



COOK ISLANDS TOBACCO CONTROL ACTION PLAN 2012 – 2016



**Implementation of the WHO Framework
Convention on Tobacco Control**



COOK ISLANDS

TOBACCO CONTROL ACTION PLAN

2012 – 2016

Supported by:



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INTRODUCTION



Kia Orana,

This National Tobacco Control Action Plan was developed by the Cook Islands Ministry of Health with consultation from other government agencies, non-government organizations and civil societies.

The plan is intended to form part of a comprehensive tobacco control programme being developed and implemented in the Cook Islands in line with our obligations as a Party to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC).

Funding and technical assistance from the Secretariat of the WHO FCTC, the Secretariat of the Pacific Community (SPC), the Australian Government Department of Health and Ageing, and Cancer Council Australia and the National Heart Foundation of Australia contributed to the Action Plan development.

The implementation of this action plan will be the responsibility of a broad range of agencies and individuals in the Cook Islands. Successful implementation will require combined efforts towards a common goal: the improvement of the health of people in the Cook Islands by reducing harm from tobacco use and exposure to second-hand smoke.

A multisectoral Tobacco Committee, made up of governments, non-organizations and civil societies will help coordinate activities under this Action Plan. I hope that all interested parties will take the time to read the Plan and commit time and resources to its implementation.

Kia Manuia

A handwritten signature in black ink, appearing to read 'N. Glassie', written in a cursive style.

Hon. Nandi Glassie
Minister of Health
Cook Islands

I. BACKGROUND

1. TOBACCO RELATED HARM

The tobacco epidemic is one of the biggest public health threats the world has ever faced. Tobacco caused 100 million deaths in the 20th century. If current trends continue, it will cause up to one billion deaths in the 21st century.¹

The WHO estimates that tobacco kills nearly six million people each year, of whom more than 5 million are users and ex-users and more than 600 000 are non-smokers exposed to second-hand smoke.² One person dies approximately every six seconds due to tobacco, and one in five of the global tobacco-related deaths occur in the Western Pacific Region (WPRO).³

Because there is a lag of several years between when people start using tobacco and when their health suffers, the epidemic of tobacco-related disease and death has just begun. Unchecked, tobacco-related deaths will increase to more than 8 million per year by 2030. More than 80% of those deaths will be in low- and middle-income countries.⁴

There are more than 4000 chemicals in tobacco smoke, of which at least 250 are known to be harmful and more than 50 are known to cause cancer.⁵ Tobacco causes over 40 diseases, many of them fatal or disabling. Smoking is responsible for over 90 percent of all lung cancer, 75 percent of chronic bronchitis and emphysema and nearly 25 percent of cases of ischemic heart disease; chewing tobacco causes a significant proportion of oral cancers.⁶ No other consumer product is as dangerous as tobacco, or kills as many people.

The economic costs of tobacco use are equally devastating. In addition to the high public health costs of treating tobacco-related diseases, tobacco users are less productive due to increased sickness, and those who die prematurely deprive their families of much-needed income. In many low-income households, money that could be used for food, education and healthcare is spent on tobacco, exacerbating poverty and hindering economic development.

¹WHO, Tobacco fact sheet (May 2012), available online at <http://www.who.int/mediacentre/factsheets/fs339/en/index.html> ('WHO fact sheet').

²Ibid.

³WHO fact sheet; WHO WPRO, Tobacco fact sheet (October 2011), available online at: http://www.wpro.who.int/mediacentre/factsheets/fs_20050420a/en/index.html ('WPRO fact sheet').

⁴WHO fact sheet.

⁵Ibid.

⁶WPRO fact sheet.

Health effects from tobacco smoking

Body system or organ	Established or suspected adverse health effect of cigarette smoking
Lungs	<ul style="list-style-type: none"> • Lung cancer • Chronic obstructive pulmonary disease • Increased severity of asthma • Increased risk of developing various respiratory infections
Heart	<ul style="list-style-type: none"> • Coronary heart disease • Angina pectoris • Heart attack • Increased risk of repeat heart attack • Arrhythmia • Aortic aneurysm • Cardiomyopathy
Blood vessels	<ul style="list-style-type: none"> • Peripheral vascular disease • Thromboangitis obliterans (Buerger's disease)
Skin	<ul style="list-style-type: none"> • Earlier wrinkling • Fingernail discoloration • Psoriasis • Palmoplantar pustulosis
Cancer	<ul style="list-style-type: none"> • Lung cancer • Oesophageal cancer • Laryngeal cancer • Oral cancer • Bladder cancer • Kidney cancer • Stomach cancer • Vulvular cancer • Cervical cancer • Colorectal cancer
Bones	<ul style="list-style-type: none"> • Disc degeneration • Osteoporosis • Osteoarthritis • Less successful back surgery • Delayed fracture healing • Musculoskeletal injury
Reproduction	<ul style="list-style-type: none"> • Infertility • Impotence • Decrease sperm motility and density • Miscarriage • Earlier menopause
Unborn child	<ul style="list-style-type: none"> • Fetal growth retardation • Prematurity • Stillbirth • Enhanced transmission of HIV to fetus • Birth defects • Intellectual impairment of offspring • Sudden infant death syndrome
Brain	<ul style="list-style-type: none"> • Transient ischaemic attack • Stroke • Worsened multiple sclerosis
Others	<ul style="list-style-type: none"> • Cataracts • Macular degeneration • Snoring • Periodontal disease • Stomach and duodenal ulcers • Impaired immunity

Adapted from "Cigarettes: What the Warning Label Doesn't Tell You", American Council on Science and Health, 1996

2. THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

The WHO Framework Convention on Tobacco Control (FCTC) is the first treaty negotiated under the auspices of the WHO. The Cook Islands was among the first countries to sign and ratify the FCTC after its adoption by the World Health Assembly in May 2003, becoming a Party when the treaty entered into force in February 2005. As of July 2012, the FCTC had 175 Parties, covering nearly 90% of the world's population.

The objective of the WHO FCTC is 'to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke' (Article 3).

The treaty provides a framework for evidence-based tobacco control measures to be implemented by Parties at the national, regional and international levels. In contrast to previous drug control treaties, the FCTC focuses on demand reduction strategies as well as supply issues.

Core demand reduction provisions are contained in articles 6-14 of the FCTC – price and tax measures, and non-price measures: protection from exposure to tobacco smoke; regulation of the contents of tobacco products and tobacco product disclosures; packaging and labeling requirements; education, communication, training and public awareness measures; bans on tobacco advertising, promotion and sponsorship; and measures concerning tobacco dependence and cessation.

The supply reduction provisions are contained in articles 15-17 – measures to address illicit trade, measures to prohibit sales to and by minors, and provision of support for economically viable alternative activities.

In addition to the primary demand and supply reduction measures, the FCTC contains guiding principles, general obligations, and complementary and facilitative provisions relating to matters such as scientific and technical cooperation and communication of information between Parties, institutional arrangements and financial resources.

3. THE NEED FOR A COOK ISLANDS TOBACCO CONTROL ACTION PLAN

Despite significant advances in tobacco control in the Cook Islands following ratification of the WHO FCTC and adoption of the first national tobacco control action plan in 2004, available data indicate that tobacco use remains widespread. According to the 2003-04 STEPS survey, 43.9% of the population aged 25-64 were current smokers (46.6% of men and 41.1% of women), with 33.3% smoking daily (37.5% of men and 28.8% of women).⁷ Similarly, the 2006 national census indicated that 29% of the population aged 15 years and over smoked daily (34% of men and 25% of women).⁸ The Global Youth Tobacco Survey (GYTS) shows that youth

⁷ Cook Islands Population Census 2006

http://www.stats.gov.ck/Statistics/CensusSurvey/COOK_ISLANDS_CENSUS_REPORT_2006.pdf

⁸ Cook Islands Ministry of Health and WHO WPRO, Cook Islands NCD Risk Factors STEPS Report (April 2011), available online at http://www.who.int/chp/steps/2003_CookIslands_STEPS_Report.pdf.

smoking prevalence also remains high: in 2008, 30% of school children aged 13-15 in the Cook Islands currently smoked cigarettes (28.20% of boys and 31.50% of girls), decreasing from 45.1% in 2003 (39.9% of boys and 49.60% of girls).⁹GYTS also indicates high levels of exposure to tobacco smoke, with 70.3% of boys and 76.8% of girls exposed to tobacco smoke in public places in 2008.

The extremely negative impact of tobacco use on individuals' health, on communities and on the economy is the primary reason for the development of a new national tobacco control action plan for the Cook Islands. Effective tobacco control depends on a multisectoral, coordinated and comprehensive approach. As a Party to the WHO FCTC, the Cook Islands is legally required to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes (Article 5). This action plan will facilitate continued efforts towards full and effective implementation of the FCTC, building upon actions undertaken under the 2004-2008 action plan.

4. CURRENT TOBACCO CONTROL ACTIVITIES IN THE COOK ISLANDS

The Cook Islands has made a number of significant advances in tobacco control since ratifying the WHO FCTC and adopting its first national tobacco control action plan in 2004.

The Tobacco Products Control Act

Comprehensive tobacco control legislation was enacted in June 2007. The *Tobacco Products Control Act 2007* includes:

- a ban on tobacco advertising and sponsorship, with some limited exceptions (sections 5-7; 9-12);
- restrictions on the sale of tobacco products, including requirements for 'smoking kills' warnings at point of sale (section 8) and bans on:
 - sale of tobacco products to and by minors (sections 13; 17);
 - sale of single cigarettes or loose tobacco, and packs under 20 cigarettes or 30 grams of tobacco (section 14);
 - sale, import, packaging, distribution or promotion of smokeless tobacco products (section 15);
 - unsupervised tobacco sales (including mail order sales and vending machines not operated by the seller) (section 16);
 - sale of tobacco products in health and educational facilities (section 17);
 - free distribution of tobacco products, and prizes, gifts or rewards for purchasing tobacco (section 18);
- requirements for manufacturers and importers to test tobacco products and submit reports on constituents and additives (sections 20-21);

⁹See Centers for Disease Control and Prevention, Global Tobacco Surveillance System Data, Cook Islands Global Youth Tobacco Survey Factsheets 2008 and 2003, available online at <http://apps.nccd.cdc.gov/gtssdata/Ancillary/DataReports.aspx>.

- packaging and labeling requirements, including mandatory health warnings, display of information on harmful constituents, and a ban on false, misleading or deceptive labeling (sections 22-27);
- a ban on smoking in public places and workplaces which are indoors or fully or partly enclosed, as well as public transport vehicles and aircraft, and requirements for display of 'no smoking' signs (sections 28-34);
- administration and enforcement powers, including inspection and investigative powers for health inspectors and penalties for contravention or failure to comply with requirements of the Act (sections 35-42); and
- provision for the making of regulations under the Act (section 43).

The *Tobacco Products Control Regulations 2008* were passed in June 2008, further specifying restrictions on advertising at point of sale, requirements for product testing and reports, and health warning and consumer information requirements.

Tobacco taxation increase

The year 2000 on tobacco tax, the rate was \$162 per 1000 cigarettes, was increased in 2008 to \$279.40; and currently, new rate is \$464.50 effective as of 1st August 2012. There is need to allocate fund from the tobacco tax revenue to tobacco control activities, particularly health promotion, cessation services, enforcement and research.

Public awareness activities

Activities to promote and strengthen public awareness of tobacco control issues in the Cook Islands have been increased and extended. The Ministry of Health has coordinated a media campaign on the health risks of smoking and secondhand smoke and the benefits of quitting, using television and newspaper articles and advertisements. Relevant ministries and agencies have worked together to promote World No Tobacco Day in May each year to focus public and media attention on tobacco control issues. There have also been tobacco education sessions in some schools and youth groups, and some limited distribution of brochures and pamphlets on the harms caused by smoking.

Cessation promotion activities

Training to promote cessation of tobacco use has been provided to health staff, and counseling programmes have been implemented through the Men's Health Screening Programme, Non-communicable disease (NCD) clinic, Outpatient clinic, Outer Islands Health and Health Promotion Unit.

Surveillance and information exchange

Tobacco surveillance activities have been undertaken, including the STEPS Survey on chronic disease risk factors in 2004, the Global Youth Tobacco Survey (GYTS) in 2003 and 2008, and the Global School Health Survey (GSHS) in 2010. Questions on tobacco use were also included for the first time in the national census in 2006, repeated in 2011. In addition, the Cook Islands submitted its first, second and third periodic reports on implementation of the FCTC in 2007, 2010 and 2012.

WHO FCTC needs assessment

From February to June 2012 the Government of the Cook Islands and the Secretariat of the FCTC jointly conducted a needs assessment, with funding from the Australian Government Department of Health and Ageing, to assess progress in tobacco control in the Cook Islands and identify ongoing gaps and needs for implementation of the FCTC. The needs assessment included a visit by the FCTC Secretariat in March 2012, during which meetings were held with relevant government agencies and representatives from non-government organizations and civil societies.

The needs assessment report released in June 2012 identifies a number of areas in which further action is required effective implementation of the FCTC in the Cook Islands, including:

- development of a new multisectoral tobacco control action plan;
- establishment of a mechanism for multisectoral coordination and ongoing involvement of civil society in tobacco control;
- updates to the *Tobacco Products Control Act 2007*, including to extend the ban on tobacco advertising and promotion;
- strengthening enforcement of the *Tobacco Products Control Act 2007*; and
- ongoing efforts to cooperate internationally and mobilize resources for tobacco control, including public awareness campaigns, activities to promote cessation, and tobacco-related research and surveillance.

In July 2012, the Ministry of Health began follow up from the needs assessment exercise, including the development of this action plan, with technical assistance from the Cancer Council Australia, National Heart Foundation of Australia and Secretariat of the Pacific Community.

II. TOBACCO CONTROL ACTION PLAN

GOAL

The goal of this action plan is:

To improve the health of people in the Cook Islands by reducing harm from tobacco use and exposure to second-hand smoke

It is expected that the action plan will contribute to a decrease in smoking prevalence in the Cook Islands. If tobacco use and/or uptake reduces, then after a transition period (while previous and continuing smokers continue to experience the morbidity and early mortality associated with that tobacco use), the amount of illness, and number of deaths, from smoking in the Cook Islands should also reduce.

OBJECTIVES

The following are the specific objectives of this action plan:

Objective 1: To improve infrastructure and coordination for tobacco control activities

Objective 2: To increase awareness and empower the community to discourage tobacco use and encourage protection from exposure to second-hand smoke

Objective 3: To promote cessation of tobacco use

Objective 4: To reduce the accessibility of tobacco products

Objective 5: To further reduce tobacco promotion and regulate tobacco products

Objective 6: To reduce exposure to second-hand smoke

Objective 7: To strengthen tobacco monitoring, evaluation and surveillance programmes

TERM

This action plan is intended for the period 1 July 2012 to 30 June 2016., after which time it will be evaluated and updated. A mid-term review will be undertaken in October 2014.

MONITORING AND EVALUATION

A multisectoral committee will be established, chaired first by the Secretary of Health and rotate to others, comprising representatives from the Ministry of Health (MOH), Ministry of Education (MOE), Ministry of Finance and Economic Management (MFEM), as well as representatives from non-organizations and civil societies (including the Religious Advisory Council, National Youth Council, National Council of Women, to monitor implementation of this action plan.

The multisectoral committee will be serviced by the Ministry of Health and will:

- oversee and guide the implementation of this action plan;
- undertake a mid-term review of this action plan in October 2014;

The committee will also monitor available prevalence data (including the national census, the Global Youth Tobacco Survey, Global School Health Survey and STEPS survey) to assess changes in prevalence of tobacco use in the Cook Islands.

OBJECTIVE 1:

IMPROVE INFRASTRUCTURE AND COORDINATION FOR TOBACCO CONTROL ACTIVITIES

Coordinated multisectoral measures are essential to effectively reduce tobacco consumption and exposure to tobacco smoke. While the Cook Islands have made significant progress in tobacco control, action is needed to improve infrastructure and coordination so that:

- government ministries and agencies with responsibilities for tobacco control engage in **ongoing cooperation and communication**, and regularly review progress in tobacco control activities;
- **non-government organizations and civil society** actively participates and contributes to tobacco control activities;
- adequate **funding** and, where necessary, technical support is available for tobacco control activities;
- the setting and implementing of tobacco control policy is fully **protected** from commercial and other vested interests of the tobacco industry; and
- tobacco control laws are actively and effectively **enforced**.

As a Party to the WHO FCTC, the Cook Islands has legal obligations in respect of tobacco control infrastructure and coordination, in particular under **Article 5**(*General obligations*), **Article 22**(*Cooperation in the scientific, technical and legal fields and provision of related expertise*) and **Article 26**(*Financial resources*).

1. IMPROVE INFRASTRUCTURE AND COORDINATION

Action	FCTC requirements	Initiatives	Responsibility for implementation	Timeframe for implementation
Strengthen multisectoral coordination for tobacco control	<p>Article 4.2: Parties recognize that strong political commitment is necessary to develop and support comprehensive multisectoral measures and coordinated responses</p> <p>Article 4.7: Parties recognize that the participation of civil society is essential to achieving the objective of the FCTC</p> <p>Article 5.1: Each Party shall develop, implement, periodically update and review comprehensive multisectoral national strategies, plans and programmes for tobacco control</p> <p>Article 5.2: Each Party shall establish or reinforce and finance a national coordinating mechanism or focal point for tobacco control</p>	<ul style="list-style-type: none"> Strengthen partnerships between government agencies with an interest in tobacco (including MOE, MFEM, INTAFF, MFAI, CLO and Police, MOC), as well as representatives of non-governments organizations and civil societies (including the Religious Advisory Council, House of Ariki, National Youth Council, National Council of Women, Cook Islands Family Welfare Association, Cook Islands Child Welfare Association, Te Kainga o Are Pa Taunga Mental Health Services and Cook Islands Red Cross, National Disability Council, CISNOC) to implement this action plan Increase accountability for tobacco control activities by establishing and maintaining a list of focal points appointed by warrant under the <i>Ministry of Health Act</i> and developing MOUs with each relevant government agency 	<ul style="list-style-type: none"> MOH, with participation of other agencies MOH 	<p>Ongoing</p> <ul style="list-style-type: none"> Establish focal points by April 2013 Developing of interagency MOUs by June 2013
Funding of tobacco control	<p>Article 5.6: Parties shall, within the means and resources at their disposal, cooperate to raise financial resources for effective implementation of the FCTC through bilateral and</p>	<ul style="list-style-type: none"> Increase budget allocation and workforce for tobacco control activities, including enforcement, monitoring and evaluation of the <i>Tobacco Products Control Act</i> 	<ul style="list-style-type: none"> All government agencies with responsibilities for tobacco control 	<ul style="list-style-type: none"> By July 2013; ongoing thereafter

	<p>multilateral funding mechanisms</p> <p>Article 26: Each Party shall:</p> <ul style="list-style-type: none"> • provide financial support in respect of its national activities intended to achieve the objective of the FCTC • promote utilization of bilateral, regional and other multilateral funding channels to fund tobacco control in developing countries (including by encouraging intergovernmental organizations, financial and development institutions to provide financial assistance) 	<ul style="list-style-type: none"> • Assist MOH reduce NCD rates by sourcing funding support from bilateral, regional, multilateral mechanisms and developing partners • Establish a mechanism to dedicate tobacco tax revenue to fund NCD activities (such as a Health Promotion Fund) 	<ul style="list-style-type: none"> • MOH, MFAI, MFEM • MOH, MFEM 	<ul style="list-style-type: none"> • Ongoing • By July 2014
Strengthen international cooperation to support effective tobacco control	<p>Article 2.2: Parties which enter into bilateral or multilateral agreements on issues relevant or additional to the FCTC shall communicate such agreements to other Parties through the Secretariat</p> <p>Article 5.5: Parties shall cooperate in the formulation of proposed <i>measures, procedures and guidelines</i> for implementation of the FCTC, and cooperate with intergovernmental organizations to achieve the FCTC's objective</p> <p>Article 22: Parties shall cooperate directly or through international bodies to <i>strengthen their capacity</i> to fulfill their FCTC obligations (including to promote transfer of technical, scientific and legal expertise and technology)</p>	<ul style="list-style-type: none"> • Submit progress report to the FCTC Secretariat bilateral or multilateral agreements • Continue to participate actively in intergovernmental processes to support the national FCTC implementation (including sessions of the Conference of the Parties (COP) and its intercessional work programme) • Continue to seek actively opportunities to cooperate with international and regional organizations and other development partners to achieve the objectives of the FCTC • Seek inclusion of FCTC implementation in the next UN Development Assistance Framework (UNDAF) for the Cook Islands 	<ul style="list-style-type: none"> • MOH, with input from MFAI and others as required • MOH, MFAI • MOH, MFAI, MFEM 	<ul style="list-style-type: none"> • Report submitted to FCTC Secretariat by December 2014 • Ongoing • Ongoing

Protection from tobacco industry interference	<p>Article 5.3: In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry</p> <p><i>The <u>Article 5.3 Guidelines</u> recommend:</i></p> <p>(1) <i>Raising awareness about the addictive and harmful nature of tobacco products and about tobacco industry interference with tobacco control policies</i></p> <p>(2) <i>Requiring that information provided by the tobacco industry be transparent and accurate</i></p> <p>(3) <i>Denormalizing and, to the extent possible, regulating tobacco industry “corporate social responsibility” activities</i></p>	<ul style="list-style-type: none"> • Undertake awareness raising activities on tobacco industry interference for public officials, parliamentarians and other key stakeholders • Amend the <i>Tobacco Products Control Act</i> to prohibit tobacco industry ‘Corporate Social Responsibility’ contributions 	<ul style="list-style-type: none"> • MOH • MOH 	<ul style="list-style-type: none"> • Begin September 2013 • Introduce legislative amendments by December 2013
Effective enforcement of tobacco control laws	<p>Article 5: Parties shall adopt and implement <i>effective</i> legislative, executive, administrative and/or other measures for tobacco control</p> <p>Article 15.7: Parties shall endeavour to adopt and implement measures including <i>licensing</i>, where appropriate, to control or regulate the production and distribution of tobacco products</p>	<ul style="list-style-type: none"> • Establish mandatory licensing requirements for distributors and retailers of tobacco products • Consider giving health inspectors the power to issue on-the-spot fines for failure to comply with the <i>Tobacco Products Control Act</i> • Consider giving MOH the power to prosecute offences under the <i>Tobacco Products Control Act</i>, in cooperation with Police and Crown Law • Provide further enforcement training for health inspectors and other law enforcement officers with responsibilities 	<ul style="list-style-type: none"> • MOH, MFEM • MOH, CLO • MOH, CLO, Police • MOH, Police, Crown Law 	<ul style="list-style-type: none"> • Introduce legislative amendments by December 2013 • Consider legislative amendments by December 2013 • Consider legislative amendments by December 2013 • By July 2013

		for enforcement of the <i>Tobacco Products Control Act</i>		
Monitor developments in tobacco control to ensure best practice	<p>Article 2: Parties are encouraged to implement measures <i>beyond</i> those required by the FCTC</p> <p>Article 5.1: Parties shall periodically update and review their tobacco control strategies, plans and programmes</p> <p>Article 19: Parties shall consider taking legislative action or promoting existing laws to deal with criminal and civil liability</p>	<ul style="list-style-type: none"> • Monitor developments in international tobacco control on an ongoing basis (including, in particular, those relating to product regulation and disclosures, packaging and labeling, internet and other cross-border advertising, measures to combat illicit trade, and liability issues) and consider introducing new measures as needed • Monitor implementation of the <i>Tobacco Products Control Act</i> and <i>Tobacco Products Control Regulations</i> on an ongoing basis to ensure that tobacco control measures are effective 	<ul style="list-style-type: none"> • MOH • MOH 	<ul style="list-style-type: none"> • Ongoing • Ongoing

OBJECTIVE 2:

INCREASE AWARENESS AND EMPOWER THE COMMUNITY TO DISCOURAGE TOBACCO USE AND ENCOURAGE PROTECTION FROM EXPOSURE TO SECOND-HAND SMOKE

As recognized in the Guidelines for implementation of **Article 12** (*Education, communication, training and public awareness*) of the WHO FCTC, public awareness 'is essential to ensure social change' around tobacco consumption and exposure to tobacco smoke. Use of research-based **education, communication and training tools to raise public awareness** is a legal obligation under Article 12 of the WHO FCTC and an important component of a comprehensive tobacco control programme.

To achieve significant population-wide reductions in tobacco use in the Cook Islands, there need to be changes in Cook Islanders' knowledge, beliefs, attitudes, and behavior related to tobacco and health. This requires well-informed and committed health workers who can contribute their knowledge and skills, in turn informing and mobilizing the community to become involved in tobacco control projects. Community leaders, community groups, churches, schools, the youth sector and parents are all well placed to complement support provided through community health professionals such as general practitioners, pharmacists and health promotion and protection workers.

Tobacco control education, communication and training in the Cook Islands are already well underway. Increased efforts are required to mobilise additional funding and increase the coverage of these activities, including:

- further **training** for health professionals, teachers, church and youth leaders, athletes and sports groups, local media, parliamentarians and other opinion leaders;
- an extended anti-smoking **media campaign**;
- continued promotion of smokefree lifestyles at **sporting and cultural events**, and further World No Tobacco Day activities;
- development and distribution of tobacco control **education materials**; and
- revision of the school curriculum to ensure incorporation of health education on tobacco at all ages

2. INCREASE AWARENESS AND EMPOWER THE COMMUNITY

Action	FCTC requirements	Initiatives	Responsibility for implementation	Timeframe for implementation
Increase capacity of health workers and the community to contribute to tobacco control activity at the local level	<p>Article 12: To strengthen public awareness of tobacco control issues, Parties shall promote:</p> <ul style="list-style-type: none"> • effective and appropriate training and awareness programmes for health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons • awareness and participation of public and private agencies and NGOs in developing and implementing tobacco control programmes and strategies 	<ul style="list-style-type: none"> • Work closely with key community groups (including, National Youth Council, Religious Advisory Council, Red Cross, National Council of Women, Cook Islands Child Welfare Association and Cook Islands Family Welfare Association, National Disability Council), as well as local government and traditional leaders (including Outer Islands), to support local efforts to encourage a smokefree Cook Islands • Provide tobacco control training for teachers and health professionals (pre-service and in-service training), church, youth leaders, athletes and sports groups, local media, parliamentarians and other opinion leaders 	<ul style="list-style-type: none"> • MOH to coordinate • MOH and MOE, in cooperation with Cook Islands Sports and National Olympics Committee (CISNOC) 	<ul style="list-style-type: none"> • Ongoing • From 2014 onwards
Increase public awareness of the harms associated with tobacco use and exposure to second-hand smoke	<p>Article 4.1: Parties recognize that <i>every person should be informed</i> of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke</p> <p>Article 12: Parties shall promote and strengthen public awareness of tobacco control issues using all available communication tools, including promoting:</p>	<p><u>Mass Media</u></p> <ul style="list-style-type: none"> • Continue to run broad-based media campaign (radio, television, televised documentary/drama, print) on the health risks of smoking and second-hand smoke, and the value of quitting for health and family 	<ul style="list-style-type: none"> • MOH 	<ul style="list-style-type: none"> • Ongoing

	<ul style="list-style-type: none"> • broad access to effective and comprehensive <i>educational and public awareness programmes</i> on health risks of tobacco consumption and exposure to tobacco smoke • <i>public awareness and access to information</i> on the tobacco industry and the adverse health, economic, and environmental consequences of tobacco production and consumption <p><i>* The <u>Article 12 Guidelines</u> contain detailed recommendations to increase the effectiveness of tobacco control education, communication, training and public awareness efforts</i></p>	<ul style="list-style-type: none"> • Continue to utilize free radio programmes (live talk shows / phone-ins) to promote public awareness of tobacco-related issues • Ensure continued media coverage of tobacco-related issues in local print media, including newspapers and newsletters (e.g. school and civil society newsletters) <p><u>Community events</u></p> <ul style="list-style-type: none"> • Continue promotion of World No Tobacco Day to focus public and media attention on tobacco control issues • Promotion of smokefree lifestyles at sporting and cultural events, including Te Maeva Nui celebrations, Vaka Eiva etc(including e.g. smokefree banners, stalls, competitions, giveaways) <p><u>Information, education and communication (IEC) materials</u></p> <ul style="list-style-type: none"> • Develop and distribute tobacco control health education materials as needed (e.g. brochures, posters, pamphlets) 	<ul style="list-style-type: none"> • MOH • MOH • MOH • MOH, CISNOC, Ministry of Cultural Development (MOCD) • MOH 	<ul style="list-style-type: none"> • Ongoing • Ongoing • May-June each year • Ongoing • ongoing
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OBJECTIVE 3:

PROMOTE CESSATION OF TOBACCO USE

Smoking cessation is a major means of reducing smoking-related mortality. It prevents the occurrence of disease and reduces the risk of further disease in those who quit. **Article 14** of the WHO FCTC (*Demand reduction measures concerning tobacco dependence and cessation*) requires the Cook Islands to take effective measures to promote **cessation of tobacco use** and adequate **treatment for tobacco dependence**.

The Guidelines for implementation of Article 14 recommend that Parties create a sustainable infrastructure which motivates attempts to quit, ensures wide access to support for tobacco users who wish to quit, and provides sustainable resources to ensure that such support is available. These measures should be implemented synergistically with other tobacco control activities.

The Cook Islands already has a protocol for counseling on cessation of tobacco use, and some cessation training has been provided to health staff. Cessation counseling programmes have been established in the Men's Health Screening Programme, NCD clinic, Outpatient clinic, Outer Islands Health and Health Promotion Unit, and onsite community cessation programmes have taken place at schools, youth centres, Vaka clubhouses, government offices and churches. Some efforts have also been made to use radio talkback to encourage and support quit attempts.

Ongoing efforts are required to sustain these activities and introduce new initiatives, including:

- **Monitoring** of the use by health professionals of the counseling protocol;
- provision of short **workshops** for those interested in quitting;
- a revitalized **Smokefree Challenge** for schools;
- mobilizing funding to establish a **Quit Line** phone-in service; and
- inclusion of **nicotine replacement therapies** in the pharmaceutical budget.

3. PROMOTE CESSATION

Action	FCTC requirements	Initiatives	Responsibility for implementation	Timeframe for implementation
Provide appropriate and accessible smoking cessation programmes	Article 14.1: Parties shall develop and disseminate guidelines and take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence	<ul style="list-style-type: none"> Review the existing 'protocol for counseling on cessation of tobacco use' (to record tobacco use, provide brief advice and encourage quit attempts) 	<ul style="list-style-type: none"> MOH 	<ul style="list-style-type: none"> November 2013
	Article 14.2: Parties shall endeavor to: <ul style="list-style-type: none"> design and implement effective <i>cessation programmes</i> e.g. in educational institutions, healthcare facilities, workplaces and sporting environments 	<ul style="list-style-type: none"> Work with church groups and health clinics to provide short workshops for those interested in quitting (focusing on strategies for quitting, and encouraging the establishment of mutual support pairs / groups) 	<ul style="list-style-type: none"> MOH, NGOs, Civil Society 	<ul style="list-style-type: none"> Ongoing
	<ul style="list-style-type: none"> include diagnosis and treatment of tobacco dependence and cessation counseling in <i>national health and education programmes, plans and strategies</i>, and establish programmes in healthcare facilities and rehabilitation center's 	<ul style="list-style-type: none"> Continue to use radio talkback to encourage people to quit and as a potential support mechanism 	<ul style="list-style-type: none"> MOH 	<ul style="list-style-type: none"> Ongoing
	<p><i>* The Article 14 Guidelines contain detailed recommendations on infrastructure and systems to help tobacco users quit</i></p>	<ul style="list-style-type: none"> Work with community groups and Government Ministries for cessation programmes (church groups, sport groups, government offices), to refer those who want to quit smoking to cessation clinic for counseling 	<ul style="list-style-type: none"> MOH 	<ul style="list-style-type: none"> 2013 and ongoing

		<ul style="list-style-type: none"> • Revitalize the Smokefree Challenge for schools • Consider including nicotine replacement therapies (NRT) in the MOH pharmaceutical budget (essential drugs list) to make NRT available through MOH Pharmacy 	<ul style="list-style-type: none"> • MOH, MOE • MOH 	<ul style="list-style-type: none"> • Next challenge to take place by May 2013, biannual thereafter • July 2014
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OBJECTIVE 4:

REDUCE THE ACCESSIBILITY OF TOBACCO PRODUCTS

As recognized in **Article 6** of the WHO FCTC (*Price and tax measures to reduce the demand for tobacco*), **price and tax** measures are an effective and important means of reducing tobacco consumption, in particular among young people. The Cook Islands will **double the tobacco import levy** between August 2012 and August 2015, with a 33% increase each year. The first increase in 2012 raises the price of the average pack of cigarettes by approximately \$2.10. Action will be taken to ensure that the real value of the levy is maintained, with a 2% increase each year from 2016. Revenue from the increased import levy will be directed into dedicated funding for tobacco control activities (refer objective 1 above).

Article 6 also recognizes the importance of restrictions on **duty-free** sales of tobacco products, which undermine the health objectives of tobacco taxation. The Cook Islands limits duty-free import of tobacco products to 200 cigarettes, or 250 grams of tobacco. Consideration will be given to further restrictions by 2014.

To ensure the effectiveness of price and tax measures, it is important to prevent **illicit trade** in tobacco products. The Cook Islands collaborates actively with regional and international Customs organizations in line with **Article 15** of the FCTC (*Illicit trade in tobacco products*), and will continue to monitor international developments in this area on an ongoing basis. In 2012-13 the Cook Islands will also establish mandatory **licensing requirements** for distributors and retailers of tobacco products, which will assist in enforcement of tobacco control laws and in preventing illicit trade (refer also objective 1 above).

In addition to price and tax measures, the accessibility of tobacco products can be reduced by effective controls on where and how tobacco is sold. The Cook Islands has extensive requirements in place under the *Tobacco Products Control Act 2007* to prevent **young people** from accessing tobacco products, in line with **Article 16** of the FCTC (*Sales to and by minors*). Action is required to improve **enforcement** of these requirements, including strengthening enforcement mechanisms under the Act, increasing monitoring and investigative activity and improving cooperation between health inspectors and police. To strengthen its requirements, the Cook Islands will also introduce a total ban on tobacco vending machines.

4. REDUCE THE ACCESSIBILITY OF TOBACCO PRODUCTS

Action	FCTC requirements	Initiatives	Responsibility for implementation	Timeframe for implementation
Effective tobacco taxation	Article 6: Each Party should take account of health objectives in adopting or maintaining tobacco tax and price policies	<ul style="list-style-type: none"> • Increase the tax on all tobacco products by a significant amount (33% per year 2012-2015) • Adjust tax annually (2% each year) to keep the real price of tobacco consistent over time 	<ul style="list-style-type: none"> • MFEM in consultation with MOH • MFEM in consultation with MOH 	<ul style="list-style-type: none"> • August 2012, 2013 and 2014 • August 2015
Restrict duty-free tobacco sales	Article 6: Each Party should take account of health objectives in adopting or maintaining prohibitions or restrictions on duty-free sales or importations of tobacco products	<ul style="list-style-type: none"> • Consider further restrictions or a ban on duty-free import and sale of tobacco products 	<ul style="list-style-type: none"> • MFEM in consultation with MOH 	<ul style="list-style-type: none"> • Consider further restrictions by June 2014
Prohibit tobacco sales to and by minors	<p>Article 16.1: Parties <i>shall</i> prohibit the sales of tobacco products to persons under the age set by domestic law, national law or 18</p> <p>Article 16.7: Parties <i>should</i>, as appropriate, prohibit sales of tobacco products by persons under the age set by domestic law, national law or 18</p>	<ul style="list-style-type: none"> • Further collaboration between Health Inspectors and Police to actively enforce the ban on sales to and by under 18 year olds under the <i>Tobacco Products Control Act</i> • Improve enforcement mechanisms for the <i>Tobacco Products Control Act</i> (refer objective 1 above) 	<ul style="list-style-type: none"> • MOH, Police • MOH, Police, CLO, MFEM 	<ul style="list-style-type: none"> • Ongoing • Refer enforcement action items under objective 1
Prohibit tobacco vending	Article 16.1: Measures to protect minors may include ensuring that tobacco vending machines are not accessible to minors and do not promote the sale of tobacco products	<ul style="list-style-type: none"> • Ban vending machine sales of tobacco 	<ul style="list-style-type: none"> • MOH 	<ul style="list-style-type: none"> • Introduce legislative amendments by December 2013

machines	to minors Article 16.5: Parties may, by means of a binding written declaration, commit to ban tobacco vending machines			
Prohibit toy or confectionary tobacco products	Article 16.1: Measures to protect minors may include prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors	<ul style="list-style-type: none"> • Ongoing monitoring to ensure compliance with the ban on toy and confectionary tobacco products 	<ul style="list-style-type: none"> • MOH, Police 	<ul style="list-style-type: none"> • Ongoing
Prohibit distribution of free tobacco products	Article 16.2: Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products	<ul style="list-style-type: none"> • Ongoing monitoring to ensure compliance with the ban on distribution of free tobacco products 	<ul style="list-style-type: none"> • MOH, Police 	<ul style="list-style-type: none"> • Ongoing
Prohibit sale of single cigarettes or small amounts of tobacco	Article 16.3: Each Party shall endeavor to prohibit the sale of cigarettes individually or in small packets	<ul style="list-style-type: none"> • Increase enforcement activity to ensure compliance with the ban on sales of loose cigarettes/tobacco and cigarettes/tobacco in small quantities 	<ul style="list-style-type: none"> • MOH, Police 	<ul style="list-style-type: none"> • Ongoing
Prohibit smokeless tobacco products		<ul style="list-style-type: none"> • Ongoing monitoring to ensure compliance with the ban on sale, import, packaging, distribution or promotion of smokeless tobacco products 	<ul style="list-style-type: none"> • MOH, Police 	<ul style="list-style-type: none"> • Ongoing
Action to eliminate illicit trade in tobacco products	Article 15: With a view to eliminating illicit trade , Parties agree to: <ul style="list-style-type: none"> • ensure that tobacco product packaging is legibly <i>marked</i> to assist in determining the origin of the product, and to assist in determining whether the product is legally for sale on the domestic market (Articles 15.2 and 15.3) • <i>monitor, document and control</i> the movement of products and their legal status, including storage and 	<ul style="list-style-type: none"> • Monitor international developments in relation to action to combat illicit trade, including marking of tobacco product packaging and tracking and tracing, and consider appropriate action • Continue to collaborate actively with regional and international Customs organizations 	<ul style="list-style-type: none"> • MOH, MFEM • MFEM, National Statistics Office 	<ul style="list-style-type: none"> • Ongoing • Ongoing

	<p>distribution of products under suspension of taxes or duties, and consider, as appropriate, developing a tracking and tracing regime (Articles 15.2 and 15.4)</p> <ul style="list-style-type: none"> • <i>monitor and collect data</i> on cross-border trade in tobacco products, and <i>exchange information</i> among customs, tax and other authorities as appropriate (Article 15.4) • <i>enact or strengthen legislation</i>, with appropriate penalties and remedies, against illicit trade in tobacco products (Article 15.4) • take appropriate steps to ensure that all <i>confiscated</i> tobacco manufacturing equipment and tobacco products are destroyed or disposed of, and adopt measures as appropriate to enable the confiscation of proceeds derived from illicit trade (Article 15.4) • assist other Parties in determining the point of diversion of illicit products, and promote <i>cooperation</i> between national agencies and intergovernmental organizations in investigations, prosecutions and proceedings (Articles 15.2 and 15.6) • endeavor to adopt and implement <i>further measures</i> including licensing, where appropriate, to control or regulate the production and distribution of tobacco products (Article 15.7) 	<ul style="list-style-type: none"> • Establish mandatory licensing requirements for distributors and retailers of tobacco products (refer objective 1 above) 	<ul style="list-style-type: none"> • MOH, MFEM 	<ul style="list-style-type: none"> • Introduce legislative amendments by December 2013
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OBJECTIVE 5:

FURTHER REDUCE TOBACCO PROMOTION AND REGULATE TOBACCO PRODUCTS

Under **Article 13** of the WHO FCTC (*Tobacco advertising, promotion and sponsorship*), the Cook Islands committed to introduce a **comprehensive ban on all tobacco advertising, promotion and sponsorship**. It is well documented that advertising, promotion and sponsorship increase tobacco use and that comprehensive bans on tobacco advertising, promotion and sponsorship decrease tobacco use.

The *Tobacco Products Control Act 2007* prohibits tobacco advertising and sponsorship in the Cook Islands, with only very limited exceptions. The Act will be amended in 2012-13 to **strengthen the ban** in line with the Guidelines for implementation of Article 13 of the FCTC, including prohibiting **point of sale display**. The display of tobacco products at point of sale is recognized as a key means of promoting tobacco, particularly to young people (including by stimulating impulse purchases, giving the impression that tobacco use is socially acceptable and making it harder for tobacco users to quit). The amendments will also prohibit tobacco industry '**corporate social responsibility**' contributions, which are used to promote tobacco and tobacco products (refer also objective 1 above).

Monitoring and investigation in relation to any potential breaches of the ban on tobacco advertising and sponsorship will be continued. The Cook Islands will also continue to monitor international developments and consider further extending the ban as appropriate (e.g. to introduce plain packaging requirements and strengthen restrictions on internet and other cross-border advertising).

Article 11 of the FCTC (*Packaging and labeling of tobacco products*) requires effective **packaging and labeling** measures, including mandating large rotating health warnings and prohibiting misleading or deceptive packaging and labeling. The *Tobacco Products Control Act 2007* regulates tobacco products sold in the Cook Islands in line with these requirements. The Cook Islands will monitor international developments and consider further restrictions on tobacco packaging and labeling as appropriate.

The FCTC also requires regulatory measures relating to the **contents and emissions of tobacco products**. Under **Articles 9 and 10** (*Regulation of the contents of tobacco products and regulation of tobacco product disclosures*), the Cook Islands must require manufacturers and importers to **disclose to the government** the contents and emissions of tobacco products, implement measures for **public disclosure** of such information, and, where approved by national authorities, adopt measures for **testing, measuring and regulating** contents and emissions.

Although the *Tobacco Products Control Act 2007* requires tobacco manufacturers and importers to conduct tests of tobacco products and report information to the Secretary of Health, action is required to **enforce** these requirements. The Ministry of Health will also **publish** the reports received under the Act on its website for public access. In addition, the Cook Islands will continue to monitor international developments and consider further requirements for tobacco product regulation and disclosures as appropriate.

5. FURTHER REDUCE PROMOTION AND REGULATE TOBACCO PRODUCTS

Action	FCTC requirements	Initiatives	Responsibility for implementation	Timeframe for implementation
Ban tobacco advertising, promotion and sponsorship	<p>Article 13: Parties shall undertake a comprehensive ban on all tobacco advertising, promotion and sponsorship (defined in Article 1 to include <i>all forms of commercial communication, recommendation or action</i> and all forms of <i>contribution</i> to any event, activity or individual with the <i>aim, effect, or likely effect</i> of promoting a tobacco product or tobacco use either <i>directly or indirectly</i>)</p> <p><i>* The <u>Article 13 Guidelines</u> provide detailed guidance on implementation of a comprehensive ban</i></p>	<ul style="list-style-type: none"> • Ongoing monitoring and investigation of any breaches of the ban on tobacco advertising, promotion and sponsorship under the <i>Tobacco Products Control Act</i> • Amend the <i>Tobacco Products Control Act</i> to prohibit tobacco industry 'corporate social responsibility' contributions (refer objective 1 above) • Amend the <i>Tobacco Products Control Act</i> to prohibit point of sale display of tobacco products, and further restrict requirements relating to price notices under the <i>Tobacco Products Control Regulations</i> 	<ul style="list-style-type: none"> • MOH, Police • MOH • MOH 	<ul style="list-style-type: none"> • Ongoing • Introduce legislative amendments by December 2013 • Introduce legislative amendments by December 2013
Implement tobacco packaging and labeling	<p>Article 11: Parties shall:</p> <ul style="list-style-type: none"> • Require large rotating health warnings on tobacco packaging (covering at least 30% of the 	<ul style="list-style-type: none"> • Consider amending the <i>Tobacco Products Control Regulations</i> to specify particular words and terms which are 	<ul style="list-style-type: none"> • MOH 	<ul style="list-style-type: none"> • Consider amendments by

requirements	<p>principal display areas)</p> <ul style="list-style-type: none"> require tobacco packaging to contain information on constituents and emissions ensure that tobacco packaging and labeling do not promote tobacco products by false, misleading or deceptive means (including terms such as 'light' or 'mild') <p><i>* The Article 11 Guidelines provide detailed guidance on implementation of effective packaging and labeling requirements</i></p>	deemed to be misleading for the purposes of the <i>Act</i> (e.g. 'light' and 'mild')		December 2013
Testing, measuring, regulation and disclosure of tobacco product contents and emissions	<p>Article 9: Parties shall, where approved by national authorities, adopt measures for testing, measuring and regulating the contents and emissions of tobacco products</p> <p>Article 10: Parties shall:</p> <ul style="list-style-type: none"> require manufacturers and importers to disclose to the government the contents and emissions of tobacco products implement effective measures for public disclosure of information about toxic constituents and emissions <p><i>* The partial Articles 9 and 10 Guidelines contain recommendations on appropriate measures for product regulation and disclosures</i></p>	<ul style="list-style-type: none"> Take action to ensure compliance with requirements under the <i>Tobacco Products Control Act</i> for tobacco importers to conduct tests and report information to the Secretary of Health Publish reports received under the <i>Tobacco Products Control Action</i> the MOH website for public access Consider using the information in tobacco importer reports in communication and public awareness activities, as appropriate 	<ul style="list-style-type: none"> MOH MOH MOH 	<ul style="list-style-type: none"> Ensure reports received by end January annually Initiate by February 2013, ongoing thereafter From 2013, as appropriate

OBJECTIVE 6:

REDUCE EXPOSURE TO SECOND-HAND SMOKE

Article 8 of the WHO FCTC (*Protection from exposure to tobacco smoke*) recognises that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability. As a Party to the FCTC, the Cook Islands is legally required to implement effective measures providing **protection from exposure to tobacco smoke** in all indoor public places (including workplaces and public transport), and in outdoor public places as appropriate.

The Guidelines for implementation of Article 8 recognize that effective measures to provide protection from exposure to tobacco smoke require the total elimination of smoking in a particular space or environment in order to create a 100% smoke free environment. There is no safe level of exposure to tobacco smoke, and approaches other than 100% smoke free environments, including the use of designated smoking areas, have repeatedly been shown to be ineffective.

The *Tobacco Products Control Act 2007* prohibits smoking in public places and workplaces which are indoors or fully or partly enclosed, and in public transport vehicles and aircraft. However, available data indicate continuing high levels of exposure to tobacco smoke in the Cook Islands, particularly among young people.

Action is required to strengthen the **enforcement** of smokefree requirements in the Cook Islands, including through improvements to the enforcement mechanisms available under the Act, addition of a clear definition of 'partly enclosed', and further enforcement training for health inspectors and other law enforcement officers (refer also objective 1 above). Amendments to the Act are also required to **remove** all references to designated smoking areas. In addition, the Ministry of Health will continue to actively raise **public awareness** about the smokefree requirements and the health effects of second-hand smoke.

6. REDUCE EXPOSURE TO SECOND-HAND SMOKE

Action	FCTC requirements	Initiatives	Responsibility for implementation	Timeframe for implementation
Protection against exposure to second-hand tobacco smoke	<p>Article 8: Parties shall implement effective measures providing protection from exposure to tobacco smoke in all indoor public places (including workplaces and public transport), and in outdoor public places as appropriate</p> <p><i>* The <u>Article 8 Guidelines</u> detail the key elements of legislation necessary to effectively protect people from exposure to tobacco smoke</i></p>	<ul style="list-style-type: none"> • Amend the <i>Tobacco Products Control Act</i> to remove all references, to designated smoking areas, and to add a definition of 'partly enclosed' • Continue to actively raise public awareness about the smokefree requirements under the <i>Act</i> and the health effects of second-hand smoke (including, in particular, effects on children) • Improve enforcement mechanisms for the <i>Tobacco Products Control Act</i> (refer objective 1 above) • Provide further enforcement training for health inspectors and other law enforcement officers with responsibilities for enforcement (refer objective 1 above) 	<ul style="list-style-type: none"> • MOH • MOH • MOH, Police, CLO, MFEM 	<ul style="list-style-type: none"> • Introduce legislative amendments by December 2013 • Ongoing • Refer enforcement action items under objective 1 • By August 2013

OBJECTIVE 7:

STRENGTHEN TOBACCO MONITORING, EVALUATION AND SURVEILLANCE PROGRAMMES

Ongoing **research and surveillance** activities are essential to provide a current and reliable picture of the tobacco control situation in the Cook Islands. This information is needed to support and inform action to improve tobacco control measures. It is also essential for evaluating tobacco control activities and helping to direct scarce resources into priority areas. Without adequate research, government agencies and other programme funders and providers do not have a clear indication of where to target resources and interventions for the maximum impact and benefit.

As a Party to the WHO FCTC, the Cook Islands has legal obligations in respect of research, surveillance and exchange of information under **Article 20** (*Research, surveillance and exchange of information*) and **Article 21** (*Reporting and exchange of information*). Ongoing action will be undertaken in line with these commitments, including:

- continuing work with international and regional organizations to develop and promote national **research capacity** for tobacco control, and to develop a national **surveillance plan**;
- **analysis and dissemination** of existing tobacco-related data;
- **participation** in further surveillance activities as available; and
- preparation and submission of further **periodic reports** on implementation of the FCTC in March 2014 and March 2016.

When the 2011 national census data and 2012 STEPS data become available, the Multisectoral Committee will set a national smoking prevalence reduction **target** for the Cook Islands.

7. STRENGTHEN MONITORING, EVALUATION AND SURVEILLANCE

Action	FCTC requirements	Initiatives	Responsibility for implementation	Timeframe for implementation
Tobacco control research, monitoring, evaluation and surveillance	<p>Article 20.1: Parties undertake to develop and promote national research and coordinate research programmes at regional and international levels</p> <p>Article 20.2: Each Party shall establish, as appropriate, programmes for surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke (these should be integrated at the regional and international levels)</p> <p>Article 20.3: Parties shall cooperate with intergovernmental organizations and other bodies, including NGOs, in regional and global tobacco surveillance and exchange of information (recognizing the importance of financial and technical assistance from these bodies)</p> <p>Article 20.4: Parties shall promote and facilitate mutual exchange of information (e.g. publicly available scientific, technical, socioeconomic, commercial and legal information)</p> <p>Article 21: Each Party shall submit periodic reports on implementation of the FCTC</p>	<ul style="list-style-type: none"> Continue to work with international and regional organizations to develop and promote national capacity for research on tobacco-related issues (including disease burden and economic costs of tobacco) Work with international and regional organizations to develop a surveillance plan for regular collection of tobacco-related data (including smoking prevalence and consumption for adults and young people by age, sex, ethnicity, island group, and socio-economic status, as well as exposure to second-hand smoke, and level of public knowledge of the health risks of smoking and exposure to second-hand smoke) Analyze, and widely disseminate, tobacco-related data from the national census, Global School Health Survey, Global Youth Tobacco Survey and STEPS Survey, and participate in further surveillance activities as available Set a smoking prevalence reduction target (based on 2011 national census data and 2012 STEPS data) 	<ul style="list-style-type: none"> MOH MOH MOH 	<ul style="list-style-type: none"> Ongoing By end 2013 Ongoing

		<ul style="list-style-type: none"> Analyze annual health bulletin data on NCDs and any other available mortality and morbidity data to assess the disease burden attributable to tobacco use Prepare and submit required reports on implementation of the FCTC 	<ul style="list-style-type: none"> MOH, National Statistics Office MOH MOH, with input from other agencies 	<ul style="list-style-type: none"> By end 2013 (subject to availability of data) Ongoing By March 2014 and March 2016
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