirect advertising, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021 https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.11 Tobacco control indicators/ Enforce bans on tobacco advertising: https://www.who.int/data/gho/data/indicators
Recommendations under Public education and community awareness: Parties should promote and strengthen, in all sectors of society, public awareness of the need to eliminate tobacco advertising, promotion and sponsorship, the laws against it, and the ways in which members of the public can act on breaches of these laws.	Awareness raising of the need to eliminate TAPS and of the ways in which the public can act on	Advanced	No		

	breaches of TAPS laws				
Article 16 of the WHO FCTC – SALE TO AND BY MINORS					
Article 16.1: Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen. These measures may include: (a) requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, request that each tobacco purchaser provide appropriate evidence of having reached full legal age (b) banning the sale of tobacco products in any manner by which they are directly accessible, such as store shelves (c) prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors	Ban on the sale of tobacco products to minors indicator of ban on sales to minors by all sellers required inside their point of sale in case of doubt, it is required that each tobacco purchaser provide appropriate evidence of having reached full legal age ban on the sale of tobacco products in any directly accessible manner, such as store shelves ban on manufacturing and sale of sweets, snacks, toys or any objects in the form of tobacco products	Core Core Core Core Core	Yes, from existing data No Yes, from existing data Yes, from existing data Yes, from existing data	C321 - Sales of tobacco products to minors prohibited C322 - Clear and prominent indicator required C323 - Required that sellers request for evidence of having reached full legal age C324 - Ban of sale of tobacco in any directly accessible manner C325 - Manufacture and sale of any objects in the form of tobacco products prohibited	C321a - Minimum legal age for sale/purchase of tobacco products C3212 - Progress made in implementing Article 16 C3213 - Additional information concerning sales to and by minors
Article 16.2: Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.	Ban on distribution of free tobacco products to the public	Core Core	Yes, from existing data No	C3281 - Distribution of free tobacco products to the public prohibited C3282 - Distribution of free tobacco products to minors prohibited	

	Ban on distribution of free tobacco products to minors				
Article 16.3: Each Party shall endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors.	Ban on sale of cigarettes individually or in small packets	Advanced	Yes, from existing data	C329 - Sale of cigarettes individually or in small packets prohibited	
Article 16.6: Each Party shall adopt and implement effective legislative, executive, administrative or other measures, including penalties against sellers and distributors, in order to ensure compliance with the obligations contained in paragraphs 1-5 of this Article.	Measures to ensure compliance, including penalties against sellers and distributors	Core	Yes, from existing data	C3210 - Penalties against sellers provided	
Article 16.7: Each Party should , as appropriate, adopt and implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen.	Ban on sales of tobacco products by minors	Advanced	No		
Article 17 and 18 of the WHO FCTC – PROVISION OF SUPPORT FOR ECONOMICALLY VIABLE ALTERNATIVE ACTIVITIES and PROTECTION OF THE ENVIRONMENT AND THE HEALTH OF THE PERSONS					
Article 17: Parties shall , in cooperation with each other and with competent international and regional intergovernmental organizations, Promote, as appropriate, economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers.	Viable alternatives to growers, tobacco workers and individual tobacco sellers	Core	No		

Article 18: In carrying out their obligations under this Convention, the Parties agree to have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within their respective territories.	Measures to protect environment and the health of persons in tobacco cultivation and manufacturing	Core	No		
Draft policy options and recommendations on Economically sustainable alternatives to tobacco Growing in relation to articles 17 and 18 of the WHO FCTC					
Proposed actions under 4.4: 1. Tobacco-growing countries should not encourage and not provide any incentives to increase the acreage of land used for cultivating tobacco. 2. Tobacco-growing countries should consider reallocating public funds/subsidies used for tobacco production to alternative livelihoods activities.	No incentives or other encouragements to increase the land used for tobacco cultivation Reallocation of public funds/subsidies used for tobacco production to alternative livelihoods	Advanced Advanced	Yes, but as incentives to decrease the land in the questionnaire No		Question I14 in additional questionnaire on the use of implementation guidelines by the parties
Article 19 of the WHO FCTC – LIABILITY					

<p>Article 19.1: For the purpose of tobacco control, the Parties shall consider taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate.</p>	<p>Measures on criminal and civil liability for tobacco control</p>	<p>Advanced</p>	<p>Yes, from existing data</p>	<p>C421 - Measures on criminal liability contained in the tobacco control legislation C422 - Separate liability provisions on tobacco control outside of the tobacco control legislation exist C423 - Civil liability measures that are specific to tobacco control exist C424 - Civil liability measures that could apply to tobacco control exist C425 - Civil or criminal liability provisions that provide for compensation exist</p>	<p>C426 - Criminal and/or civil liability action launched by any person C427 - Actions taken against the tobacco industry on reimbursement of costs related to tobacco use C428 - Progress made in implementing Article 19 C429 - Additional information concerning liability</p>
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Table 2. Classification of the WHO FCTC measures related to educational and public awareness, cessation, surveillance and research, technical assistance and illicit trade

Respective document section and source text <i>(Only the sections of the provisions which specify strongest level of measures, address other than only/mostly administrative matters, address other than only/mostly collaboration between entities entities and do not only repeat previous measures are included in the Core/Advanced classification.)</i>	Measure(s)	Core/ Advanced	Selected to the JATC2 WP9 current status assessment	If selected, existing key indicators in WHO FCTC Implementation Database	If selected, additional information sources
Article 12 of the WHO FCTC – EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS					
Article 12: Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate. Towards this end, each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote: (a) broad access to effective and comprehensive Educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke; (b) public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles as specified in Article 14.2; (c) public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention; (d) effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons; (e) awareness and participation of public and private agencies	Broad access to effective and comprehensive educational and public awareness programmes Public awareness programmes on health risks of tobacco consumption, exposure to tobacco smoke, benefits of cessation Training or sensitization and awareness programmes for persons such as health workers, community workers,	Core Core Core	Yes, from existing data No Yes, from existing data	C2641 - Programmes covering the health risks of tobacco consumption C2642 - Programmes covering the risks of exposure to tobacco smoke C2643 - Programmes covering the benefits of cessation of tobacco use C2671 - Training programmes addressed to health workers C2672 - Training programmes addressed to community workers C2673 - Training programmes addressed to social workers C2674 - Training programmes addressed to media professionals C2675 - Training	C268 - Progress made in implementing Article 12 C2611 - Additional information concerning education and communication E8 question in additional questionnaire on the use of implementation guidelines by the parties (question on anti-tobacco media campaigns) 6.9 Mass media campaigns - Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021, Technical document, https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.9 Tobacco control indicators/ Warn about the dangers of tobacco: https://www.who.int/data/gho/data/indicators

<p>and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control; and (f) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.</p>	<p>social workers, media professionals, educators, decision makers, administrators and others</p> <p>Public and private agencies and NGOs not affiliated with tobacco industry involved in programmes and strategies</p> <p>Public awareness of and access to programmes of economic and environmental consequences of tobacco production and consumption</p>	<p>Core</p> <p>Core</p>	<p>Yes, from existing data</p> <p>No</p>	<p>programmes addressed to educators</p> <p>C2676 - Training programmes addressed to decision-makers</p> <p>C2677 - Training programmes addressed to administrators</p> <p>C2651 - Public agencies involved in programmes and strategies</p> <p>C2652 - NGOs involved in programmes and strategies</p> <p>C2653 - Private organizations involved in programmes and strategies</p> <p>C2644 - Programmes covering economic consequences of tobacco production</p> <p>C2645 - Programmes covering economic consequences of tobacco consumption</p> <p>C2646 - Programmes covering environmental consequences of tobacco production</p> <p>C2647 - Programmes covering environmental consequences of tobacco consumption</p>	
<p>Guidelines for the implementation of Article 12 of WHO FCTC</p>					

Recommendations under Providing an infrastructure to raise public awareness: Parties should establish an infrastructure to support education, communication and training and ensure that they are used effectively to raise public awareness and promote social change, in order to prevent, reduce or eliminate tobacco consumption and exposure to tobacco smoke. Action points: Establish action plans for the implementation of education, communication and training activities within a comprehensive tobacco-control programme. Provide adequate human, material and financial resources to establish and sustain the programme at local, national/federal, regional and international levels, possibly using technical experts to design and execute the programme. To ensure sustainability of the programme, use existing funding sources and explore other potential sources, in accordance with Article 26 of the Convention. Potential funding mechanisms include but are not limited to raising tobacco excise taxes and introducing dedicated taxes (e.g. earmarking), licensing fees and other taxation schemes. The establishment of special foundations for tobacco-control education, communication and/or training are other potential funding mechanisms. All potential funding mechanisms must be protected against interference by the tobacco industry in accordance with the principles laid down in Article 5.3 of the Convention and its guidelines.	Infrastructure to support education, communication and training	Advanced	No		
	Action plans for the implementation of activities within a comprehensive programme	Advanced	No		
	Adequate human, material and financial resources to establish and sustain the programme at different levels	Advanced	No		
Recommendations under Running effective education, communication and training programmes, Action points: When planning, implementing and evaluating education, communication, training and other public-awareness programmes, develop a coordinated research-based approach. Ensure inclusiveness of priority populations, consider and address key differences among population groups. Interventions should include effective messages and ensure that everyone is reached without discrimination or unequal allocation of resources. Special attention should be paid to those most affected by marketing and rising tobacco use, such as young people, particularly young women, who are targeted as “replacement smokers”, as well as frequently neglected groups such as those who are illiterate, uneducated or	Coordinated research-based approach to planning, implementing and evaluation of programmes	Advanced	Yes, from existing data	C266 - Programmes guided by research	
	Priority populations included and key differences among population groups considered and	Advanced	No		

<p>undereducated, the poor, and people with disabilities. In addition, measures could be taken to raise awareness among parents, teachers, educators and pregnant women. Introduce measures to ensure that entities involved in education, communication and training, and related research, including but not limited to academia, professional associations and governmental agencies, fully respect the principles laid down in Article 5.3 of the Convention and its guidelines, and thus do not accept any direct or indirect tobacco industry funding.</p> <p>Consumption, tobacco advertising, promotion and sponsorship, and sales of tobacco products should be banned on premises used for educational or training purposes in order to complement tobacco-free messages, in accordance with Articles 8 and 13 of the Convention and the guidelines on their implementation.</p> <p>Personnel involved in education, training and communication should avoid using tobacco because:</p> <p>(a) they are role models and by using tobacco, they undermine public health messages about its effect on health; and</p> <p>(b) it is important to reduce the social acceptability of tobacco use and personnel involved in education, training and communication should set a good example in this respect.</p> <p>Develop or adapt existing communication tools and activities, such as campaigns, according to the needs, knowledge, attitudes and behaviours of each target population, particularly aiming to ensure taking into account that they:</p> <p>(a) are appropriate to the target audience;</p> <p>(b) are of high frequency/long duration;</p> <p>(c) contain refreshed and targeted messages;</p> <p>(d) use a variety of methods and media vehicles;¹⁵</p> <p>(e) use lessons learnt from other successful campaigns; and</p> <p>(f) use integrated evaluation</p> <p>Communicate messages that are relevant, comprehensible, interesting, realistic, accurate, persuasive and empowering, while taking into account the effectiveness of key messages and the results of sound scientific research, where available.</p> <p>Acknowledge the potential role of both negative and positive messages by including a wide range of relevant information.</p>	addressed in interventions			
	Measures to ensure that entities involved in education, communication and training and related research fully respect the principles of Article 5.3	Advanced	No	
	Sales of tobacco products banned on premises used for educational or training purposes	Advanced	No	
	No tobacco use by personnel involved in education, training and communication	Advanced	No	
	Development and adaptation of existing communication tools and activities according to the needs, knowledge, attitudes and behaviours of each target group	Advanced	No	
	Communication of relevant, comprehensive, interesting, realistic, accurate, persuasive and empowering,	Advanced	No	

<p>Identify the most appropriate media to reach the intended audience, based on reach and relevance to the target groups. The opportunities and potential risks of using new and innovative communication and marketing vehicles, as well as new technologies, should be investigated and applied or avoided accordingly.</p> <p>Consider supplementing mass media with community-based (including traditional) communication approaches, which may, for example, be used to reach low-income urban and rural populations in developing countries.</p> <p>Maximize the coverage of education and communication campaigns by targeting vulnerable populations, including low-income and rural populations. Outreach can also be increased by encouraging and supporting nongovernmental organizations and other members of civil society active in the field of tobacco control, and not affiliated with the tobacco industry, to complement governmental programmes through joint and/or independent educational activities and communication campaigns. Campaigns by, and with the participation of, civil society could be integrated into existing community education and mobilization programmes.</p> <p>Identify training needs at the local, national/federal, regional and international levels, design a relevant training plan and select, implement and evaluate the resulting training programmes in different settings, focusing on the various needs. To increase reach and relevance, training programmes may follow the concept of place, people and practice, covering different environmental settings (e.g. rural, urban, and suburban), educational facilities (e.g. in formal, non-formal, and continuous education), and health-care providers (e.g. hospitals, primary healthcare facilities and traditional healers) and so on.</p> <p>Design a research-based training plan to ensure continued training of the relevant groups in the required competencies, including knowledge of effective tobacco-control measures and the vocational or practical skills needed to achieve them.</p> <p>Training programmes should include information about the strategies and practices of the tobacco industry to undermine tobaccocontrol efforts.</p>	evidence-based messages			
	Use of most appropriate media to reach the intended audience	Advanced	No	
	Supplementing mass media with community-based approaches	Advanced	No	
	Targeting vulnerable populations, including low-income and rural populations, in education and communication campaigns	Advanced	Yes, in the questionnaire	
	Training plan based on identified needs at local, national/federal, regional and international levels	Advanced	No	
	Research-based training plan for key professionals	Advanced	No	
	Identification of appropriate training methods for each target group	Advanced	No	
	Different aspects of tobacco control	Advanced	No	

<p>Identify the appropriate training methods for each target group, including the integration of novel approaches into training programmes.</p> <p>Integrate the different aspects of tobacco control, including the adverse health, social, economic, and environmental consequences of tobacco production and consumption, as well as information on new tobacco products, into relevant curricula of universities, professional schools and other relevant vocational teaching institutions. Advance the introduction of tobacco-control education or training into the licensing requirements for relevant professions, as well as into requirements for continuous professional development. Involve both practitioners and academic experts in capacity building and the development of research-based training tools, including professional associations, student organizations, and organizations active in formal and non-formal education and training. Identify influential groups and role models, such as government focal point staff, policy-makers, administrators, health professionals, media professionals or others who can contribute to training activities.</p>	<p>included in relevant curricula of universities, professional schools and other relevant vocational teaching institutions</p> <p>Broad involvement of practitioners and academia in capacity building and development of research-based training tools</p>	Advanced	No		
<p>Recommendations under Involving civil society:</p> <p>Parties should actively involve members of civil society, in different phases such as planning, developing, implementing, monitoring and evaluating education, communication and training programmes.</p> <p>Parties should restrict their collaboration to members of civil society not affiliated with the tobacco industry</p> <p>Action points:</p> <p>Ensure civil society involvement in and collaboration with the governmental coordinating mechanism or focal point in planning, developing, implementing, monitoring and evaluating tobacco control education, communication and training programmes, including physical representation</p> <p>Work with civil society to create a climate of attitude that:</p> <p>(a) engenders public and political support for action to control tobacco use; (b) supports the government in its tobacco-control efforts; (c) identifies legislative priorities and helps develop and enforce legislative measures; (d) makes the case that tobacco-control measures are reasonable and effective; (e) increases awareness of tobacco industry interference; and (f) provides a</p>	<p>Active involvement of civil society in different phases of education, communication and training programmes</p> <p>Tobacco industry affiliates excluded from civil society collaboration</p> <p>Civil society involvement in and collaboration with the governmental coordinating mechanism or focal point</p>	Advanced	No		
		Advanced	No		
		Advanced	No		

<p>powerful and respectable public image for education, communication, training and awareness campaigns. Identify key professionals, including but not limited to health professionals, teachers, journalists and other media professionals, and involve them as role models and agents of change in education, communication and training. Build and strengthen tobacco-control movements and support effective tobacco-control alliances, for example by providing seed grants to support civil society groups and coalitions for tobacco control.</p>	<p>Civil society support to create a climate of attitude to support government in tobacco control efforts and increase awareness of tobacco industry interference</p>	Advanced	No		
	<p>Involvement of key professionals as role models and agents of change</p>	Advanced	No		
	<p>Building and strengthening of tobacco control movements and alliances, for example by providing seed grants</p>	Advanced	No		
<p>Recommendations under Ensuring wide access to information on the tobacco industry, Action points: Adopt and implement effective measures that require the tobacco industry to be accountable and to provide accurate and transparent information in accordance with Article 12(c) and the implementing guidelines on Articles 5.3, 9, 10, 11 and 13 of the Convention. Consider putting in place education programmes, communication campaigns and training courses that can effectively inform and educate the public and all branches of government about: (a) tobacco industry interference with activities related to education, communication and training, such as tobacco industry funded or co-funded youth prevention programmes, which have been demonstrated to be ineffective and even counterproductive, and have been publicly disapproved by the World Health Organization; and (b) tobacco industry interference with Parties' tobacco-control policies.</p>	<p>Effective measures that require the tobacco industry be accountable and to provide accurate and transparent information</p>	Advanced	No		
	<p>Education programmes, communication campaigns and training courses to inform public and all branches of government about tobacco industry</p>	Advanced	Yes, in the questionnaire		

<p>Consider ways to build sufficient capacity to enable effective monitoring and surveillance of the tobacco industry and its products, by training researchers and other relevant professionals, and by providing easy public access to relevant data on the tobacco industry and its products, as required in Article 12(c) of the Convention.</p> <p>Develop and implement communication tools to facilitate public access to a wide range of information on the tobacco industry and its products. Depending on cultural appropriateness, reach and accessibility, such communication tools could include: (a) public repositories on the tobacco industry, such as the Legacy Tobacco Industry Documents Library; and (b) counter-advertising campaigns using the media and/or relevant forms of modern technology.</p>	interference in education and training activities				
	Sufficient capacity to enable monitoring and surveillance of tobacco industry and its products	Advanced	No		
	Communication tools to facilitate public access to a wide range of information on tobacco industry and its products	Advanced	No		
<p>Recommendations under Monitoring of implementation and revisions of the guidelines:</p> <p>Parties should monitor, evaluate and revise their communication, education and training measures nationally and internationally to meet their obligations under the Convention, to enable comparisons and observe any trends.</p> <p>Action points:</p> <p>Routinely collect data on the implementation of Article 12 of the Convention through surveys and other relevant research undertaken by government, nongovernmental organizations, or any other relevant entities.</p>	Monitoring, evaluation and revision of communication, education and training measures	Advanced	No		
	Routine data collection on the implementation of Article 12	Advanced	No		
Article 14 of the WHO FCTC – DEMAND REDUCTION MEASURES CONCERNING TOBACCO DEPENDENCE AND CESSATION					

<p>Article 14.1: Each party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.</p>	<p>Existence of evidence-based guidelines and effective measures to promote cessation of tobacco use and treatment of tobacco dependence</p>	<p>Core</p>	<p>Yes, from existing data</p>	<p>C281 - Evidence-based comprehensive and integrated guidelines developed C2821 - Implemented media campaigns to promote tobacco cessation C2825 - Implemented telephone quitlines C2826 - Implemented local events to promote cessation of tobacco use C2827 - Implemented other programmes to promote cessation of tobacco use</p>	<p>C2822 - Implemented programmes specially designed for underage girls and young women C2823 - Implemented programmes specially designed for women C2824 - Implemented programmes specially designed for pregnant women C2814 - Progress made in implementing Article 14 C2817 - Additional information concerning tobacco dependence and cessation</p>
<p>Article 14.2: (a) Each Party shall endeavour to design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments. (b) Each Party shall endeavour to include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate. (c) Each Party shall endeavour to establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence.</p>	<p>Existence of effective programs promoting cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments.</p> <p>Inclusion of diagnosis and treatment of tobacco dependence and counselling services in national health and education programmes, plans and strategies</p> <p>established programmes for</p>	<p>Advanced</p> <p>Advanced</p> <p>Advanced</p>	<p>Yes, from existing data</p> <p>Yes, from existing data</p> <p>Yes, from existing data</p>	<p>C2831 - Designed programmes to promote cessation in educational institutions C2832 - Designed programmes to promote cessation in health-care facilities C2833 - Designed programmes to promote cessation in workplaces C2834 - Designed programmes to promote cessation in sporting environments C2835 - Designed programmes to promote cessation in other places C2841 - Included diagnosis and treatment in national tobacco control programmes C2842 - Included</p>	<p>C2871 - Programmes in primary health care covered by public funding C2872 - Programmes in secondary and tertiary health care covered by public funding C2873 - Programmes in specialist health-care systems covered by public funding C2874 - Programmes in specialized centers covered by public funding C2875 - Programmes in rehabilitation centers covered by public funding C2876 - Programmes in other diagnostic and treatment services covered by public funding C2881 - Physicians offering counseling services C2882 - Dentists offering counseling services C2883 - Family doctors offering counseling services C2884 - Traditional practitioners offering counseling services C2885 - For other medical professionals offering counseling services C2886 - Nurses offering counseling services C2887 - Midwives offering counseling services</p>

	diagnosing, counselling, preventing and treating tobacco dependence in health care facilities and rehabilitation centres			<p>diagnosis and treatment in national health programmes</p> <p>C2843 - Included diagnosis and treatment in national educational programmes</p> <p>C285 - Included diagnosis and treatment in the health-care system</p> <p>C2861 - Primary health care providing programmes on diagnosis and treatment</p> <p>C2862 - Secondary and tertiary health care providing programmes on diagnosis and treatment</p> <p>C2863 - Specialist health-care systems providing programmes on diagnosis and treatment</p> <p>C2864 - Specialized centres for cessation providing programmes on diagnosis and treatment</p> <p>C2865 - Rehabilitation centres providing programmes on diagnosis and treatment</p>	<p>C2888 - Pharmacists offering counseling services</p> <p>C2889 - Community workers offering counseling services</p> <p>C28810 - Social workers offering counseling services</p> <p>C28811 - For other professionals offering counseling services</p> <p>6.4 Support for treatment of tobacco dependence, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021, Technical document, https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.4</p>
Guidelines for the implementation of Article 14 of WHO FCTC					
<p>Recommendations under Developing infrastructure to support tobacco cessation and treatment of tobacco dependence, Actions:</p> <p>20. Analyse, where appropriate: (1) the status of all tobacco control policies in the country and their impact, especially in motivating tobacco users to quit and creating demand for treatment support; (2) policies to promote tobacco cessation</p>	<p>National situation analysis conducted</p> <p>National coordinating mechanism or focal point for tobacco</p>	<p>Advanced</p> <p>Advanced</p>	<p>Yes, in the questionnaire</p> <p>No</p>	<p>C281 - Evidence-based comprehensive and integrated guidelines developed</p> <p>C2841 - Included diagnosis and treatment in national tobacco</p>	<p>Question G1 in additional questionnaire on the use of implementation guidelines by the parties</p> <p>Question G2 in additional questionnaire on the use of implementation guidelines by the parties (separate indicators for available services and for providers)</p>

<p>and provide tobacco dependence treatment; (3) existing tobacco dependence treatment services and their impact; (4) the resources available to strengthen the promotion of tobacco cessation and tobacco dependence treatment services (or to create such services where they do not yet exist), including training capacity, health-care infrastructure, and any other infrastructure that may be helpful; (5) any monitoring data available. Use this situation analysis where appropriate to create a strategic plan.</p> <p>21. Ensure that the national coordinating mechanism or focal point facilitates the strengthening or creation of a programme to promote tobacco cessation and provide tobacco dependence treatment.</p> <p>22. Maintain or consider creating an up-to-date, easily accessible information system on available tobacco cessation services and qualified service providers for tobacco users.</p> <p>23. Parties should develop and disseminate comprehensive tobacco dependence treatment guidelines based on the best available scientific evidence and best practices, taking into account national circumstances and priorities. These guidelines should include two major components: (1) a national cessation strategy, to promote tobacco cessation and provide tobacco dependence treatment, aimed principally at those responsible for funding and implementing policies and programmes; and (2) national treatment guidelines aimed principally at those who will develop, manage and provide cessation support to tobacco users.</p> <p>24. A national cessation strategy and national tobacco dependence treatment guidelines should have the following key characteristics:</p> <ul style="list-style-type: none"> • they should be evidence based; • their development should be protected from all actual and potential conflicts of interest; • they should be developed in collaboration with key stakeholders, including but not limited to health scientists, health professional organizations, health-care workers, educators, youth workers and nongovernmental organizations with relevant expertise in this area; • they should be commissioned or led by government, but in active partnership and consultation with other stakeholders; 	<p>control facilitates strengthening or creation of tobacco cessation programme</p>	Advanced	Yes, in the questionnaire	<p>control programmes</p> <p>C2842 - Included diagnosis and treatment in national health programmes</p> <p>C2843 - Included diagnosis and treatment in national educational programmes</p> <p>C2671 - Training programmes addressed to health workers</p>	<p>Question G3 in additional questionnaire on the use of implementation guidelines by the parties</p> <p>Question G4 in additional questionnaire on the use of implementation guidelines by the parties</p> <p>Question G5 in additional questionnaire on the use of implementation guidelines by the parties</p> <p>Question G6 in additional questionnaire on the use of implementation guidelines by the parties</p>
	<p>Up-to-date, easily accessible information system on available tobacco cessation services and qualified service providers</p>	Advanced	No		<p>Question G8 (percentage of health-care workers trained in providing brief advice) in additional questionnaire on the use of implementation guidelines by the parties</p>
	<p>National cessation strategy to promote tobacco cessation and provide dependence treatment developed and implemented</p>	Advanced	No		<p>C2891 - Tobacco dependence treatment incorporated into the curricula of medical schools</p> <p>C2892 - Tobacco dependence treatment incorporated into the curricula of dentist schools</p> <p>C2893 - Tobacco dependence treatment incorporated into the curricula of nursing schools</p> <p>C2894 - Tobacco dependence treatment incorporated into the curricula of pharmacy schools</p>
	<p>National cessation strategy and treatment guidelines development protected from any conflicts of interest, developed in collaboration with key stakeholders</p>	Advanced	No		
	<p>Specific programmes promoting cessation and offering tobacco dependence treatment for health-care workers and other groups involved in cessation</p>	Advanced	No		

<p>however, if other organizations initiate the treatment guidelines development process, they should do so in active collaboration with government;</p> <ul style="list-style-type: none"> • they should include a dissemination and implementation plan, should highlight the importance of all service providers (within or outside the health-care sector) setting an example by not using tobacco, and should be periodically reviewed and updated, in the light of developing scientific evidence, and in accordance with the obligations established by Article 5.1 of the WHO FCTC. <p>25. Additional key characteristics of national treatment guidelines:</p> <ul style="list-style-type: none"> • they should be widely endorsed at national level, including by health professional organizations and/or associations; • they should include as broad a range of interventions as possible, such as systematic identification of people who use tobacco, provision of brief advice, quitlines, face-to-face behavioural support provided by workers trained to deliver it, systems to make medications accessible and free or at an affordable cost, and systems to support the key steps involved in helping people to quit tobacco use, including reporting tobacco use status in all medical notes; • they should cover all settings and all providers, both within and outside the health-care sector. <p>26. Health-care workers should avoid using tobacco because:</p> <ul style="list-style-type: none"> • they are role models and by using tobacco they undermine public health messages about its effects on health; • it is important to reduce the social acceptability of tobacco use and health-care workers have a particular responsibility to set a good example in this respect. <p>27. Specific programmes promoting cessation of tobacco use and offering tobacco dependence treatment should therefore be provided for health-care workers and any other groups involved in helping tobacco users to quit.</p> <p>28. In most countries the health-care system¹¹ and health-care workers should play a central role in promoting tobacco cessation and offering support to tobacco users who want to quit. However other groups should be involved where appropriate.</p> <p>29. All health-care workers should be trained to record tobacco use, give brief advice, encourage a quit attempt, and refer</p>	<p>Training of all health-care workers and relevant other groups for tobacco cessation support, with continuous education, incorporated also in training curricula of all health professionals and other relevant occupations</p>	Advanced	Yes, in the questionnaire		
	<p>Mandatory recording of tobacco use in medical notes</p>	Advanced	Yes, in the questionnaire		
	<p>Placing the cost of cessation support on tobacco industry and retailers, through measures such as taxation, fees and penalties available in tobacco control</p>	Advanced	Yes, in the questionnaire		

<p>tobacco users to specialized tobacco dependence treatment services where appropriate.</p> <p>30. Outside health-care settings, other individuals can be trained to give brief advice, encourage a quit attempt, and refer tobacco users to specialized tobacco dependence treatment services where appropriate, and therefore also have a role to play in tobacco cessation and tobacco dependence treatment.</p> <p>31. Both health-care workers and those outside health-care settings who deliver intensive specialized support (see “Key components of a system to help tobacco users to quit” below) should be trained to the highest possible standard and receive continuous education.</p> <p>32. Tobacco control and tobacco cessation should be incorporated into the training curricula of all health professionals and other relevant occupations both at pre- and post-qualification levels, and in continuous professional development. Training should include information about tobacco use and the harm it does, the benefits of cessation, and the influence that trained workers can have in prompting quitting.</p> <p>33. Training standards should be set nationally by competent authorities.</p> <p>--</p> <p>37. Parties should ensure that the recording of tobacco use status in all medical and other relevant notes is mandatory, and should encourage the recording of tobacco use in death certification.</p> <p>39. The strengthening or creation of a national infrastructure to promote tobacco cessation and to provide tobacco dependence treatment will require both financial and technical resources and it will therefore be essential to identify funding for that infrastructure, in accordance with Article 26 of the WHO FCTC.</p> <p>40. In order to alleviate governmental budgetary pressure, Parties could consider placing the cost of cessation support on the tobacco industry and retailers, through such measures as: designated tobacco taxes; tobacco manufacturing and/or importing licensing fees; tobacco product registration fees; tobacco selling licenses for distributors and retailers; noncompliance fees levied on the tobacco industry and retailers, such as administrative monetary penalties; and annual tobacco surveillance/control fees for the tobacco industry</p>					
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and retailers. Successful action to reduce the illicit trade in tobacco products (as outlined in Article 15 of the WHO FCTC) could also increase government revenue substantially.					
<p>Recommendations under Key components of a system to help tobacco users quit:</p> <p>42. In designing national cessation and treatment systems for health-care and other settings, Parties should include the components listed below, taking into account national circumstances and priorities. 43. Parties should provide cessation support and treatment in all health-care settings and by all health-care providers. Parties should additionally consider providing cessation support and treatment in non-health-care settings and by suitably trained non-health-care providers, especially where scientific evidence suggests that some populations of tobacco users may be better served in this way.</p> <p>44. Mass communication. Mass communication and education programmes are essential for encouraging tobacco cessation, promoting support for tobacco cessation, and encouraging tobacco users to draw on this support. These programmes can include both unpaid and paid media placements.</p> <p>45. Brief advice. Brief advice should be integrated into all health-care systems. All health-care workers should be trained to ask about tobacco use, record it in the notes, give brief advice on stopping, and direct tobacco users to the most appropriate and effective treatment available locally. Brief advice should be implemented as an essential part of standard practice and its implementation should be monitored regularly.</p> <p>46. Quitlines. All Parties should offer quitlines in which callers can receive advice from trained cessation specialists. Ideally they should be free and offer proactive support. Quitlines should be widely publicized and advertised, and adequately staffed, to ensure that tobacco users can always receive individual support. Parties are encouraged to include the quitline number on tobacco product packaging.</p> <p>47. Specialized tobacco dependence treatment services. Tobacco users who need cessation support should, where resources</p>	<p>Cessation support and treatment provided also in non-health-care settings and by suitably trained non-health-care providers</p> <p>Mass communication to promote cessation and cessation services</p> <p>Brief advice integrated to all health-care systems as standard practice</p> <p>Free quitlines with proactive support</p> <p>Specialized tobacco dependence treatment services offering behavioural support and where appropriate, medications</p> <p>Evidence-based medications provided free or at an affordable cost</p>	<p>Advanced</p> <p>Advanced</p> <p>Advanced</p> <p>Advanced</p> <p>Advanced</p>	<p>No</p> <p>No</p> <p>Yes, in the questionnaire</p> <p>No</p> <p>Yes, from existing data</p> <p>Yes, from existing data</p>	<p>C2821 - Implemented media campaigns to promote tobacco cessation</p> <p>C2826 - Implemented local events to promote cessation of tobacco use</p> <p>C2825 - Implemented telephone quitlines</p> <p>C2827 - Implemented other programmes to promote cessation of tobacco use</p> <p>C2864 - Specialized centres for cessation providing programmes on diagnosis and treatment</p> <p>C28121 - Nicotine replacement therapy available</p> <p>C28122 - Treatment with bupropion available</p> <p>C28123 - Treatment with varenicline available</p> <p>C28124 - Treatment with other pharmaceutical products available</p> <p>C28131 - Nicotine replacement therapy costs covered by public funding</p> <p>C28132 - Bupropion costs covered by public funding</p>	<p>6.4 Support for treatment of tobacco dependence, Web Annex VI: Global Tobacco Control Policy Data, 3 August 2021: https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.6.4</p> <p>Question G7 on brief advice in prim., sec., tert., specialist health-care in additional questionnaire on the use of implementation guidelines by the parties</p> <p>Question G9 on quitline in additional questionnaire on the use of implementation guidelines by the parties</p> <p>Question G10 in additional questionnaire on the use of implementation guidelines by the parties</p> <p>Question G11 in additional questionnaire on the use of implementation guidelines by the parties</p>

<p>allow, be offered intensive specialized support, delivered by specially trained practitioners. Such services should offer behavioural support, and where appropriate, medications or advice on the provision of medications. The services may be delivered by a variety of health-care or other trained workers, including doctors, nurses, midwives, pharmacists, psychologists, and others, according to national circumstances. These services can be delivered in a wide variety of settings and should be easily accessible to tobacco users. Where possible they should be provided free or at an affordable cost. Specialized treatment services should meet national or applicable standards of care.</p> <p>48. Medications that have been clearly shown by scientific evidence to increase the chances of tobacco cessation should be made available to tobacco users wanting to quit and where possible be provided free or at an affordable cost.</p> <p>49. Some medications can also be made available population wide, with fewer restrictions to access, taking into account relevant legislation. Experience in some countries has shown that increasing the accessibility and availability of some medications can increase the number of attempts to quit.</p> <p>50. Collective bargaining by governments or regional economic organizations should be used to reduce medication prices by bulk purchase or other available means, to ensure that cessation treatment does not impose excessive costs on those stopping tobacco use. Where low-cost, effective¹⁵ medications exist, these may be considered as a standard treatment.</p> <p>51. Parties should keep under review the developing scientific evidence of new approaches to promoting tobacco cessation and providing tobacco dependence treatment. 52. Parties should be open to new and innovative approaches to promoting tobacco cessation and providing tobacco dependence treatment, while at the same time prioritizing approaches that are more strongly based on the scientific evidence.</p> <p>53. There is evidence from some countries that national No Smoking Days, sometimes held on World No Tobacco Day, can be effective low-cost interventions that motivate tobacco users to try to quit. Cellphone text messaging and Internet-based behavioural support may be especially useful in countries where telephone and Internet use are high. These and other approaches are being investigated in scientific trials, although</p>	<p>Consideration of emerging research evidence and novel approaches, while prioritizing strongest evidence</p>	<p>Advanced</p>	<p>No</p>	<p>C28133 - Varenicline costs covered by public funding C28134 - Treatment with other pharmaceutical products covered by public funding</p>	
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there is insufficient evidence yet to recommend them as a core part of treatment provision. The potential of using electronic media like radio for delivering cessation messages and advice could also be explored, as in many countries radio is the most widespread and low-cost medium of mass communication. Some countries also have local and folk media which have wide access at the grass-roots level, and the use of these for disseminating information about availability of tobacco cessation facilities may be considered along with other culturally acceptable approaches to treatment.					
Recommendations under Monitoring and evaluation, Actions: 65. Formulate measurable objectives, determine the resources required, and identify indicators to enable the assessment of progress towards each objective. 66. Encourage health-care workers and service providers to participate in the monitoring of service performance through clearly defined indicators, taking account of national circumstances and priorities. 67. Use data collection systems that are practical and efficient, built on strong methodologies, and are appropriate to local circumstances.	Monitoring and evaluation of treatment strategies and programmes with measurable objectives and indicators with practical and efficient data collection systems, with health-care workers and service providers participating	Advanced	No		
Article 15 of the WHO FCTC – ILLICIT TRADE IN TOBACCO PRODUCTS					
Article 15.2: Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products, and in accordance with national law and relevant bilateral or multilateral agreements, assist Parties in determining the point of diversion and monitor, document and control the movement of tobacco products and their legal status. (a) In addition, each Party shall require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the	All unit packets and packages of tobacco products and any outside packaging of such products marked to assist determining the origin of products statement or any other effective marking indicating the final	Core	Yes, from existing data	C311 - Marking that assists in determining the origin of product required C312 - Marking that assists in identifying legally sold products required C313 - Statement on all packages of tobacco products required C314 - Tracking regime to further secure the	C3114 - Progress made in implementing Article 15 C3115 - Additional information concerning illicit trade in tobacco products
		Core	No		

statement: "Sales only allowed in (insert name of the country, subnational, regional or federal unit)" or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market. (b) In addition, each Party shall consider , as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.	destination of the product tracking and tracing regime in place	Advanced	Yes, from existing data	distribution system developed	
Article 15.3: Each Party shall require that the packaging information or marking specified in paragraph 2 of this Article shall be presented in legible form and/or appear in its principal language or languages.	legible packaging information and marking and in principal languages	Core	Yes, from existing data	C315 - Legible marking required	
Article 15.4: (a) With a view to eliminating illicit trade in tobacco products, each Party shall monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements. (b) With a view to eliminating illicit trade in tobacco products, each Party shall enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes. (c) With a view to eliminating illicit trade in tobacco products, each Party shall take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law. (d) With a view to eliminating illicit trade in tobacco products, each Party shall adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction. (e) With a view to eliminating illicit trade in tobacco products, each Party shall adopt measures as appropriate to enable the	monitoring and collection of data and information exchange on cross border trade legislation against illicit trade in tobacco products ensuring that confiscated material is destroyed measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties	Core Core Core Core	Yes, from existing data Yes, from existing data No No	C316 - Monitoring of cross-border trade required C317 - Information exchange facilitated C318 - Legislation against illicit trade enacted C319 - Confiscated manufacturing equipment to be destroyed C3110 - Storage and distribution of tobacco products C3111 - Confiscation of proceeds derived from illicit trade enabled	

confiscation of proceeds derived from the illicit trade in tobacco products.	confiscation of proceeds derived from illicit trade in tobacco products	Core	No		
Article 20 of the WHO FCTC – Research, surveillance and information exchange					
<p>Article 20.1: The Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control. Towards this end, each Party shall:</p> <p>(a) initiate and cooperate in, directly or through competent international and regional intergovernmental organizations and other bodies, the conduct of research and scientific assessments, and in so doing promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops; and</p> <p>(b) promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies, training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.</p>	<p>Research on determinants and consequences of tobacco consumption and exposure to tobacco smoke promoted</p> <p>Training and support provided for those engaged in tobacco control</p>	Core	Yes, from existing sources	<p>C4311 - Research on determinants of tobacco consumption promoted</p> <p>C4312 - Research on consequences of tobacco consumption promoted</p> <p>C4313 - Research on social and economic indicators promoted</p> <p>C4315 - Research on exposure to tobacco smoke promoted</p> <p>C4316 - Research on identification of tobacco dependence treatment promoted</p> <p>C4317 - Research on alternative livelihoods promoted</p> <p>C432 - Training for those engaged in tobacco control provided</p>	<p>C4314 - Research on tobacco use among women promoted</p> <p>C434 - List of surveys undertaken in the past</p> <p>C435 - List of surveys that are planned to be repeated or undertaken</p> <p>C438 - Progress made in implementing Article 20</p> <p>C439 - Additional information concerning research, surveillance and exchange of information</p> <p>Tables 11.1, 11., 11.3, 11.4 Web Annex VI: Global Tobacco Control Policy Data</p> <p>https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021</p> <p>B31 - Existence of information on tobacco-related mortality</p> <p>B33 - Additional information on tobacco-related mortality</p> <p>B41 - Existence of information on the economic burden of tobacco use</p> <p>B21 - Availability of data on exposure to tobacco smoke</p> <p>B22 - Details concerning data on exposure to tobacco smoke</p>

<p>Article 20.2: The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.</p>	<p>National surveillance system for patterns, determinants and consequences of tobacco consumption</p>	<p>Core</p>	<p>Yes, from existing sources</p>	<p>C4331 - National system for surveillance of patterns of tobacco consumption established C4332 - National system for surveillance of determinants of tobacco consumption established C4333 - National system for surveillance of consequences of tobacco consumption established C4334 - National system for surveillance of indicators related to tobacco consumption established C4335 - National system for surveillance of exposure to tobacco smoke established</p>	<p>Tables 11.1, 11., 11.3, 11.4 Web Annex VI: Global Tobacco Control Policy Data https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021</p>
<p>Article 20.4: The Parties shall, subject to national law, promote and facilitate the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco, which is relevant to this Convention, and in so doing shall take into account and address the special needs of developing country Parties and Parties with economies in transition. Each Party shall endeavour to: (a) progressively establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperate in the development of programmes for regional and global tobacco control; (b) progressively establish and maintain updated data from national surveillance programmes in accordance with paragraph 3(a) of this Article; and</p>	<p>Database on laws and regulations, enforcement and pertinent jurisprudence</p>	<p>Advanced</p>	<p>No</p>		

(c) cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities.					
Article 22 of the WHO FCTC – COOPERATION IN THE SCIENTIFIC, TECHNICAL, AND LEGAL FIELDS AND PROVISION OF RELATED EXPERTISE					
Article 22.1: The Parties shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes aiming at, inter alia: (a) facilitation of the development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control; (b) provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes, aiming at implementation of the Convention through, inter alia: (i) assisting, upon request, in the development of a strong legislative foundation as well as technical programmes, including those on prevention of initiation, promotion of cessation and protection from exposure to tobacco smoke; (ii) assisting, as appropriate, tobacco workers in the development of appropriate economically and legally viable alternative livelihoods in an economically viable manner; and	Assistance provided or received on expertise for national tobacco control strategies, plans and programmes	Core	No		

(iii) assisting, as appropriate, tobacco growers in shifting agricultural production to alternative crops in an economically viable manner; (c) support for appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12; (d) provision, as appropriate, of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes; (e) identification of methods for tobacco control, including comprehensive treatment of nicotine addiction; and (f) promotion, as appropriate, of research to increase the affordability of comprehensive treatment of nicotine addiction.				
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Table 3. The WHO MPOWER “best buys”.

Source/ Sections (MPOWER “best buys”)	WHO MPOWER Indicators	Levels of implementation defined by WHO	WHO MPOWER data sources
Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport	SMOKING BANS	<ul style="list-style-type: none"> - Data not reported - Complete absence of ban, or up to two public places completely smoke-free - Three to five public places completely smoke-free - Six to seven public places completely smoke-free - All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation) 	6.1 Smoke-free legislation. Web Annex VI: Global Tobacco Control Policy Data 6.2 Characteristics of smoke-free legislation Web Annex VI: Global Tobacco Control Policy Data 6.3 P Subnational Web Annex VI: Global Tobacco Control Policy Data

	ADHERENCE TO SMOKE-FREE LAWS	Complete compliance (8/10 to 10/10) Moderate compliance (3/10 to 7/10) Minimal compliance (0/10 to 2/10)	6.1 Smoke-free legislation. Web Annex VI: Global Tobacco Control Policy Data
Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages	HEALTH WARNINGS ON CIGARETTE PACKAGES	<ul style="list-style-type: none"> - Data not reported - No warnings or small warnings - Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics - Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics - Large warnings with all appropriate characteristics 	6.5 Health warnings Web Annex VI: Global Tobacco Control Policy Data 6.6 Health warnings smokeless Web Annex VI: Global Tobacco Control Policy Data 6.7 Packaging Web Annex VI: Global Tobacco Control Policy Data 6.8 Packaging smokeless Web Annex VI: Global Tobacco Control Policy Data
Implement effective mass-media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke	ANTI-TOBACCO CAMPAIGNS	<ul style="list-style-type: none"> - Data not reported - No national campaign conducted between July 2018 and June 2020 with a duration of at least 3 weeks - National campaign conducted with one to four appropriate characteristics - National campaign conducted with five to six appropriate characteristics - National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio 	6.9 Mass media campaigns Web Annex VI: Global Tobacco Control Policy Data

Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship	BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP	<ul style="list-style-type: none"> - Data not reported - Complete absence of ban, or ban that does not cover national television, radio and print media - Ban on national television, radio and print media only - Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising - Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship) 	<p>6.10 Bans on direct advertising Web Annex VI: Global Tobacco Control Policy Data</p> <p>6.11 Bans on indirect advertising Web Annex VI: Global Tobacco Control Policy Data</p> <p>6.12 Additional bans on indirect advertising Web Annex VI: Global Tobacco Control Policy Data</p> <p>6.13 E Subnational Web Annex VI: Global Tobacco Control Policy Data</p>
	COMPLIANCE WITH BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP	<p>Complete compliance (8/10 to 10/10)</p> <p>Moderate compliance (3/10 to 7/10)</p> <p>Minimal compliance (0/10 to 2/10)</p>	<p>6.10 Bans on direct advertising Web Annex VI: Global Tobacco Control Policy Data</p>
Increase excise taxes and prices on tobacco products	SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST WIDELY SOLD BRAND OF CIGARETTES	<ul style="list-style-type: none"> - Data not reported - < 25% of retail price is tax - ≥ 25% and <50% of retail price is tax - ≥ 50% and <75% of retail price is tax - ≥ 75% of retail price is tax 	<p>9.1 Taxes and retail price for a pack of 20 cigarettes most sold brand Web Annex VI: Global Tobacco Control Policy Data</p> <p>9.2 Retail price for a pack of 20 cigarettes premium brand and cheapest brand Web Annex VI: Global Tobacco Control Policy Data</p> <p>9.3 Taxes and retail price for other tobacco products Web Annex VI: Global Tobacco Control Policy Data</p> <p>9.4 Use of earmarked tobacco taxes Web Annex VI: Global Tobacco Control Policy Data</p> <p>9.5 Supplementary information on taxation Web Annex VI: Global Tobacco Control Policy Data</p> <p>9.7 Taxes and retail price for e-liquids of ENDS/ENNDS products Web Annex VI: Global Tobacco Control Policy Data</p>

	AFFORDABILITY OF CIGARETTES <ul style="list-style-type: none"> - Cigarettes less affordable - Trend in per capita GDP needed to buy cigarettes increased since 2010 at a rate over 1.45% per year - Cigarettes more affordable - Trend in per capita GDP needed to buy cigarettes decreased since 2010 at a rate over 1.45% per year - No significant change in affordability of cigarettes since 2010 - Insufficient data to conduct a trend analysis 	9.6 Affordability, Web Annex VI: Global Tobacco Control Policy Data
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Table 4. Checklist for core and advanced tobacco control measures from the WHO FCTC, based on the final list of indicators selected to the current status assessment

- Tobacco control capacity:
 - Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?
 - Have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?
 - Have you established or reinforced and financed: [a focal point for tobacco control?]
 - Have you established or reinforced and financed: [a tobacco control unit?]
 - Have you established or reinforced and financed: [a national coordinating mechanism for tobacco control?]
 - Have you implemented measures protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?
 - Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?
 - Do any of these measures provide for a mechanism/ infrastructure for enforcement?
 - Awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: [public agencies?]
 - Awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: [nongovernmental organizations not affiliated with the tobacco industry?]
 - Awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: [private organizations?]
 - Is there any tobacco-growing in your jurisdiction?
 - Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?
 - Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?
 - Do you have any civil liability measures that are specific to tobacco control?
 - Do you have any general civil liability provisions that could apply to tobacco control?
 - Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?
- Taxation and price policies

- Have you adopted and implemented tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?
- Prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?
- Prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?
- Requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?
- Developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?
- Requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?
- Enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?
- Prohibiting and/or promoting the prohibition of the distribution of free tobacco products: [to the public?]
- Prohibiting the sale of cigarettes individually or in small packets?
- Requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?
- Other national key regulations
 - Universal protection from exposure to tobacco smoke
 - What is the type/nature of the measure providing for the ban? [national law]
 - Complete smoking bans in
 - government buildings
 - health-care facilities
 - educational facilities
 - universities
 - private workplaces
 - airplanes
 - trains
 - ground public transport (buses, trolleybuses, trams
 - motor vehicles used as places of work (taxis, ambulances, delivery vehicles
 - private vehicles
 - cultural facilities
 - shopping malls
 - pubs and bars
 - nightclubs
 - restaurants
 - Testing and measuring the
 - contents of tobacco products?
 - emissions of tobacco products?

- Regulating the
 - contents of tobacco products?
 - emissions of tobacco products?
- Requiring manufacturers or importers of tobacco products to disclose to Government authorities information about
 - the contents of tobacco products?
 - emissions of tobacco products?
- Packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?
- Requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?
- Ensuring that the health warnings are approved by the competent national authority?
- Ensuring that the health warnings are rotated?
- Ensuring that the health warnings are clear, visible and legible?
- Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?
- Requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?
- Does your tobacco advertising, promotion and sponsorship ban cover:
 - display and visibility of tobacco products at points of sales?
 - the domestic Internet?
 - the global Internet?
 - brand stretching and/or brand sharing?
 - product placement as a means of advertising or promotion?
 - the depiction of tobacco or tobacco use in entertainment media products?
 - tobacco sponsorship of international events or activities and/or participants therein?
 - contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry?
 - cross-border advertising, promotion and sponsorship originating from your territory?
 - the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?
- Imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?
- Prohibiting the sales of tobacco products to minors?
- Requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

- Banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?
- Prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?
- Prohibiting the sale of tobacco products from vending machines?
- Providing for penalties against sellers and distributors in order to ensure compliance?
- Public awareness raising and educational programmes
 - Requiring public disclosure of information about the
 - contents of tobacco products?
 - emissions of tobacco products?
 - Have you implemented educational and public awareness programmes?
 - Do these educational and public awareness programmes cover health risks of tobacco consumption?
 - Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?
 - Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to
 - health workers
 - community workers
 - social workers
 - media professionals
 - educators
 - decision-makers
 - administrators
- Tobacco control monitoring
 - Developing and/or promoting research that addresses
 - determinants of tobacco consumption?
 - consequences of tobacco consumption
 - the determinants and consequences of exposure to tobacco smoke?]
 - Established a national system for epidemiological surveillance of
 - patterns of tobacco consumption
 - determinants of tobacco consumption
 - consequences of tobacco consumption
 - exposure to tobacco smoke
- Cessation support
 - Developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?
 - Programmes to promote cessation of tobacco use, including
 - media campaigns emphasizing the importance of quitting?
 - telephone quitlines
 - local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?

- other⁴
- Design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as
 - educational institutions?
 - health-care facilities
 - workplaces
 - sporting environments
 - other⁴
- Inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for
 - tobacco control
 - health
 - education
- Inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?
- Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?
 - primary health care
 - secondary and tertiary health care
 - specialist health-care systems
 - specialized centres for cessation counselling and treatment of tobacco dependence
 - rehabilitation centres
 - primary health care
- Are the services provided in these settings covered by public funding or reimbursement schemes?
 - secondary and tertiary health care
 - specialist health-care systems
 - specialized centres for cessation counselling and treatment of tobacco dependence
 - rehabilitation centres
 - other⁴
- Facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?
- Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?
 - nicotine replacement therapy
 - bupropion
 - varenicline
 - other⁴
- Are the costs of these products covered by public funding or reimbursement?

⁴ Under tobacco cessation support, other was included to provide a more comprehensive picture of the country activity in provision of support.

- nicotine replacement therapy
- bupropion
- varenicline
- other⁴

Questionnaire to identify innovative measures

The review of existing data confirmed that there is need to collect more information of some of the advanced WHO FCTC measures and the measures proposed in the literature as tobacco endgame measures (see Annex 2 for a compilation of these). Initial draft of the questionnaire was developed by the co-leads of the task 9.1a (THL and NIJZ), and the questionnaire was reviewed and refined following three feedback rounds among WP9 partners. The final questionnaire was distributed to the selected respondents online utilizing the EU Survey platform. The questionnaire contains some conditional questions dependent on the previous answer.

The questionnaire was sent on 15 September 2022 to the WHO FCTC focal points or other key informants on national tobacco control in the WHO European region, excluding non-WHO FCTC countries Switzerland and Monaco for which no contacts were identified, and Russian Federation due to the seizure of research collaboration during the war. The contacts were identified with the assistance from the Convention Secretariat of the WHO FCTC, the WHO NCD Office, partners of the WP9 and contacts collected by the work package 6 of the JATC2. Most responses were received by 14th of October. A few countries were allowed an extension to coordinate and collect the country information. The last response was submitted on 13 January 2023. All respondents were contacted in March 2023 to enquire of any potential updates to the information they submitted and, to ensure the data was as up-to-date as possible. Overall, responses were received from 24 out of the 50 countries (19 of the 27 EU member states). Thus, the response rates were 48% in the region and 70% within the EU. The responding countries were, in alphabetical order, Austria, Azerbaijan, Belgium, Czechia, Cyprus, Denmark, Estonia, Germany, Finland, France, Hungary, Ireland, Italy, Lithuania, Luxembourg, Netherlands, North Macedonia, Norway, Portugal, Serbia, Slovenia, Spain, Sweden and Uzbekistan.

1 TOBACCO ENDGAME GOALS, STRATEGIES AND MEASURES

PURPOSE OF THE QUESTIONNAIRE

This questionnaire gathers information of adopted or planned national tobacco endgame goals and strategies, and of innovative tobacco endgame measures in line with the Article 2.1 of the WHO FCTC. Additionally, the questionnaire addresses some advanced WHO FCTC measures originating in the recommendations of the treaty and in its implementation guidelines. This information is separate and new as compared to your country information that is collected regularly in the mandatory WHO FCTC reporting.

The information is collected for the WP9 *"Best practices to develop an effective and comprehensive tobacco endgame strategy"* of the EU Joint Action on Tobacco Control 2, in collaboration with the WHO

FCTC Knowledge Hub on Surveillance. Results will be published in spring 2023 as an open-access report. More information of the project is available at www.jaotc.eu.

Additionally, the questionnaire identifies potential case studies for later interviews regarding the process and best practices in the development, implementation and evaluation of tobacco endgame strategies.

The questionnaire contains two sections:

1. Tobacco endgame goals, strategies, and measures
2. Advanced WHO FCTC measures and cessation support

The questionnaire provides the opportunity to share information also of planned measures. In these, we are interested in such measures that are under political consideration either already as public (e.g. on consultation) or in preparation but not yet public. Due to the sensitive nature of the measures that do not have public status yet, the report will not name individual countries in connection to planned measures.

The questionnaire can be saved as a draft during completion from the right-hand side menu. You can also provide links to relevant websites and upload relevant documents. After submission, you can print or save a pdf-file of your responses.

Please submit the questionnaire no later than 14 October 2022. Please submit only one response from your country.

CONTACT INFORMATION

* First name

* Last name

* Organization

* Country

* Email

By accepting the following statement, you give your consent to the processing of your personal data:

*

☐ I consent to the processing (collection and further processing) of my personal data

for research purposes, additional queries and for acknowledging the contribution in the deliverables of the Work Packages of the Joint Action on Tobacco Control 2 and of the WHO FCTC Knowledge Hub on Surveillance. Submission of the data is made on a voluntary basis and consent can be withdrawn at any time, without any consequences. Data are collected according to the Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000.

TOBACCO ENDGAME GOALS AND STRATEGIES IN YOUR COUNTRY

Tobacco endgame means aiming at permanently reducing tobacco use prevalence to a minimal level in the population, within a defined time frame. This section contains s of national tobacco endgame goals and strategies. In addition, it contains s of innovative tobacco control measures that have been presented in the scientific literature as potential ways to achieve tobacco endgame.

In your country, is there a tobacco endgame goal that is officially adopted or acknowledged by the government? Additional help available

Tobacco endgame goal refers to measurable goal aiming at ending tobacco use by certain year. It may cover smoking, tobacco use, or all nicotine use.

☐

Yes

☐

No, but governmental bodies or other relevant organizations or entities (e.g. NGOs, political parties, public health organizations) have proposed it

☐

No

☐

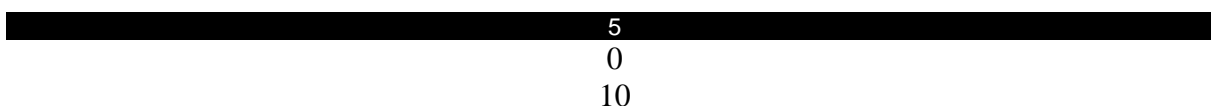
Don't know

[if No or Don't know selected] How likely do you see that your country would adopt a tobacco endgame goal?

Move the slider or [accept the initial position.](#)

Very unlikely

Very likely



Please describe your reason(s) for selecting this number.

What is the endpoint to be achieved?

Please select all that apply.

- ☐ Prevalence of 5% or less
- ☐ Tobacco-free generation
- ☐ Other
- ☐ Not specified yet

Please provide the definition of the endpoint in your country (from existing official documents, if available):

For which year is the achievement of the goal planned?

- ☐ 2025
- ☐ 2030
- ☐ 2035
- ☐ 2040

Other, please specify below

Specification of other year:

What products does the endgame goal include?

Please select all that apply.

- ☐ Cigarettes
- ☐ All or some other combustible tobacco products (e.g. cigars, cigarillos, water pipe tobacco, pipe tobacco)
- ☐ Heated tobacco products (HTPs)
- ☐ Smokeless tobacco products (e.g. oral or nasal tobacco, snus)
- ☐ Electronic nicotine delivery systems (e-cigarettes)
- ☐ Other non-pharmaceutical nicotine products (e.g. nicotine pouches)

Please provide here more details of the products, if necessary:

Is there a national strategy, programme or action plan that outlines the actions or measures to achieve the tobacco endgame goal, officially adopted or acknowledged by the government?

☐

Yes

☐

No, but governmental bodies or other relevant organizations or entities (e.g. NGOs, political parties, public health organizations) have proposed it

☐

No

☐

Don't know

If the strategy, programme or action plan is available on a website (in national language or in English), please provide a link to it:

You may also upload a publication of the strategy, programme or action plan here (pdf, max. 1 MB):

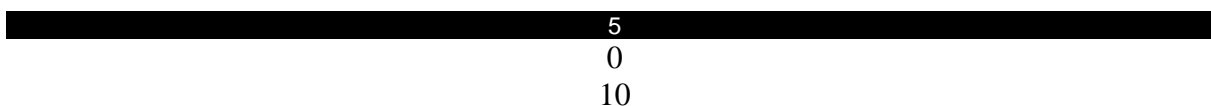
Select file(s) to upload

How likely do you see that your country achieves a tobacco endgame goal?

Move the slider or *accept the initial position.*

Very unlikely

Very likely



Please describe your reason(s) for selecting this number.

INNOVATIVE TOBACCO ENDGAME MEASURES

Are any of the following **PRODUCT ORIENTED** measures implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
Regulation of nicotine or pH levels to make tobacco products less or non-addictive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban on flavours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban on combustibles (e.g. cigarettes, cigars, cigarillos, roll-your-own, water pipe tobacco, pipe tobacco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban on slim cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban on new types of tobacco products which do not fall into existing product categories or are placed on the market after a certain date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban on new tobacco brands,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
variants or packaging				
Ban on new non-pharmaceutical nicotine products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.



Are any of the following **RETAIL ORIENTED** measures implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
Reduction in the number of points of sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restriction of sales to particular categories of retailers (e.g. to specialist shops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrictions of points of sales' location (e.g. near schools)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
Increase in the cost of retail licenses or supervisory fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban of all promotional relationships between tobacco industry and retailers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial transition support or other incentives to retailers to give up tobacco sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.

Are any of the following **USER ORIENTED** measures implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
Ban on the sale of tobacco products to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
citizens born in or after a certain year				
Increase in the legal age of tobacco sales to minors (e.g. from 18 to 21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoker's licence or permit for purchasing tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription to purchase tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.

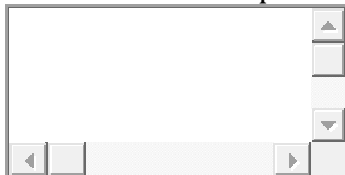
Are any of the following **MARKET ORIENTED** measures implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
Gradual phase out-approach on combustibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
or other products				
Quota on tobacco manufacture and imports, which would be regularly reduced under a 'sinking lid'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price caps for curtailing industry to set its own retail prices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulated market model (the marketing of tobacco products in the hands of organisations with goals that are consistent with the overall aims of tobacco control or state takeover of tobacco companies by not-for-profit entity with a public health mandate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.



Are any of the following **OTHER INNOVATIVE TOBACCO CONTROL MEASURES** implemented (fully or partially) or planned in your country?
Please, select an answer in each line.

	Yes	No	Planned	Don't know
Substantial increase in income taxes paid on the profits earned or tobacco supplier profits surtax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performance-based regulation where a public agency set goals for reductions in smoking prevalence that tobacco companies would be required to meet within a certain period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large fines on tobacco companies based on the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
quantity of their products consumed by minors with the fines being substantially larger than the revenues gained from sales				

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.

Advanced WHO FCTC measures and cessation support

2ADVANCED WHO FCTC MEASURES AND CESSATION SUPPORT

This section concerns the implementation of advanced tobacco control measures recommended in the WHO FCTC or in its implementation guidelines, or in the WHO MPOWER as "best buys" in tobacco control. This information is separate and new as compared to your country information that is collected regularly in the WHO FCTC reporting.

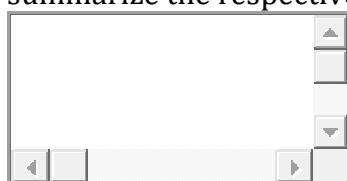
Are the following **TAX AND PRICE** measures implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
Application of fiscal markings for tobacco products to increase compliance with tax laws.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
Coherent long term policies on tobacco taxation with target tax rates and regular monitoring, increasing, adjustments of taxes, taking into account inflation and income growth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco and related products are taxed in a comparable way to manufactured cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.



Are the following measures **TO PROTECT FROM EXPOSURE TO TOBACCO SMOKE** implemented (fully or partially) or planned in your country?

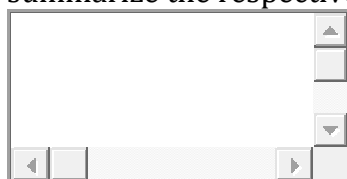
Please, select an answer in each line.

	Yes	No	Planned	Don't know
Indoor or enclosed places are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
defined according to WHO recommended definition, where “indoor” (or “enclosed”) areas include any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary.				
National smoking ban(s) in at least one type of outdoor and/or quasi-outdoor public place (e.g. outdoor premises of workplaces or educational facilities, waiting areas for public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
transport, outdoor cafes or terraces, public parks).				
Sub-national, regional, local smoking ban(s) in at least one type of outdoor and/or quasi-outdoor public place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.



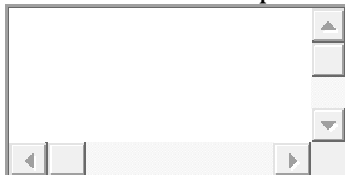
Are the following measures **TO REGULATE THE CONTENTS OF TOBACCO PRODUCTS AND TO REQUIRE TOBACCO PRODUCT DISCLOSURES** implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
Ban on ingredients that have colouring properties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban on ingredients that create impression of health benefit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban on ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
that are associated with energy or vitality.				
Ban on ingredients, other than flavours, that increase palatability and reduce harsh taste or smell (e.g. sugars and sweeteners, humectants).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disclosure of general company information from manufacturers and importers of tobacco products.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disclosure of sales volume information in units by brand from manufacturers and importers of tobacco products on a national level and at specified periods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.



Are the following **PACKAGING AND LABELLING** measures implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
No qualitative or quantitative statements about constituents and emissions on tobacco product packaging and labelling that might imply that one brand is less harmful than another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Packaging and labelling provisions apply equally to all different tobacco products sold within the jurisdiction (e.g. cigarettes,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
roll-your-own).				
Packaging and labelling provisions apply equally to products that are manufactured domestically or imported or intended for duty free sale within the jurisdiction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Innovative health warning locations such as cigarettes or on other related materials (e.g. cigarette tubes, filters, paper, smoking accessories).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.

Are the following **TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP** measures implemented (fully or partially) or planned in your country?
Please, select an answer in each line.

	Yes	No	Planned	Don't know
Ban on internet sales of tobacco products within country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ban on cross-border internet sales of tobacco products entering country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.

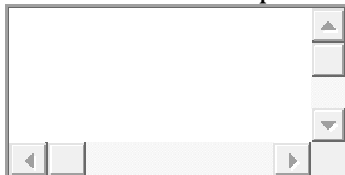
Are the following **TOBACCO USE CESSATION** measures implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
A national situation analysis on tobacco cessation and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Up-to-date, easily accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
information system on available tobacco cessation services and providers				
The cost of cessation support is placed on tobacco industry and retailers, through measures such as taxation, fees and penalties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandatory recording of tobacco use in medical notes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief advice integrated to all health-care systems as a standard practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.



Are the following measures **IN RELATION TO THE PREVENTION OF TOBACCO INDUSTRY INTERFERENCE** implemented (fully or partially) or planned in your country?

Please, select an answer in each line.

	Yes	No	Planned	Don't know
Laws or regulations that limit the interaction between government bodies and the tobacco industry only to strictly necessary to enable effective regulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laws or regulations to ensure the transparency of the necessary interactions (e.g. by public hearings, public notice of interactions or disclosure of the records).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
Laws or regulations to ensure that tobacco industry initiatives for tobacco control (e.g. industry funded or co-funded public education) are not accepted, supported or endorsed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laws or regulations to ensure that the tobacco industry offers for assistance or collaboration in tobacco control legislation or policy drafting are not accepted, supported or endorsed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A code of conduct for public officials, prescribing the standards with which they should comply in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
their dealings with the tobacco industry, is established.				
Disclosure of conflict of interests is required from all persons involved in setting and implementing public health policies with respect to tobacco control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laws or regulations to ensure that any person employed by the tobacco industry or any entity working to further its interests is not allowed to be a member of any government body, committee or advisory group that sets or implements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Planned	Don't know
tobacco control or public health policy.				
Ban on contributions from tobacco industry or front groups to political parties, candidates or campaigns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In case the contributions are not banned, full disclosure on contributions are required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No public investments are made in tobacco industry and related ventures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.

Please, select an answer in each line. If there is no growing or manufacturing, please select Not applicable.

	Yes	No	Planned	Don't know	Not applicable
Decrease the land for tobacco growing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease tobacco manufacturing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded **YES** or **PLANNED** to any of the measures above, please briefly summarize the respective measures in your national context.

OTHER TOBACCO CONTROL MEASURES AND RELEVANT MATERIALS

In your country, are there tobacco control measures or policies that **GO BEYOND THE MEASURES PRESENTED IN THIS NAIRE**, either existing or planned?

☐

No

☐

Yes

Please describe these measure or policies briefly:

If more information is available from your country of the measures or policies covered in either section of this naire (in national language or in English), please provide the link(s) to relevant website(s).

You may also attach relevant documents here (pdf, max. 1 MB):

Objective 9.2: To explore best practices in the development, implementation and evaluation of tobacco endgame strategies and forward-looking tobacco control policies.

Topic guide for interviews

Under tasks 9.2a and 9.2b under co-lead of THL and Norwegian Institute of Public Health (NIPH), the results from the WP9 questionnaire and discussions with WP9 partners were used to identify relevant countries to conduct more in-depth interviews related to the enablers, challenges and process related to tobacco endgame goals and measures. Altogether eight countries were selected as interview candidates. Partners from these countries proposed relevant stakeholders for the interview, depending on the local context. NIPH developed a draft topic guide, which was finalized after two review rounds between partners involved in the tasks. Partners were provided a training call, where the topic guide and practical arrangements for the interviews were reviewed and discussed. Partners had the possibility to conduct individuals as face-to-face or Teams, and as individual or focus group, depending on the country context. The interviewees were provided with an information sheet, orientation to the question topics and a consent form prior to the interviews. The interviews were recorded and transcribed into text and translated into English for the analyses.

SEMI-STRUCTURED INTERVIEW GUIDE

Individual qualitative interviews on the status of endgame goals and strategies, and barriers and facilitators to achieving such goals and strategies, in the EU member states

To be conducted as part of JACT2, WP9.

Introduction

The aim of this introductory section is to present ourselves (names and affiliations) as well as the specific aim of the present study. In addition, we inform the interviewees about practical matters related to the interview and remind them of their rights (informed consent).

Hello and welcome, we are ...

As you are well aware, the notion of tobacco endgame refers to a policy goal that aims to permanently reduce tobacco use prevalence to a minimal level in the population, within a defined time frame. The purpose of the work we are engaged in as part of the EU Joint Action on Tobacco is to assess the current status of endgame goals and strategies, and barriers and facilitators to achieving such goals and strategies and goals, in the EU member states. By “endgame strategy” we mean an official national strategy etc that outlines the actions to achieve endgame goal.

To answer these research questions, we use a so-called “mixed methods” approach. That is, we have already distributed a survey questionnaire to all member states that is analysed through statistical methods. This data collection is now finished and pre-liminary results exist. Now, have proceeded to conduct supplementary individual in-depth interviews (or, in some countries only, focus groups) in which we go into more details, and also ask additional questions, about the status of the current endgame status in the various countries. This is what we are now about to embark on.

The aim of the qualitative interviews – the ones we are now about to conduct - represents an opportunity to delve further into the *who*, the *how* and the *why* questions arising in the wake of the statistical analysis of the survey.

We have a topical list of questions that we want to go through during the conversation. There are no “right” or “wrong” answers to these questions. What we are interested in is first and foremost your perception of the endgame situation in your country and the arguments behind your assessments.

The interview should touch upon all the topics listed in the interview guide during the conversation. However, the ordering of these questions is less important (hence: semi-structured) and will depend on the roads and possible paths the conversation may take.

The interview is planned to last for about an hour.

To enlighten the planned deliverable *EU Tobacco Endgame Toolkit to disseminate best practices in the development, implementation and evaluation of tobacco endgame strategies* and to facilitate reporting in research articles, the (Teams) interviews will be recorded and the conversation will be transcribed. In these research publications, citations of your statements may appear, but your country will not be identifiable in connection with the results.

By agreeing to participate in these interviews, you consent to these conditions. You have confirmed consent to participate in advance, do you still consent to these conditions? (this consent to participate may be withdrawn at any time throughout the data collecting process).

Topic 1: Endgame goals and strategies in the member states

The aim of topic 1 is to address the background for considering (or not considering) endgame goals and strategies in each country.

“What is your country’s main goal when it comes to tobacco control? By tobacco control, we here mean the policy and practice dedicated to reducing use of all kinds of tobacco. (Endgame goals are only one among several possible goals)”

[Follow-up question]: “Why do you think your country’s’ main goal in tobacco control is what it is?”

“Has the parliament or government in your country considered endgame strategies?”

[If yes]: “Do you consider anyone in particular (e.g. politician/decisionmaker, NGO, conglomerate of NGO/organisations, scientific entity) instrumental in increasing interest for such strategies/putting endgame strategies on the agenda? In what ways have they been instrumental? – And in which part of the political process¹ - designing or approving the goal?

¹ The steps in the political process are 1) problem-formulation, 2) agenda-setting, 3) proposals and bills in parliament, 4) governmental decisions, 5) implementation of measures, 6) evaluation/effects.

[If no]: Do you have any opinions on why? Why has it not been possible to adopt an endgame strategy?

[If your country has *not* adopted any endgame policy, proceed to 2.1]

[If your country *has* adopted an endgame policy, proceed to 2.2]

Topic 2: Country specific situation

The aim of topic 2 is to delve into “how” and “why” questions that may shed light on the current status of endgame strategies in each country, with different questions prepared for countries without (2.1) and with (2.2) endgame goals and strategies

2.1 Countries that have NOT set or planned for endgame goals and strategies

“Have any nongovernmental entities in your country suggested any endgame strategies (NGOs, scientific entities etc.)? If so, with which arguments and which means to ‘get the endgame ball rolling’?”

[regarding industry opposition] “How do you consider the role of the tobacco industry in your country, in relation to tobacco control in general and endgame policies in particular?”

[regarding political opposition] “If there’s been a lack of political willingness in your country, how has this lack of willingness developed/appeared in the public debate? How has the lack of willingness been expressed, if expressed at all?”

[regarding health authorities] “Has the health authorities in your country been pushing for an endgame goal? If not suggested or pursued by the health authorities, why is that so? Is it considered an unrealistic goal?”

“Given the current situation in the prevalence of smoking (or other measures tied to the endgame goal), how likely is it, in your opinion, that an endgame goal may be defined and approved sometime in the future? How far into the future, would you assess?”

[follow-up question] “What is needed in your country to adopt an endgame goal, and what can work against it on the country level?”

“Which tobacco control measures have recently been discussed/proposed in your country? Why do think that these certain measures are considered and not others?”

“How has your country dealt with and defined the role of novel and emerging tobacco and nicotine products (such as heat-not-burn products or nicotine pouches) in discussions of tobacco control and to possibly achieve an endgame strategy/goal?”

“How has scientific evidence been considered in the policymaking and planning/adopting of the current national tobacco control measures under consideration?”

“What is your view on new innovative measures (for instance, such as those that New Zealand is now starting to implement, general advertising bans for all new devices such as HTPs and e-cigarettes and specific advertising bans for new products on social media for adolescents). Would they be possible and if so, when? Which facilitators and barriers do you see in this regard?”

2.2 Countries that HAVE set or planned endgame strategies and goals

The first batch of questions relates to the achievement of endgame goals (i.e. overcoming barriers)

“Regarding the current endgame goal in your country, who or what (political changes, particular events) do you consider to be the enablers, and why is that so?”

“What was the role of different stakeholders including nongovernmental entities (NGOs, scientific entities etc.) in designing and approving the endgame strategy in your country? Which arguments and which means were applied by whom to ‘get the endgame ball rolling’?”

“Tobacco industry interference and lack of political willingness are sometimes obstacles to overcome before an endgame goal is accepted. If this happened in your country, how did you overcome such obstacles?”

“How has your country dealt with and defined the role of novel and emerging tobacco and nicotine products (such as heat-not-burn products or nicotine pouches) in achieving/approving the endgame goal?”

The second batch of questions relates to implementation of goals and opinions on likely future effects

“Which endgame measures have recently been discussed/proposed in your country? Why certain measures and not others?”

“Which measures are envisioned to be the most important ones to achieve the endgame goal in your country? In your opinion, how likely is it that these measures will be approved and implemented?”

“How has scientific evidence been considered in the policymaking and planning/adopting of the national tobacco control measures to achieve this goal?”

“Who is supervising the implementation of the planned measures, financing, resources, reporting and how will be the implementation be conducted in practical terms? How do you consider the role of official documents in this respect?”

“Given the current situation in the prevalence of smoking (or other measures tied to the endgame goal), how likely is it, in your opinion, that the endgame goal will be reached as planned?”

[follow up question] “What is still needed in your country to achieve the endgame goal, and what can work against it in on a country level?”

[follow up question] “What is your view on new innovative measures (for instance, such as those that New Zealand is now starting to implement, general advertising bans for all new devices such as HTPs and e-cigarettes and specific advertising bans for new products on social media for adolescents). Would they be possible and if so, when? Which facilitators and barriers do you see in this regard?”

Topic 3: The role of EU

The aim of topic 3 is to address the interviewees perception of the role of EU in national tobacco policy making.

“What is your assessment of the common tobacco control policy of the European Union?”

[Follow up-question:] “Do you think that a common European strategy in tobacco control may help foster realisation of a tobacco endgame in your country?”

“How do you consider the role of WHO-FCT in this regard? For instance the presence/absence of a roadmap on how to proceed to develop not yet implemented tobacco control policies according to WHO-FCTC (further tax increases, mass media campaigns to increase smoking cessation...) in your country.”

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Annex 1. Orientation material on tobacco endgame for the WP9 internal workshop 16 December 2021.

APPENDIX on TOBACCO ENDGAME – prepared by NIJZ

Abstract

There is not one definition of tobacco endgame. It includes changing permanently the structural, political and social dynamics that sustain the tobacco epidemic that will result in tobacco use close to minimum level in a relatively short period. The tobacco endgame goal should be precise and include the endpoint, the timing and the products included. Most commonly described goal is the one on 5% or less tobacco users in the population, but there are other possible goals described in the literature or are official endgame goals in different countries. The goal should ideally also somehow address issues such as the role of the government, the role of the tobacco control movement, future of tobacco users, future of tobacco industry, equity issues, and also whether focus would be on prevention or cessation. To achieve tobacco endgame goals, countries need to adopt and implement comprehensive tobacco control policies. The first step should be full implementation of the obligatory and recommended measures from WHO Framework Convention on Tobacco Control (FCTC) and related guidelines. These measures proved to be effective, but they remain underutilized. WHO FCTC measures, implemented to the highest degree possible, should form an integral part of any tobacco endgame strategy. Later, measures that would significantly modify the underlying political, cultural and economic structures that sustain the epidemic, are necessary. The endgame will not be the result of continuation of only existing measures. In literature, several innovative measures, such as different market/supply, product-focused measures and others have been proposed for shifting from controlling the tobacco epidemic to ending it. In the literature, certain requirements are described as a necessary basis for achieving the tobacco endgame goals, mostly related to prevalence of use. Mostly low prevalence of use is mentioned, but also strong political leadership, whole government approach and unified public health community with wide public support. There are certain political documents that are the basis for setting and approving tobacco endgame goals and strategies/measures. In 2013 Ashgabat Declaration on the Prevention and Control of NCD in the Context of Health 2020 confirmed commitment to accelerate efforts to achieve full implementation of the WHO FCTC in the WHO European Region. Based on this declaration, Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in Europe 2015-2025 was adopted in 2015. In 2021 Europe's Beating Cancer Plan revealed the endgame goal of less than 5% of the EU population will be tobacco users by 2040. In 2021, there are eight countries with government approved endgame goals and two with the goals not yet approved by the government. There are numerous strengths, opportunities and accelerators that will push forward the process of setting endgame goals in additional countries or regions, but there are also numerous weaknesses, barriers and challenges that countries have to face in this process. Europe Beating Cancer Plan and its associated Roadmap is an important accelerator for EU countries currently without endgame goal to adopt it.

The material provides an insight into the topic of tobacco endgame strategies and is a compilation of:

- citations, definitions, opinions, ideas and proposed measures from various general literature and publications on tobacco endgame goals and strategies,
- FCTC and guidelines for different FCTC articles, other WHO publications in relation to FCTC and tobacco endgame and
- suggestions and opinions from JATC2 partners included in WP9.

This material was prepared for and presented to JATC2 WP9 partners at the workshop on endgame strategies on 16th December 2021. Served as the basis for the partners' discussion on the endgame framework, goals and strategies.

Last updated: 10th December 2021

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1. DEFINITIONS AND DESCRIPTIONS OF TOBACCO ENDGAME

There is not one definition of tobacco endgame. It includes changing permanently the structural, political and social dynamics that sustain the tobacco epidemic that will result in tobacco use close to minimum level in a relatively short period. Below we cite some definitions and descriptions of tobacco endgame selected from the literature on tobacco endgame goals and strategies.

The development and implementation of single or multiple strategies that will see smoking rates to near zero in a relatively rapid time (Peters, 2012 – citing Daynard, 2009).

The final stage of the process of ending tobacco use (Thomson et al., 2012).

An endgame addresses tobacco as a systems issue, rather than an individual behaviour; addresses health and political implications; reframes strategic debates; advances social justice; and is fundamentally transformative in changing how tobacco use and the tobacco industry are regarded. An endgame is not merely more of the same, in that it requires an authentic public policy commitment to achieving a true endgame, as opposed to continuing to envision the public health challenge as an ongoing war of attrition. Incremental change cannot fix this public health emergency, at least not absent a vision of an endpoint when the threat will be eradicated. Thus, vision and goals are in some ways more important than specific tactics (Malone, 2013).

No single definition of an endgame has yet emerged. Most writers on the topic share the following assumptions about it:

- it will involve changing the status quo, including modifying current structural incentives that allow the tobacco epidemic to continue,*
- it will require addressing the addictive nature of tobacco use and*
- it must explicitly involve addressing the most deadly combustible forms of tobacco products through additional measures, which may include phasing out cigarette sales (Malone et al., 2014).*

Initiatives designed to change/eliminate permanently the structural, political and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time (Malone et al., 2014; McDaniel et al., 2016).

The tobacco ‘endgame’ concept suggests moving beyond tobacco control (which assumes the continued presence of tobacco as a common, widely available, ordinary consumer product) toward a tobacco-free future wherein commercial tobacco products would be phased out or their use and availability significantly restricted (McDaniel et al., 2016).

Whilst there are differences in the precise definition of what constitutes an endgame there is a shared understanding that it involves a shift from controlling ongoing use of tobacco towards a tobacco-free future where commercial tobacco is no longer available or where there are significant restrictions on the use and availability of tobacco products (Moon et al., 2018).

Permanently reducing overall smoking prevalence to a minimal level within a defined timeframe (CREATE, 2020).

2. ELEMENTS OF THE TOBACCO ENDGAME GOAL

The tobacco endgame goal should be precise and include the endpoint, the timing and the products included. Most commonly described goal is the one on 5% or less tobacco users in the population, but there are other possible goals described in the literature. The goal should ideally also somehow address issues such as the role of the government, the role of the tobacco control movement, future of tobacco users, future of tobacco industry, equity issues, and also whether focus would be on prevention or cessation. Below we show the various possible existing and suggested endpoints, timeframes and products included; we also cite some opinions on these issues selected from the literature.

Be very precise in your definition of what is meant by a tobacco endgame, anchor endgame strategies in impeccable science, back up goals and strategies with solid feasibility studies, recognize the diversity of factors that drive the tobacco epidemic in different economic and cultural contexts, be realistic (WHO, 2013b).

Endgame strategies should be supported by science, as would any other measure in the WHO FCTC. The strategies should be adequate and feasible, taking into consideration what might be appropriate tobacco control measures in a particular culture. There should not be a one-size-fits-all recommendation, but rather a menu of options that can be tailored as needed. It is very important that we ensure that the endgame is not a trap for poor or minority populations, which are becoming an increasingly large percentage of global tobacco users. We need to focus our efforts on providing those that are in the most vulnerable situations with the means to quit so that no one is left behind. The WHO FCTC reaffirms the right of all people to the highest attainable standard of health. There is a need for a multisectoral approach that engages all sectors – not only the health sector – and ensures a whole-of-society approach, with civil society as the catalytic force behind this effort. Also, we cannot allow ourselves to be fooled by the tobacco industry and those who work to further its interests. The industry will be more aggressive than ever before in trying to stop these initiatives, arguing about the importance of tobacco for economic well-being, a misconception that we all know is simply false. My final message is this: think about what the appropriate measures for your country are, and then implement the WHO FCTC to the extent possible – and go beyond it if you can. Keep in mind those who are vulnerable. Consider becoming a Party to the Protocol to Eliminate Illicit Trade on Tobacco Products and keep resisting interference by the tobacco industry and those who defend its interests (dr. Adriana Blanco Marquizo, 2021).

a. The endpoint:

- zero to 5 % smoking prevalence (Thomson et al., 2012; Edwards & Thornley, 2018; Houghton et al., 2018; CREATE, 2020).
- zero or close to zero uptake of tobacco smoking (Edwards & Thornley, 2018).
- zero or close to zero supply of tobacco products (Edwards & Thornley, 2018) or commercial sale of tobacco (Thomson et al., 2012; CREATE, 2020).
- full denormalisation of tobacco use (Thomson et al., 2012; Edwards & Thornley, 2018) with virtually nil exposure of children to tobacco use (Thomson et al., 2012; Tobaksfakta 2017; CREATE, 2020).
- zero or close to zero tobacco related morbidity and mortality (Edwards & Thornley, 2018).

Reducing global tobacco smoking prevalence to below 5% has become the headline goal of the endgame. The origin of the 5% target is obscure but it is assumed to be the threshold at which the tobacco smoking epidemic would become unsustainable, limited to a negligible number of adolescent experimenters who do not proceed to regular smoking and a similarly low number of older addicted hard-to-reach or hard-to-engage smokers who are unwilling or unable to give up (Moon et al., 2018).

The < 5% target may be politically opportune and more achievable than the more exacting criteria, but may pose problems for inequalities (Houghton et al., 2018).

The tobacco endgame is defined as reaching a prevalence of tobacco use below 5 %, but this should only be a first target of an endgame because 5 % is still a huge number of people in biggest countries (dr. Adriana Blanco Marquizo, 2021)

b. The timing

- within maximum two decades (Thomson et al., 2012)
- should be defined not only for prevalence, also for phasing out tobacco sales to help retailers and users (Gartner et al., 2021)

c. The product

- definition of products included in the goal is necessary
- no commercially sold tobacco products at all, or only tobacco products less deadly than cigarettes? Or, as some suggest, will only 'clean' nicotine be available commercially? Will tobacco users all have transitioned to other products ? (Malone, 2013).
- availability of non-tobacco (pharmaceutical) nicotine to help dealing with political and ethical concerns about users needing nicotine, but without creating a problem of long-term nicotine use ? (Thomson et al., 2012).
- Tobacco-free or nicotine-free or something else? (Moon et al., 2018)
- Is nicotine addiction a problem in itself or combustible tobacco and some forms of smokeless tobacco? (Smith 2013).
- Some aim to phase out all tobacco, others only cigarettes (van der Eijk et al., 2013).

Harm reduction is not usually considered as an endgame strategy because its goal is to reduce rather than to eliminate tobacco-related harm. Typically, it achieves this by encouraging smokers to switch to a less harmful nicotine product such as smokeless tobacco or ENDS. However, a recent endgame proposal suggested that the tobacco problem could be viewed as two separate issues: first eliminating the most harmful form of nicotine use (cigarettes), then minimising all other tobacco-related harms and nicotine addictions. In this way, harm reduction can be conceptualised as an endgame that prioritises the phasing out of cigarettes. However, allowing the use of alternative nicotine products — especially smokeless tobacco and ENDS—remains controversial. They could both be designed to encourage dual use with cigarettes — possible industry response. Regulation of alternative products is essential. Protection of children from gateway effect — by restricting their access to cigarettes (tobacco-free generation, to have access to alternative products, but not cigarettes) or other relevant strategies (reduced nicotine content etc). (van der Eijk et al., 2013).

How harmful is nicotine addiction in the absence of smoking? Is our endpoint reached when we have eliminated use of combustible commercial tobacco, or tobacco in any form? Are incentives to move

addicted tobacco users toward medicinal or other forms of ‘clean’ nicotine the means to an end, or the end in itself? (Malone, 2013).

Some do not agree with the assumption that transitioning from cigarettes to alternative forms of potent, consumer-acceptable forms of nicotine will be essential to the success of endgames (Chapman 2013).

The solution can be split: first, eliminating the most harmful forms of nicotine use (certainly cigarettes and probably all smoked tobacco) and, second, minimising the use and/or harms from the use of low-toxin, lower-harm—but still addictive—forms of nicotine (Borland, 2013).

Introduction and marketing of new products could complement an end game strategy. However, the potential risks of continuing the use of addictive levels of nicotine on the population would need careful consideration if users completely switch from traditional (or conventional) combusted cigarettes to noncombusted products which continue to deliver high levels of nicotine (USDHHS, 2014).

The 2001 Institute of Medicine report on tobacco harm reduction appears to have been pivotal in shaping industry discourse. Documents suggest British American Tobacco and Philip Morris International adopted the term ‘harm reduction’ from Institute of Medicine, then proceeded to heavily emphasise the term in their corporate messaging. Documents and interviews suggest harm reduction offered the tobacco industry two main benefits: an opportunity to (re-) establish dialogue with and access to policy makers, scientists and public health groups and to secure reputational benefits via an emerging corporate social responsibility agenda. Transnational tobacco companies’ harm reduction discourse should be seen as opportunistic tactical adaptation to policy change rather than a genuine commitment to harm reduction. Care should be taken that this does not undermine gains hitherto secured in efforts to reduce the ability of the tobacco industry to inappropriately influence policy (Peeters & Gilmore, 2014).

E-cigarette vaping by non-smokers threatens to undermine advancing the Endgame goal and risks creating a new generation of nicotine addicts who may potentially transition from vaping to cigarette smoking. Regulation of these products is key, including comprehensive ban on advertising/promotion, retail sales in adult-only specialty vape shops (Tobacco Endgame Cabinet Canada, 2019).

Although the AHA acknowledges that the ultimate endgame would be an end to all tobacco and nicotine addiction in the United States, the association supports first ending the use of all combustible tobacco products while ensuring that other products do not addict the next generation of youth and adolescents and achieving a realistic goal of getting to ≤5% tobacco use prevalence. Tobacco control and prevention efforts and regulation should be targeted and tailored to at-risk populations, including youth and adolescents, those who live in rural areas, racial and ethnic groups with high tobacco use, those with mental health conditions, those with less education and low income, and those who identify as LGBTQ (Bhatnagar et al., 2019).

The primary principles are that tobacco and nicotine products should not be seen as normal consumer products, should not be supplied for profit, and that the tax revenue from the supply of the products should first be used to reduce tobacco and nicotine use (Thomson et al., 2020).

Some consider that a harm reduction strategy should be added to the existing mix of policies. A harm reduction approach to tobacco control encourages those smokers that cannot or are unwilling to stop smoking to switch to using nicotine in a less harmful form than combustible tobacco. The public health community is divided over the value of such a strategy within the parameters of the existing alternative products, market forces driving the use of all tobacco and nicotine products, the strength of tobacco control policies, and the room of these to significantly and quickly drive a reduction in smoking (Peruga, 2021).

The endgame calls for positioning the work of public health in an overarching historical context, seeing the tobacco epidemic as industrially produced. The endgame's definitional focus on changing permanently the structural, political and social dynamics that sustain the tobacco epidemic should be a goal for both novel nicotine and tobacco products proponents and opponents. With such a shared goal, it should not be at all controversial to assert as the first principle of decision-making that companies with a stake in selling products—regardless of the nature of the products and how harmful or helpful they may be—should not be influencing how those products are or are not regulated, given their obvious conflict of interest. And—again, with a shared commitment to changing permanently the dynamics that keep the tobacco epidemic going, the second principle ought to be that policy should focus on addressing quickly and definitively those products that are unarguably the most dangerous to health, first through full enactment of the policies called for in the FCTC, and extending those, to phasing them out of the market or strictly controlling them under a poisons scheme (Malone, 2021).

With the joint opinion, the American Heart Association (AHA), World Heart Federation, European Society of Cardiology, and American College of Cardiology call for greater action on a global scale to end the tobacco epidemic once and for all. Governments must effectively regulate electronic cigarettes and other emerging tobacco products to protect young people and improve public health. Industry interference and product innovation both prolong and expand the tobacco epidemic. Evidence is clear that e-cigarettes pose a significant global health threat through dramatic increases in youth tobacco and nicotine use (Willett et al., 2021).

d. Future of tobacco users

- Will tobacco users all have transitioned to other products? (Malone, 2013)
- Does tobacco control has any obligation to account for users who can't quit? Do such users exist? Might we assume they will adapt (no hardening theory)? Is it ethical to implement a 'tobacco-free generation' system in which current smokers are allowed to use a product that government has decided is too toxic to allow others to use? (Smith, 2013)

e. Future of tobacco industry

- Will the tobacco industry still exist as such, or will it focus on other types of nicotine products, as the proliferation of 'alternative' nicotine products suggests is already occurring? Or will the industry move into other businesses? (Malone, 2013).
- Should we attempt to eliminate tobacco industry, or would its conversion to cleaner products and more ethical business practices make it acceptable? Do regulated market models place governments in an unacceptable position by actively involving them in sales of tobacco products? (Smith 2013).

f. The role of the government

- How will we replace government funds generated through tobacco taxes, when the savings from reduced rates of death and disease may be unrealised for decades? (Malone, 2013).
- Do regulated market models place governments in an unacceptable position by actively involving them in sales of tobacco products? (Smith 2013).

g. The role of the tobacco control movement

- Will there still be a tobacco control movement at the endpoint? (Malone, 2013).

h. Focus on prevention or cessation

- While older addicts will remain a significant group, progress towards a world free of tobacco smoke is likely to rest most heavily on preventing initiation (Moon et al., 2018).
- It is easier, and perhaps more humane, to prevent nicotine addiction than to halt a nicotine addiction; in other words, a policy that concentrates on preventing smoking initiation will be more effective than a policy that allows people to initiate and later forces them to quit. So, although better cessation options should be provided for smokers, special focus should be put on the protection of children and the prevention of smoking initiation. (van der Eijk et al., 2013).
- To be successful, the Endgame strategy must contain measures that result in smoking prevention and a dramatic increase in effective cessation (Tobacco Endgame Cabinet Canada, 2019).

i. Equity perspective

- eliminating smoking disparities (CREATE, 2020)

3. POLICY MEASURES FOR ACHIEVING ENDGAME

To achieve tobacco endgame goals, countries need to adopt and implement comprehensive tobacco control policies. The first step should be full implementation of the obligatory and recommended measures from WHO Framework Convention on Tobacco Control (FCTC) and related guidelines. These measures proved to be effective, but they remain underutilized. WHO FCTC measures, implemented to the highest degree possible, should form an integral part of any tobacco endgame strategy. Later, measures that would significantly modify the underlying political, cultural and economic structures that sustain the epidemic, are necessary. The endgame will not be the result of continuation of only existing measures. In literature, several innovative measures, such as different market/supply, product-focused measures and others have been proposed for shifting from controlling the tobacco epidemic to ending it. Below we cite some opinions on the measures selected from the literature and list possible measures (both from FCTC and related guidelines and also innovative measures); we also add suggestions from JATC2 WP9 partners (Howspace comments).

a. Full implementation of measures from FCTC and its guidelines

Some tobacco control advocates argue that the WHO FCTC has likely done all it can. Dramatic drops in tobacco use have begun to level off, pointing to the need for some radically different approaches. I cannot entirely agree with this view. The treaty has been in force for less than a decade. Abundant

evidence has demonstrated the impact of its provisions. The evidence is particularly strong for demand-reduction measures, and the evidence holds true for countries at all levels of development. A study published in the July issue of the Bulletin of the World Health Organization examined the impact on smoking-related deaths in 41 countries that adopted at least one highest-level MPOWER measure. In these countries, the estimated number of smokers dropped by 14.8 million, averting a total of 7.4 million smoking-attributable deaths. This demonstrates the tremendous preventive impact of cost-effective measures for demand reduction. Many endgame proposals attack the supply side of the tobacco epidemic, aiming for its roots. Governments now have an expanded range of options to consider, some with a proven track record, others with visionary policy appeal (WHO, 2013b).

WHO FCTC measures, implemented to the highest degree possible, should continue to form an integral part of any tobacco endgame strategy. These policies could prepare the soil for an endgame – create a positive climate for tobacco control. May be conceptualised as the first step of a tobacco endgame (van der Eijk et al., 2013)

First step full implementation of FCTC measures, which could result in smoking prevalence below 15 % and in climate conducive to tobacco control – this (full FCTC implementation) should be the immediate, shorter-term goal of all tobacco control policies that have not yet reached this (van der Eijk et al., 2013).

In moving forward, it is important not to lose sight of the policies that have been the underpinnings of successful tobacco reduction efforts to date, nor should we allow any discussion of new strategies to decrease the emphasis on fully implementing the Framework Convention on Tobacco Control. Any ‘endgame’ strategy should carefully build on the evidence-based strategies that have proven so effective and not be based on the false premise that the policies embraced by the FCTC are incapable of reducing tobacco use far below current levels or to a level where tobacco caused disease is no longer a major public health problem (Myers, 2013).

Continuation of implementation and maximization (full implementation) of FCTC measures (Malone et al., 2014; USDHHS, 2014). Evidence-based tobacco control interventions that are effective continue to be underutilized and implemented at far below funding levels recommended by the Centres for Disease Control and Prevention (USDHHS, 2014).

Such measures, which have yet to be fully implemented in many countries, may be characterised as “middlegame” initiatives in that, while they do reduce harm from tobacco use, they do not significantly modify the underlying political, cultural and economic structures that sustain the epidemic (Malone et al., 2014).

The endgame strategy needs to be coordinated with the long-standing, evidence-based tobacco control strategies that have significantly reduced tobacco use and initiation in the United States (Bhatnagar et al., 2019).

Definition of endgame remains ambiguous; there is little consensus on whether new policies are needed, beyond full, effective implementation of the WHO FCTC. There is also a variability of goals countries have set (Smith and Malone, 2020).

The AHA, World Heart Federation, American College of Cardiology, and European Society of Cardiology are committed to ending the global tobacco epidemic through advocacy for policies proven to reduce tobacco use and by encouraging bolder government actions to protect public health. The MPOWER

framework and decades of experience in tobacco control provide a road map to achieving the tobacco endgame (Willet et al., 2021).

- **Protection of public health and tobacco control policymaking from tobacco industry interference (Article 5.3 of FCTC)**
 - Raise awareness about tobacco industry interference with Parties' tobacco control policies – all branches of government and public (WHO, 2013a).
 - Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur (WHO, 2013a). Protect, across all branches of government, tobacco control policies and legislation from the interference of the tobacco industry. Where interactions with the tobacco industry are necessary, Member States should ensure that such interactions are conducted transparently. Whenever possible, they should be conducted in public, for example, through public hearings, public notice of interactions and the disclosure of records of such activities to the public (WHO, 2015).
 - Denormalize and, to the extent possible, regulate activities described as “socially responsible” by the tobacco industry, including but not limited to activities described as “corporate social responsibility” (WHO, 2013a; WHO, 2015).
 - Full implementation of 5.3. Article supported in literature and on Howspace (Malone at al., 2014; Tobaksfakta, 2017; Graen, 2021; Peruga et al., 2021; SmokeFreePartnership, 2021; Howspace comments), especially regarding taxation (Malone at al., 2014). Comments on Howspace: Real implementation of FCTC Art. 5.3., Block the interference of tobacco industry.
- **Price and tax measures to reduce the demand for tobacco (Article 6 of FCTC)**
 - Coherent long-term policies on tobacco taxation structure and monitoring on a regular basis - tax rates should be monitored, increased or adjusted on a regular basis, potentially annually, taking into account inflation and income growth developments (WHO, 2014). Highest MPower: Cigarettes less affordable (WHO, 2021).
 - Ensure that taxation apply to all tobacco products (WHO, 2015).
 - All tobacco products should be taxed in a comparable way, in particular where the risk of substitution exists. Incentive for users to shift to cheaper products in the same product category or to cheaper tobacco product categories as a response to tax or retail price increases or other related market effects, should be minimized (WHO, 2014).
 - Also supported in the literature: Increasing taxes and raising the price of tobacco (Malone at al., 2014). Increase tobacco taxes substantially, curtail price-based marketing incentives – multi-tier pricing (OTRU, 2017). Increasing tobacco taxes is critical in reducing tobacco use rates, affordability must be taken into account. (Tobacco Endgame Cabinet Canada, 2019), raise the prices (Willet et al., 2021). Significant increases in real prices of tobacco products through taxes (Peruga 2021). Also supported on Howspace: taxation on all tobacco products, raising taxes, higher taxation, Increase the intersectorial initiatives to raise the price of tobacco products, Increase tobacco prices at the same level all UE around, and similar (Howspace comments).
 - Prohibiting or restricting the sale to and/or importation by international travellers, of tax-free or duty-free tobacco products (WHO, 2014).

- There are some other comments on comparable taxation of tobacco products: Tobacco excise taxes should be highest for combustible products; FDA-approved modified-risk products would be taxed at a lower rate (Bhatnagar et al., 2019).
 - Transparent licence or equivalent approval or control systems to control tobacco supply chain (WHO, 2014).
 - Dedicate revenue to tobacco-control programmes and financing of appropriate structures for tobacco control (WHO, 2014).
 - Regulation of tobacco industry pricing to prevent undermining of tobacco taxation (Tobacco Endgame Cabinet Canada, 2019).
 - Approaches should be studied to control tobacco wholesale prices (OTRU, 2017).
- **Smokefree policies to protect non-smokers (Article 8)**
- Ensure that protection from environmental tobacco smoke apply to all tobacco products (WHO, 2015).
 - Obligation to provide universal protection by ensuring that all indoor public places, all indoor workplaces, all public transport and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand tobacco smoke (WHO, 2013a). Adopt, implement, monitor and actively enforce measures to provide protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places, and consider particular attention to places where children are present (WHO, 2015).
 - No exemptions are justified based on health or law arguments. If exemptions must be considered based on other arguments, these should be minimal (WHO, 2013a). Consider removing existing smoke-free exemptions, for example, in prisons, mental health institutions and nursing homes, which, while dwelling places for some individuals, are workplaces for others (WHO, 2015).
 - Mobilize, engage and equip the community and civil society in designing, implementing, promoting and monitoring compliance with smoke-free legislation (WHO, 2015).
 - Supported in literature: increase smoke-free environments in the community (Tobaksfakta 2017), protection from tobacco smoke (Willet et al., 2021) and Howspace: the ban for smoking indoor, more stringent rules on second-hand smoke, increased promotion of smoke free messages, protection from second-hand smoke, free- tobacco outdoor spaces (Howspace comments).
 - Smoke-free laws should explicitly include aerosolized, alternative nicotine delivery systems and combustible products in comprehensive smoke-free air laws to ensure that there is no passive exposure to any harmful constituent byproducts or risk of renormalizing tobacco use (Bhatnagar et al., 2019).
 - Ban smoking in additional places, and ensure smoking restrictions apply to herbal water pipe products and to any product that is smoked (OTRU, 2017).
- **Regulation of the contents of tobacco products (Article 9) and regulation of tobacco product disclosures (Article 10)**
- Disclosure of other information from the industry, such as product characteristics (design features and possible changes of design features), etc. (WHO, 2013a).
 - Restriction or ban on certain product characteristics, such as ventilation (FCTC/COP/9/7, 2021). Measures should be studied regarding a ban on ventilation holes in filters or a ban on filters altogether (OTRU, 2017).

- Establish regulations to prohibit or to restrict ingredients aimed at increasing the palatability and attractiveness of all tobacco products (WHO, 2015). Parties should regulate all tobacco product design features that increase the attractiveness of tobacco products, in order to decrease the attractiveness of tobacco products (FCTC/COP/9/7, 2021).
- From the literature: Disrupt strategies currently applied to engineer the attractiveness of tobacco products by banning ingredients that may increase their palatability, including additives and particularly characterizing flavours (OTRU, 2017; Peruga, 2021; Willet et al., 2021), elimination of additives (van der Eijk et al., 2013), flavour ban (Tobacco Endgame Cabinet Canada, 2019), flavour ban in all tobacco products (Bhatnagar et al., 2019). Ban all flavours including menthol in any quantity (not just “characterizing” quantities) in all tobacco products and ban all additives except those that are specifically allowed, with the tobacco industry to justify any permitted additives; ban some additives currently permitted for cigarettes (OTRU, 2017). Very low nicotine standard for cigarettes could also be included under this article (Gartner 2021). Approaches should be studied to prevent tobacco products from being made more addictive, and to provide for tobacco products to be less addictive, including by reducing nicotine content (OTRU, 2017).
- **Packaging and labelling of tobacco products (Article 11)**
 - Ensure that warnings apply to all tobacco products (WHO, 2015).
 - Increased effectiveness of pictorial health warnings, pictorial health warnings for all products (WHO, 2013a). Highest MPower: Large warnings with all appropriate characteristics (WHO, 2021). Supported by others: Enhancing package health warnings (USDHHS; 2014; OTRU, 2017; Tobacco Endgame Cabinet Canada, 2019), effective pictorial health warnings (Willett et al., 2021).
 - Plain packaging (Malone et al., 2014, USDHHS, 2014; OTRU, 2017; Willett et al., 2021), supported also by a comment on Howspace.
 - Standardize the appearance of cigarettes by specifying width and length dimensions, by standardizing the appearance of cigarette filters and paper, and by requiring a health warning on cigarette filter overwraps (OTRU, 2017).
- **Education, communication, training and public awareness (Article 12)**
 - Facilitation of behavioural and social change through sustained education, communication and resources, ensuring wide access to information on the strategies and activities of the tobacco industry, media campaigns (WHO, 2013a).
 - Promoting public awareness of tobacco control issues through all available communication tools (WHO, 2013a).
 - Invest in communication, education and training measures, giving priority to evidence-based mass media quit-smoking and social marketing campaigns that warn of the dangers of tobacco and of the risks to children from exposure to second-hand smoke, and support the introduction and enforcement of regulations, including, but not limited to, those targeted at social groups with special needs (WHO, 2015).
 - Advance health literacy and promote the integration of tobacco-related information in curricula at all levels of formal and informal education, including kindergartens, schools and colleges (WHO, 2015).

- Promote the integration of tobacco cessation treatment and smoking prevention in the training of all health professionals in order to empower and encourage them to provide evidence-based advice to tobacco users (WHO, 2015).
 - Increase public awareness of the social, economic and environmental consequences of tobacco production and consumption, and of tobacco industry tactics and interference, as part of efforts to shape social norms (WHO, 2015).
 - Highest MPower: National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio (WHO, 2021).
 - Industry denormalization campaigns to decrease stigma and increase public understanding of addiction (Barbalich et al., 2021)
 - It is important to have factual information for the population about the health harms even though this is not enough but the first step. Working with the media and choosing the voices who are speaking as champions. Also the social media, the industry is already there carry out mass dissemination campaigns aimed at target populations, especially young people. Using tax revenue to fund mass media campaigns, billboards and other promotional activities. Other Howspace comments: health promotion programs in schools regarding the harmful effects of smoking, awareness raising (Howspace comments).
- **Tobacco advertising, promotion and sponsorship (Article 13) (Malone at al., 2014).**
- Comprehensive ban on tobacco advertising, promotion and sponsorship (WHO, 2013a), supported in literature (Malone at al., 2014; OTRU, 2017; Willett et al., 2021) and on Howspace: ban on tobacco advertising, promotion and sponsorship, restrictions on tobacco advertising (Howspace comments).
 - Effective actions to limit or prevent any cross-border tobacco advertising, promotion, sponsorship (WHO, 2013a).
 - Ban on tobacco products display and visibility at points of sale, ban on vending machines, ban on internet sales, measures regarding depiction of tobacco in entertainment media products (WHO, 2013a). Supported by others: regulation on depiction of smoking in movies (Tobacco Endgame Cabinet Canada, 2019).
 - Ban the most insidious form of tobacco promotion: the tobacco industry's corporate social investment or responsibility (CSR) initiatives (WHO, 2013a). Supported in literature (Peruga, 2021).
 - Ban tobacco advertising on social networks and on the internet (Howspace comment).
 - Requirements for movies, depicting smoking – 18A classification (OTRU, 2017).
- **Demand reduction measures concerning tobacco dependence and cessation (Article 14)**
- Create sustainable, evidence-based, accredited tobacco cessation services and systems, with cost coverage, utilizing new or innovative approaches; provide a national quit line, if possible free of charge or at a subsidized rate; and incorporate brief advice on tobacco cessation at all points throughout the health-care system, including prior to surgery. Provide targeted tobacco cessation support for specific groups, including pregnant women, parents of young children, people with mental health conditions, patients with

cardiac and respiratory diseases. Ensure that cessation treatment apply to all tobacco products (WHO, 2015).

- Promotion of tobacco cessation support and increasing demand for tobacco dependence treatment (WHO, 2013a). Highest level MPower: National quit line, and both NRT and some cessation services cost-covered (WHO, 2021).
 - Supported in the literature: increase the quality and availability of quit smoking support, especially to vulnerable groups (Tobaksfakta 2017), support to quit (Bostic et al., 2020; Barbalich et al., 2021; Willett et al., 2021). The Endgame goal will not be achieved unless we greatly enhance tobacco cessation efforts. Expand and systematize cessation programs, especially within the healthcare system, and in community and workplace settings (Tobacco Endgame Cabinet Canada, 2019). Users of newer tobacco products should be offered all comprehensive tobacco cessation therapies, including counselling and pharmacotherapy. Anyone using tobacco products should have access to comprehensive cessation services with no co-pay (Bhatnagar et al., 2019). No smoker left behind – transforming access to tobacco smoking cessation (OTRU, 2017).
 - Supported on Howspace: cessation support; training for health professionals for smoking cessation; increased promotion of quit messages; improving the quality of, and access to, services and treatment for smokers; while prevention is important, in Canada we will not be able to reach Canada's goal of less than 5% by 2035 without cessation, common policies for smoking cessation programs (especially to young people), Reinforced implication of health professionals in smoking cessation, Would help to make brief cessation advice a billable service which is fully covered by insurance/payment direct to the health service, Experts on nicotine addiction, Promotion of cessation services (Howspace comments).
- **Illicit trade in tobacco products (Article 15)**
- Eliminating all forms of illicit trade (WHO, 2013a).
 - Supported by others: Preventing contraband (Tobacco Endgame Cabinet Canada, 2019), ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products (Novotny, 2015), develop and strengthen enforcement efforts to minimize the effects of illicit markets (Bhatnagar et al., 2019), implement additional measures to reduce contraband (OTRU, 2017). Supported on Howspace: tackle of illicit trade of tobacco products (Howspace comment).
- **Sales to and by minors (Article 16)**
- Adopt and implement effective measures that prohibit the sale and supply of all tobacco and nicotine delivery products to persons under 18 years, including by prohibiting access of minors to self-service vending machines (WHO, 2015).
 - Regarding age FCTC only mentions minors, 18 years, or less (WHO, 2013a).
 - Increase in the legal age to buy to a minimum of 21 (OTRU, 2017; Tobacco Endgame Cabinet Canada, 2019; Bhatnagar et al., 2019), later to 25 (OTRU, 2017).
- **Provision of support for economically viable alternative activities (Article 17)**
- **Protection of the environment and the health of persons (Article 18)**

- Addressing the severe risks posed by tobacco growing to human health and the environment (WHO, 2013a). Supported by others (Novotny, 2015).
- **Liability (Article 19)**
 - Holding the tobacco industry liable for any abuses and promoting cooperation among Parties in legal actions relating to liability (WHO, 2013a)
 - Make tobacco industry responsible for the harm of its products & marketing (OTRU, 2017; Howspace comment).
 - Implementing an annual tobacco manufacturer license fee to recover the annual cost of tobacco control strategies / require tobacco manufacturers to pay an annual registration fee for each product (OTRU, 2017).
- **Research, surveillance and exchange of information (Article 20)**
 - Enhance tobacco industry monitoring and surveillance programmes, identify and overcome barriers to gain better access to real-time sales data for analysis (WHO, 2015).
- **Cooperation in the scientific, technical, and legal fields and provision of related expertise (Article 22)**
 - Engage with tobacco control advocates, academics and civil society in co-designing, monitoring and evaluating tobacco control interventions, supporting efforts through appropriate training, capacity building and the provision of information (WHO, 2015).
- **Regulation of ENNDS and HTP** (COP9 documents: FCTC/COP/9/8, FCTC/COP/9/9, FCTC/COP/9/10)
 - Equate the regulation of tobacco related products to the tobacco products regulation (Howspace comment).
- **Other**
 - Monitor current expenditure on tobacco control and compare with WHO recommended investment in “best buys” (WHO, 2015)

Other Howspace comments:

- Support the agricultures to change the tobacco to facilitate the agricultural reconversion.
- Sometimes the branches of government responsible for policy in trade, agriculture, manufacturing don't know what we know about tobacco in public health. We need to communicate in their language to get them on board, like we have with tax policy makers.
- Learn from the industry how to appeal to young people - eg. industry works in new media to make nicotine use seem not only acceptable but cool. We need social scientists to explain how we might counter this.
- Population polls related to opinions on policies could be usefull tool. This provides evidence for media stories to amplify, and counter arguments against industry arguments in the policy debate.
- Mass adoption of commitment to the 5% target by all countries --> global fight against a global industry.
- Start a joined action in Europe - to learn from each other and support cross-boarder policies.

- We need to align the way that tobacco products are supplied with public health goals. Currently suppliers are rewarded for selling more products and addicting more consumers. These incentives need to be addressed
- More focused research and evaluation to refine policies and programs.
- Further use of regulation to reduce the use of tobacco and harm associated with it.
- Providing more useful support to develop a healthy lifestyle.
- Advocate policies that reduce smoking.
- Reducing the availability of tobacco.
- Regular monitoring and evaluation of tobacco control measures (do the measures reach all affected groups equally, e.g. according to socio-economic status, migration background etc.?)
- It is important that there are monitoring systems and academic research so that it can be followed what happens in the country. It is not only prevalence but should go to check implementation of each item in the legislation. E.g following sales to minors in spite of the ban

b. Innovative measures

Article 2 of FCTC states: in order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law.

Modelling studies suggest that current measures, even if they are greatly accelerated in countries that are tobacco control leaders, will not achieve these goals within the first half of this century (USDHHS, 2014; Malone, 2016; van der Deen, 2017). Together, experience since 1964 and results from models exploring future scenarios of tobacco control indicate that the decline in tobacco use over coming decades will not be sufficiently rapid to meet targets. The goal of ending the tragic burden of avoidable disease and premature death will not be met quickly enough without additional action (USDHHS, 2014).

The endgame will not simply result from continuing existing tobacco control measures. Rather, the endgame is likely to necessitate a step change towards an explicit focus on ending all aspects of the smoking epidemic through a portfolio of integrated radical policy measures (Moon et al., 2018).

It was clear from the discussion at the summit of different experts that getting there will require transformative and new measures (Tobacco Endgame Cabinet Canada, 2019).

Focused more at supply-side interventions than FCTC, with more focus on decreasing demand. Demand reduction is and will stay the vital part of combatting tobacco use, but we must also address supply. (Bostic et al., 2020).

The AHA, World Heart Federation, American College of Cardiology, and European Society of Cardiology are committed to ending the global tobacco epidemic through advocacy for policies proven to reduce tobacco use and by encouraging bolder government actions to protect public health. Governments must take greater actions to restrict or prohibit the sale of tobacco products while ensuring established tobacco users have the support needed to quit successfully (Willet et al., 2021).

MPOWER is not enough - that's why more powerful ENDGAME structural changes are needed (Howspace comment).

- **Product focused**

- Regulation of nicotine levels to make cigarettes less addictive or non-addictive (Malone at al., 2014; USDHHS, 2014; McDaniel et al., 2016; CREATE, 2020), some suggest to do this in all tobacco products (Novotny, 2015), some in all combustible tobacco products (Bhatnagar et al., 2019; Willett et al., 2021).
- Redesign of cigarettes to make them unappealing (Malone at al., 2014; McDaniel et al., 2016; CREATE, 2020).
- Reducing product toxicity (USDHHS, 2014).
- Harm reduction (e-cigarettes) (McDaniel et al., 2016).
- Warnings on cigarettes (Tobacco Endgame Cabinet Canada, 2019).
- Ban on slim cigarettes (Tobacco Endgame Cabinet Canada, 2019).
- Moratorium on new tobacco products (Tobacco Endgame Cabinet Canada, 2019).

- **User focused**

- Smoker's license (Malone at al., 2014; USDHHS, 2014; McDaniel et al., 2016). Permit for purchasing tobacco products (OTRU, 2017). Prescription to purchase tobacco (Malone at al., 2014; McDaniel et al., 2016).
- Restrict sales by year born (Malone at al., 2014; USDHHS, 2014; Novotny, 2015; McDaniel et al., 2016; CREATE, 2020); generational phase out of cigarettes while allowing the use of less harmful alternative products (van der Eijk et al., 2013).

- **Market/Supply focused**

- Licensing, outlet restrictions, display bans, price controls (Malone at al., 2014; McDaniel et al., 2016), such as decreasing the number of tobacco point-of-sale (Bostic et al., 2020). Reduction in tobacco retail outlets and tobacco only stores that are given public health obligations (Tobacco Endgame Cabinet Canada, 2019). Higher cost retail licensing, zoning, tobacco-only stores (OTRU, 2017). Reducing number of suppliers, restriction of sales to particular categories of suppliers, e.g. pharmacies (CREATE, 2020).
- Ban of all promotional relationships between tobacco industry and retailers (Tobacco Endgame Cabinet Canada, 2019).
- Removing the profit incentive from selling tobacco products by changing the ways the market is administered (Novotny, 2015).
- Ban on combustibles (Malone at al., 2014; USDHHS, 2014; McDaniel et al., 2016; CREATE, 2020) or other products (USDHHS; 2014).
- Gradual phase out-approach on combustibles, possibly other products, depending on jurisdiction (Smith and Malone, 2020; USDHHS, 2014; CREATE, 2020).
- Advantage cleaner nicotine products over combustibles (Malone at al., 2014; McDaniel et al., 2016).
- Quota/sinking lid (Malone at al., 2014; Novotny, 2015; McDaniel et al., 2016; OTRU, 2017; Tobacco Endgame Cabinet Canada, 2019)
- Price caps/curtailing industry to set its own retail prices (Malone at al., 2014; McDaniel et al., 2016; OTRU, 2017; Branston, 2021).
- A cap and trade system (OTRU, 2017; Tobacco Endgame Cabinet Canada, 2019)
- Supply controls leading to a phase-out (Howspace comment)

- Moratorium on new tobacco products (OTRU, 2017).
- **Institutional structure focused**
 - Tobacco control agency (Malone et al., 2014; McDaniel et al., 2016).
 - Regulated market model (Borland, 2013; Malone et al., 2014; McDaniel et al., 2016; OTRU, 2017; CREATE, 2020). The main focus here is on the potential of an organisational structure where the marketing of tobacco products is put in the hands of organisations with goals that are consistent with the overall aims of tobacco control, rather than being diametrically opposed, as is currently the case (Borland, 2013).
 - State takeover of tobacco companies - not-for-profit entity (Malone et al., 2014; McDaniel et al., 2016; OTRU, 2017); non-profit supply models (USDHHS, 2014; CREATE, 2020); a non-profit enterprise with a public health mandate (Tobacco Endgame Cabinet Canada, 2019).
 - Performance-based regulation (McDaniel et al., 2016; OTRU, 2017).
- **Other**
 - Massive increase in income taxes paid on the profits earned (Branston, 2021).
 - Tobacco supplier profits surtax (OTRU, 2017).
 - Identify tobacco industry as the root of the evil and limit its possibility to manufacture and market their deadly products (Tobaksfakta, 2017).
 - All endgame approaches would require continuing, explicit and aggressive industry denormalisation to enhance existing measures and accompany innovative measures (Malone, 2013)
 - Financial penalties on tobacco companies for failing to meet tobacco reduction targets (Tobacco Endgame Cabinet Canada, 2019).
 - Funding tobacco control strategies through a cost recovery fee on the tobacco industry (Tobacco Endgame Cabinet Canada, 2019).
 - Mobilization of organisations willing to support endgame initiative (Tobaksfakta 2017).
 - The government imposing large fines on tobacco companies based on the quantity of their products consumed by minors with the fines needing to be substantially larger than the revenues gained from sales (USDHHS, 2014 – taken from Glantz, 2012).
 - Financial transition support for retailers and governments (Bostic et al., 2020).
 - Implementation of a well-financed surveillance and research initiative regarding product regulation and e-cigarettes paid for by companies through a license fee on tobacco manufacturers (OTRU, 2017).

Simpler and less expensive approaches (tobacco-free generation, outright ban on sales) rather than those that require more elaborate regulatory infrastructure, such as reduced nicotine, regulated markets (Smith 2013).

Governments need to adopt effective comprehensive strategies with interim targets, careful monitoring and feedback loops to correct their plans if they get off track (Tobacco Endgame Cabinet Canada, 2019).

Is there anything that should be excluded from national tobacco endgame strategies and if so, why?
Answers from JATC2 WP9 partners on Howspace:

- In Canada, the initial introduction of ENDS as a harm reduction/cessation tool with poor regulatory oversight has created an epidemic of youth and nonsmokers vaping leading to a substantial increase in nicotine addiction in children youth and young adults. This is a new issue that is distracting from the end game. In a do over, ENDS should be strictly regulated regarding flavours and nicotine content and promotion.
- It would be important with Canada's indigenous population to acknowledge and differentiate traditional or sacred tobacco from commercial tobacco naming commercial tobacco as part of colonization imposed on indigenous peoples.
- Avoid stigmatization of smokers and especially for those who, despite their previous efforts, have failed to cut smoking.
- Stigmatisation of smokers; prohibition of tobacco use/criminalization of users (this is not the same as a phase-out of tobacco sales).

Should transitions be gradual or abrupt? Abrupt change makes it more difficult for the tobacco industry to adapt and thereby reduce a policy's effectiveness. However, abrupt change can also create public anxiety and increase resistance (Malone, 2013).

4. REQUIREMENTS FOR ACHIEVING TOBACCO ENDGAME

In the literature, certain requirements are described as a necessary basis for achieving the tobacco endgame goals, mostly related to prevalence of use. Mostly low prevalence of use is mentioned, but also strong political leadership, whole government approach and unified public health community with wide public support. Below we list the requirements found in the literature on tobacco endgame.

- Low tobacco use prevalence rates (Smith and Malone, 2020) (Thomson et al., 2012), less than 15 % of adult tobacco use (Thomson et al., 2012) or relatively rapid reductions in prevalence (Thomson et al., 2012).
- Unified public health community as to the goal and strategies to be employed (Malone, 2016).
- Strong and visionary political leadership (Thomson et al., 2012). Policy makers prepared to protect public health despite industry opposition, loss of industry contributions and tax revenues (Smith and Malone, 2020).
- Whole-government approach (Tobacco Endgame Cabinet Canada, 2019; Peruga, 2021).
- Good communication of evidence to policymakers (Thomson et al., 2012).
- Policy measures consistent with endgame values (Smith and Malone, 2020).
- Wide public understanding and support of the need for an end to tobacco use (Thomson et al., 2012). (Malone, 2016). Awareness among the public that the current situation is legally anomalous and ethically unacceptable (Smith and Malone, 2020).
- Working alongside and with communities, groups currently most affected by tobacco epidemic (Malone, 2016).
- Agreement that tobacco endgame strategy is needed and commitment from different experts, i.e. tobacco control experts from cancer control, health policy, law, tobacco control, academic research, medical, economics, mental health and addiction, as well as non-government organizations (Tobacco Endgame Cabinet Canada, 2019).
- Additional legal, constitutional, ethical, historical, political and communications research (Smith and Malone, 2020).

- Strengthened international support or determination (Thomson et al., 2012).
- Behavioural science is not enough to eliminate tobacco use; today's tobacco control army needs to include economists, political scientists, toxicologists, trade experts, and environmentalists to fully respond to changing industry tactics. The industry is very good at its job, and thus, the tobacco control community needs to be even better at its job. (Novotny, 2015).

5. OFFICIAL DOCUMENTS IN EUROPE/EU RELEVANT FOR TOBACCO ENDGAME

There are certain political documents that are the basis for setting and approving tobacco endgame goals and strategies/measures. In 2013 Ashgabat Declaration on the Prevention and Control of NCD in the Context of Health 2020 confirmed commitment to accelerate efforts to achieve full implementation of the WHO FCTC in the WHO European Region. Based on this declaration, Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in Europe 2015-2025 was adopted in 2015. In 2021 Europe's Beating Cancer Plan revealed the endgame goal of less than 5% of the EU population will be tobacco users by 2040.

2013: Ashgabat Declaration on the Prevention and Control of NCD in the Context of Health 2020

The ministers of health and representatives of the MS of the WHO European Region, the WHO Regional Director for Europe, health experts and representatives of civil society and intergovernmental organizations confirmed commitment to accelerate efforts to achieve full implementation of the WHO FCTC in the Region. They expressed sharing the ambition of working towards a tobacco-free European Region and to make the global target on NCDs related to tobacco use a reality in all MS of the European Region (Ashgabat Declaration, 2013). As a result **Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in Europe 2015-2025** was adopted in 2015 at 65. Session of the WHO Regional Committee for Europe, where health ministers and high-level representatives of the 53 MS of the WHO European Region, partner organizations and civil society were present (WHO, 2015).

2021: Europe's Beating Cancer Plan

Aim to ensure that less than 5% of the population uses tobacco by 2040 included.

Implementation Roadmap 2021-2025 also issued in 2021.

6. COUNTRIES WITH TOBACCO ENDGAME TARGETS IN 2021

In 2021, there are eight countries with government approved endgame goals and two with the goals not yet approved by the government.

- New Zealand: 5 % smoking prevalence in 2025 (Moon et al., 2018).
- Ireland: less than 5 % smoking prevalence in 2025 (Moon et al., 2018).
- Sweden: less than 5 % smoking prevalence in 2025 (Swedish government, 2016).

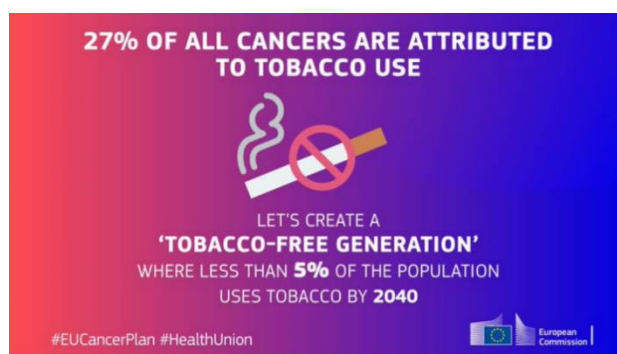
- Finland: 5 % smoking prevalence in 2030 (Moon et al., 2018) – *note: the prevalence goal concerns all tobacco and non-medical nicotine use.*
- Denmark: a smoke-free generation in 2030 – in 2021 not yet approved by the government (Kjaer, 2020).
- United Kingdom: smoke-free by 2030 (smoking rates are 5% or less) (UK Dept. of Health, 2017).
- Scotland: less than 5 % smoking prevalence in 2034 (Moon et al., 2018).
- Canada: 5 % smoking prevalence in 2035 – in 2021 not yet approved by the government (Moon et al., 2018).
- Slovenia: a tobacco-free society by 2040 - less than 5% of the population aged 15+ uses tobacco and related products – in 2021 not yet approved by the government (Koprivnikar 2021)
- France: children born since 2014 become the first non-smoking generation of adults without tobacco, less than 5 % smokers by 2032 (Gueho, 2021).
- Norway: tobacco-free goal is set in TCA, but no endgame date has yet been set (Wilson, 2021).
- EU: Tobacco-free generation - less than 5 % of the population uses tobacco products by 2040 (Europe's Beating Cancer Plan, 2021)

7. STRENGTHS, OPPORTUNITIES, ACCELERATORS / WEAKNESSES, THREATS, BARRIERS, CHALLENGES RELATED TO TOBACCO ENDGAME

There are numerous strengths, opportunities and accelerators that will push forward the process of setting endgame goals in additional countries or regions, but there are also numerous weaknesses, barriers and challenges that countries have to face in this process. Europe Beating Cancer Plan and its associated Roadmap is an important accelerator for EU countries currently without endgame goal to adopt it. Below we list possible strengths, opportunities, accelerators and weaknesses, barriers, challenges identified in the literature and from comments of JATC2 partners on Howspace platform.

Strengths, opportunities, accelerators

- Some countries already have targets that have been set and agreed by national governments (Moon et al., 2018). Publicly stated goals already in some countries.
- Europe Beating Cancer Plan, implementation plan.



- Clear public health messaging about combustible tobacco products (Smith and Malone, 2020).
- Lower social and political power of tobacco industry (Smith and Malone, 2020).
- Public support (Malone et al., 2014; Smith and Malone, 2020, Brennan et al., 2021, Edwards et al., 2021; Nogueira et al., 2021); increase in political, societal and public support (Edwards & Thornley, 2018).
- Numerous arguments in favour of specific innovative measures, including consumer protection (product safety), right to health etc. (Smith and Malone, 2020). Other previously phased-out products – asbestos, various pesticides, drugs... (Thomson et al., 2012).
- Highlighted importance of reducing disadvantage - no one left behind (Edwards & Thornley, 2018).
- Greater reductions in smoking prevalence and smoking related harms (Edwards & Thornley, 2018).
- No hardening of existing smoking (Smith and Malone, 2020).
- Inconsistency with which tobacco is regulated, compared with other dangerous products (Malone, 2013).
- Key milestone in combatting NCD mortality and morbidity (Moon et al., 2018). COVID-19 pandemic additionally highlights the importance of investing in tackling NCDs (Peruga et al., 2021).
- Don't forget ASH which could be a lobbying organisation and collect other NGOs for change opinions of politicians and population (Howspace comment).
- Banning unsafe products is not indicative of a nanny state and legality in itself is not an argument (example: many legal toys are banned from the market instantly when the potential for harm is realised) (Peters, 2012).

Weaknesses, threats, barriers, challenges

- Some countries do not have formalised status of endgame in national legislation (Moon et al., 2018).
- Most innovative measures are not yet adequately researched, so it is difficult to evaluate their effectiveness and feasibility.
- Endgame strategies not yet implemented (McDaniel et al., 2016, Moon et al., 2018), so it is difficult to evaluate their practicability or legality (McDaniel et al., 2016).
- Too much focus on innovative measures will diminish effort toward policies that have proven successful, but may seem less exciting, such as increase in taxation (McDaniel et al., 2016). Distraction from implementation of key measures (Edwards & Thornley, 2018). In view of some, envisioning endgames may divert resources and distract from more immediate work that is politically possible to achieve within the next few years. Endgame proponents, in turn,

argue that we should indeed continue to implement all of these proven tobacco control measures while also preparing for the next set of priorities by explicitly defining an endgame as our goal. The failure to set specific targets by mapping backward from an endpoint we wish to achieve in the future will unnecessarily prolong the epidemic and contribute too many more preventable premature deaths. (Malone et al., 2014).

- Regions that have not yet achieved baseline successes may be left out when focusing on novel approaches (McDaniel et al., 2016).
- Not clear/consistent public health messaging about novel and emerging products (Malone, 2016; McKelvey and Halpern-Felsher, 2019).
- Long-term nature of goals may result in difficulty maintaining commitment and interest (Edwards & Thornley, 2018).
- What would be the impact of failing? (Edwards & Thornley, 2018). On current trends, many countries with a 5% or less smoking target are unlikely to achieve their goal (Moon et al., 2018).
- Significant inequities remain within and between countries, regions, LMIC and HIC? (Moon et al., 2018).
- Exacerbated stigma and inequalities, already experienced by smokers (Moon et al., 2018).
- Four points of tension regarding the tobacco endgame: the potential for unfulfilled promises and the exacerbation of global and local inequalities, the balance between human rights and state intervention, the challenge of harm reduction approaches- in particular e-cigarettes, and finally, concerns about enhanced stigmatisation of smokers (Moon et al., 2018).
- Most of the proposed endgame strategies depend on strong capacities for regulatory control and enforcement, currently lack of both is present (WHO, 2013b).
- Requires cooperation from multiple sectors of government, from trade, finance, education, law enforcement, judicial system (WHO, 2013b).
- Covid-19 pandemic
- Threat to fundamental values by empowering states to take property from tobacco companies or restrict freedom of adults to purchase chosen products ((Smith and Malone, 2020; McDaniel et al., 2016).
- Complex terrain to negotiate in balancing human rights and state intervention at global and local scales and to navigate the issues of freedom and addiction (Moon et al., 2018).
- Smuggling, black market (the increase of government authority over the industry would likely decrease potential for this, but also the mere presence of the black market is not an argument against a particular policy as the prevalence of use might be very low (McDaniel et al., 2016).
- Variety of novel and emerging products (McKelvey and Halpern-Felsher, 2019).
- Industry bypasses of regulation, innovations, financial wealth (Branston, 2021).
- Cigarette sales still remain highly normalized, still existing perception that cigarettes are an ordinary consumer product (Malone, 2013; Smith and Malone, 2020).
- Thinking that prohibition does not work (Smith and Malone, 2020).
- Different governmental structures, implementation and enforcement mechanisms, cultural contexts, engagement related to harm reduction (Smith and Malone, 2020).
- 'Health vs. economy' dilemma, insufficient support from sectors outside health (Peruga 2021).
- Historical pattern, where economic and commercial interests trump public health concerns (WHO, 2013b).
- Legal challenge, libertarian opposition, non-compliance, illicit trade (van der Eijk et al., 2013).
- Stance that strong tobacco control measures interfere with trade and economic policies (WHO, 2013b).
- How to address replacing revenues? (Smith and Malone, 2020).

- Avoid of political commitments regarding tightening of national legislation for tobacco products (loss of revenue for national governments) (Howspace comment).
- The tobacco industry's attempts to influence decision makers to oppose effective strategies (USDHHS 2014). Tobacco industry interference and its lobbies (WHO, 2013b). Tobacco industry interference has evolved significantly, and we have failed to develop a system of countering it. The number of front groups has increased and the participation of respected thought-leaders in industry-funded events (like the Global Tobacco and Nicotine Forum) have blurred the line between independent analysis and industry lobbying. (Tobacco Tactics does a great job, but) (Howspace comment)
- Legal issues would be raised (USDHHS 2014).
- In Canada there has been erosion/disappearance of non governmental organizations in Canada that had played key coordinating roles because funding has disappeared. These NGO were major factors in driving political action at national, provincial and municipal level (Howspace comment).
- Feeling of "job done" among politicians. Novel products and industry interference taking up time and resources (Howspace comment).
- Lack of bureaucratic political will and capacity, lack of funding, lack of national coordination, diversion to vaping / harm reduction as an issue (Howspace comment).
- Arguments that it interferes with trade and economic policies (WHO, 2013b).
- Challenge of getting financial statement for the implementation and evaluation (Howspace comment).
- Challenge to get the approval of the Tobacco Control Plan at regional and national level and improve the restrictions on the legislation (Howspace comment).

8. LITERATURE

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