

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Bahrain

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Period of reporting:

	Month	Year
Start date	January (1)	2018 (19)
End date	2011 (12)	2019 (20)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in preva- lence data)	Average number of the most-con- sumed smoking tobacco product used per day
MALE	33.4	2
FEMALE	7.01	2
TOTAL (males and females)	19.9	2

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	30.6	2
FEMALE	5.7	2
TOTAL (males and females)	17.9	2

Occasional smokers

Prevalence (%) (please include all smoking tobacco products in prevalence data)

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	15.3
FEMALE	4.1
TOTAL (males and females)	9.6

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	51.3
FEMALE	88.9
TOTAL (males and females)	70.5

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Cigarettes, shisha and cigars

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	20	64

Please indicate the year of the data used to answer question B11:

2007

Please indicate the source of the data used to answer question B11:

National Noncommunicable Diseases Risk Factors Survey, 2007

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	Someone who at the times of survey, Smokes in any form either daily or occasionally.
Daily smoker	Someone who smokes at least once day.
Occasional smoker	Someone who smokes / uses tobacco, but not on every day.
Former smoker	People who where former daily smokers but currently do not smokes at all or those who were former occasional smokers.
Never smoker	Comprises individuals who have never smoked at all

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

WE ARE AWAITING

FOR THE APPROVED RESULTS FROM THE GLOBAL HEALTH SURVEY. Global world Health

Survey was done in 2018, it is at the report writing stage and results are expecting to be obtained soon

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking to- bacco products in prevalence data)
MALES - current smokers ¹	20	29	39
MALES - current smokers ¹	30	39	37
MALES - current smokers ¹	40	49	28
MALES - current smokers ¹	50	59	29
MALES - current smokers ¹	60	64	30
FEMALES - current smokers ¹	20	29	6
FEMALES - current smokers ¹	30	39	5
FEMALES - current smokers ¹	40	49	5
FEMALES - current smokers ¹	50	59	14
FEMALES - current smokers ¹	60	64	13
TOTAL (males and females) - current smokers ¹	20	29	25
TOTAL (males and females) - current smokers ¹	30	39	20
TOTAL (males and females) - current smokers ¹	40	49	16
TOTAL (males and females) - current smokers ¹	50	59	21

TOTAL (males and females) - current smokers ¹	60	64	20
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Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Cigarettes, shisha and cigar

Please indicate the year of the data used to answer question B12:

2007

Please indicate the source of the data used to answer question B12:

National Noncommunicable Diseases Risk Factors Survey, 2007

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

We are awaiting the results of the Global Health survey which is expected to be approved by WHO shortly. Global world Health Survey was done in 2018, it is at the report writing stage and results are expecting to be obtained soon

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Females

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

TOTAL (males and females)

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Smokeless tobacco is prohibited in Bahrain by Law no 8 of 2009

Please indicate the age range to which the data used to answer question B13 refer:

From To

Please indicate the year of the data used to answer question B13:

Please indicate the source of the data used to answer question B13:

Smokeless tobacco is prohibited in Bahrain by Law no 8 of 2009

Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.

Current user
Daily user
Occasional user
Former user
Never user

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Smokeless tobacco is prohibited in Bahrain by Law no 8 of 2009

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
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Please indicate the smokeless tobacco products included in the answer to question B14:

Smokeless tobacco is prohibited in Bahrain by Law no 8 of 2009

Please indicate the year of the data used to answer question B14:

Please indicate the source of the data used to answer question B14:

Smokeless tobacco is prohibited in Bahrain by Law no 8 of 2009

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

Smokeless tobacco is prohibited in Bahrain by Law no 8 of 2009

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

DATA NOT AVAILABLE

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	13-15	22.70	5.20	12.70
GIRLS - Current users ⁴	13-15	8.50	2.20	5.80
TOTAL (boys and girls) - Current users ⁴	13-15	15.70	3.70	9.40

Please indicate the tobacco products included in calculating prevalence for question B16:
Cigarette , smokeless tobacco
and other tobacco products.

Please indicate the year of the data used to answer question B16:
2015

Please indicate the source of the data used to answer question B16:
Global Youth Tobacco Survey (GYTS),2015

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

ACCORDING TO
DEFINITIONS STATED IN GYTS

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

COMPARED TO RESULTS OF GYTS WHICH WAS DONE IN 2003, THERE IS A DECLINE IN OVER ALL TOBACCO USE IN YOUNG AGE GROUP (13-15 YEARS), HOWEVER, THE TOBACCO USE IN GIRLS SLIGHTLY WENT UP. THIS MIGHT BE DUE TO THE FACT THAT TOBACCO COMPANIES ARE CURRENTLY TARGETING THIS GROUP WITH THEIR PROMOTIONS AND ADVERTISEMENTS.

Please attach the relevant documentation.

GYTS 2015	No comment	File type "pdf"
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Use of novel and emerging tobacco and nicotine products

	Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
ADULT POPULATION - Males	NA	NA	NA	NA	NA
ADULT POPULATION - Females	NA	NA	NA	NA	NA
ADULT POPULATION - Total (males and females)	NA	NA	NA	NA	NA
YOUNG PERSONS - Boys	NA	NA	NA	NA	NA
YOUNG PERSONS - Girls	NA	NA	NA	NA	NA
YOUNG PERSONS - Total (boys and girls)	NA	NA	NA	NA	NA

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

The study was conducted by using special PM2.5 monitoring instrument that measured the concentration of suspended SHS particulate matter (PM) in indoor air. Indoor Air monitoring was conducted for thirty minutes at every venue in a sample of hospitals, schools, public offices, transportation, and recreation venues. The study took place during July, 2010. A total of 18 venues were monitored using PM2.5. A brief summary of the findings from this study is presented here. In Manama, the study found an average PM2.5 level of 211 µg/m³ in venues with evidence of smoking, which is 15 times higher than indoor places where no smoking was observed. Study Findings Levels of PM2.5 in Indoor Places in Bahrain • PM2.5 levels were 15 times higher in venues where smoking was observed compared to venues with no smoking observed and nearly 8 times higher than outdoors. • Smoking was only observed in recreation venues. All other venues had signs prohibiting smoking and very low levels of PM2.5. • The average PM2.5 levels detected in recreation venues with smoking was 211 µg/m³. In only 30 minutes, visitors to these venues would be exposed to levels 8 times higher than what is acceptable for a whole day (25 µg/m³), defined by the World Health Organization.⁶ • There was no evidence of smoking in schools, hospitals, public offices or transportation venues included in this study.

Please indicate the year of the data used to answer question B21:

2011

Please indicate the source of the data used to answer question B21:

Clearing the Air: Measuring Secondhand Smoke in Manama, Bahrain,2011

Please attach the relevant documentation.

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Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

No ✘

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

According to health statistics 2018

report, non communicable diseases attributed to 70.5% of total mortalities in 2015, cardiovascular diseases ranked first accounting for 47.1% and neoplasms second accounting for 14.4%. In addition, Lung cancer is the 3rd most common cancer in Bahrain in 2014, accounting for 7.9% of all new cancer cases. It is also the most common cancer in males (14.6% of all male cases). Between January and December 2014, there were 59 new cases of lung cancer reported in Bahrain: 45 (76.3%) in men and 14 (23.7%) in women. The total world ASR in the Bahraini population was 12.9 per 100,000 people. The world ASRs by gender were 20.0 cases/100,000 Bahraini males and 6.1 cases/100,000 Bahraini females. Lung cancer ranked number one in the top leading Sites of Cancer Mortality among Bahrainis in 2014 with ASR 9.1/100,000 (Cancer incidence and mortality in Kingdom o Bahrain, 2016)

Please indicate the year of the data used to answer question B32 and 33:

2018

Please indicate the source of the data used to answer questions B32 and B33:

Health Statistics report 2018

Please submit a copy of the study you refer to:

**VITAL STATIS-
TICS REPORT
2018**

No comment

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Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

No ✘

Please submit a copy of the study you refer to:

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	CIGARETTE	KG	0			2226171
Smoking tobacco products	CIGAR	KG	0			5690
Smoking tobacco products	WATER PIPE	KG	0			924203
Smoking tobacco products	DOKHA	KG	0			447
Tobacco leaves	TOBACCO, NOT STEMMED/STRIPPED	KG	0			109574

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

CIGARETTES

229,717 KG, TOBACCO NOT STEMMED 6 KG NOTES: 1. DATA FOR THE YEARS 2019

2. The

import and sale of smokeless tobacco is banned since 2010.

Please indicate the year of the data used to answer question B51 and 52:

2019

Please indicate the source of the data used to answer questions B51 and B52:

Directorate of customs, Ministry of Interior

Please attach the relevant documentation.

**Tobacco im-
port/re-export
2018**

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**Tobacco im-
port/re-export
2019**

No comment

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Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
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Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No ✘

Please provide any further information on illicit tobacco products.

There is a continuous

collaboration between Ministries of health, interior and trade to combat illicit trade of tobacco products, however, specific information on the size of illicit tobacco products in the market is not clear.

Please indicate the source of the data used to answer questions in section B6:

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

No ✘

Please indicate the year of the data used to answer questions in section B7:

2007

Please indicate the source of the data used to answer questions in section B7:

Law no 8 of 2009

Please attach the relevant documentation.

No comment

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Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

64

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	No
Ad valorem tax only	No
Combination of specific and ad valorem taxes	Yes
More complex structure (please explain below)	No

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	CIGARETTES	ad valorem+ excise	Excise 100% & VAT 5%	Retail Selling Price VAT is charged on top of excise
Smoking tobacco products	Cigar	ad valorem+ excise	Excise 100% & VAT 5%	Retail Selling Price VAT is charged on top of excise
Smoking tobacco products	WATER PIPE	ad valorem+ excise	Excise 100% & VAT 5%	Retail Selling Price VAT is charged on top of excise
Smoking tobacco products	TOBACCO, NOT STEMMED/STRIPPED	ad valorem+ excise	Excise 100% & VAT 5%	Retail Selling Price VAT is charged on top of excise
Smoking tobacco products				
Other tobacco products	E – Liquid Tobacco	ad valorem+ excise	Excise 100% & VAT 5%	Retail Selling Price VAT is charged on top of excise

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

The Kingdom of Bahrain has implemented excise tax in 2018 and VAT in 2019. No changes have been made to the tax structure in the last two years.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

Yes ✓

Please provide details in the space below.

AS BAHRAIN HAS SPECIAL UNIT OF TOBACCO CONTROL IN PUBLIC DIRECTORATE,
THE
FUNDING OF THIS UNIT COMES INDORECTLY FROM THE TAXES. ALSO THERE IS
AN ASSIGNED
BUDGET FOR THE NATIONAL ANTISMOKING COMMITTE WHICH SUPPORTS AND
FUNDS TOBACCO
CONTROL ACTIVITIES

Please indicate the year of the data used to answer questions B81 to B86:

2019

Please indicate the source of the data used to answer questions B81 to B86:

MINISTRY OF FINANCE

Please attach the relevant documentation.

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No comment	File type "pdf"
No comment	File type "pdf"

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	NA	NA	NA	NA

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Marlboro	20	2.1	BD
Smoking tobacco products	Winston	20	1.4	BD
Smoking tobacco products	HI LITE SPECIAL LIGHT	20	1.4	BD
Other tobacco products	ALNAKHLA TWP APPLES	250 Gram	1.750	BD
Other tobacco products	ALFAKHER TWP APPLES	250 Gram	2.100	BD
Other tobacco products	ALFAKHER MINT	250 Gram	2.100	BD

Please indicate the year of the data used to answer question B91:

2019

Please indicate the source of the data used to answer question B91:

Customs Information

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

Tobacco Companies reduced prices when Excise Tax has been implemented. However, there are no significant changes since then. NOTE: WE DONT HAVE DOMESTIC TOBACCO PRODUCTS , ALL ARE IMPORTED

Please attach the relevant documentation.

No comment

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No comment

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C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

In 2009, the National Antismoking committee was formulated including members from different sectors in the government, in addition, a representative of antismoking society was assigned as a member in the committee starting 2013. Focal point for tobacco control was assigned and she belongs to Public Health Directorate in Ministry of Health. Antismoking Group was formulated in 2013 with specialized and trained staff to implement the Antismoking Law

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

In December 2017, The national Antismoking Committee approved the National Tobacco Plan for the years 2018-2030. The plan was formulated based on the GCC Tobacco control plan taking into consideration the Sustainable Development Goals. Furthermore, a fund was specified for the National Antismoking Committee to run tobacco control activities through out the year

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

Yes ✓

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

CENTRAL INFORMATOION & E GOVERNMENT AUTHORITY ANNUALLY PUBLISHES A REPORT ON IMPORTS AND REXPORTS OF TOBACCO PRODUCTS INCLUDING REVENUES FROM TAXATION.

HOWEVER, SPONSORSHIP OF ANY EVENT BY TOBACCO INDUSTRY IS BANNED IN BAHRAIN,

HENCE THERE IS NOTHING TO PUBLISH TO THE PUBLIC IN THIS REGARD. The government

of Bahrain denied tobacco industry membership of national antismoking committee.

In addition, according to antismoking law sponsorship of tobacco industry to any event is banned. furthermore, all tobacco products regulations and decisions including taxes are being implemented without preferential treatment to tobacco industry. tobacco products are in the list of selected harmful goods where special excised taxes has been implemented on since 2018.

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

no update since last report

Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en> (<https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en>)

Although there is no official guidelines to ban the influence to tobacco industry in tobacco control policies, however, in reality their influence is being stopped at many levels. their efforts to underestimate tobacco control policies such as taxation, smoke free places, advertisements and promotion ban were all rejected.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

In Bahrain, taxes on tobacco and tobacco products were levied based on ad valorem, however from 30th December 2017 Bahrain started to fully implement Gulf Council Countries agreement to apply selective taxes harmful substances including tobacco. Which immediately raised the retail price by 100%

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/data-form/655321?token=aqxrf446pbtyvr&lang=en> (<https://extranet.who.int/data-form/655321?token=aqxrf446pbtyvr&lang=en>)

“Guidelines for implementation of Article 6 of the WHO FCTC” were utilized when implementing policies in this area, as we were advocating for applying fees on retail prices and not only AD valorem taxes, this resulted in the implementation of the selective taxation starting 30 December 2017.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

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No comment

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Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	Yes
administrative and executive orders	Yes
voluntary agreements	
other measures (please specify in C223 below)	

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

According to article

4 of antismoking law, smoking is prohibited in all closed public places, however a designated area for smokers can be allocated provided it is compliant with specifications of smoking areas stated by Ministry of Health. In real life, there are no designated smoking areas in health institutes, school,. colleges and universities, governmental work places. most of the closed designated areas are in shisha cafes and some restaurants.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

Article 4 of antismoking law, smoking is prohibited in all closed public places. A designated area for smokers can be allocated provided it is compliant with specifications of smoking areas stated in decree (2)/2011 issued by Minister of Health. People caught violating this article are being transferred to public prosecutor and later fined by court. (decree attached)

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Partial
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	Partial
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Partial
nightclubs	Partial
restaurants	Partial
other (please specify below)	

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

According to article 4 of antismoking law, smoking is prohibited in all closed public places including workplaces, however a designated area for smokers can be allocated provided it is compliant with specifications of smoking areas stated by Ministry of Health.

Banning tobacco smoking in public transport

Smoking is completely banned in public transports (buses, taxis). we dont have trains in Bahrain.

Banning tobacco smoking in indoor public places

According to article 4 of antismoking law, smoking is prohibited in all colsed public places including workplaces, however a designated area for smokers can be allocated provided it is compliant with specifications of smoking areas stated by Ministry of Health.

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

We

encourage business owners to keep their place smoke free. However, we are still working closely to monitor those asking to allocate a designated smoking area to ensure it is compliant with health specifications of smoking areas. In addition, we are advocating to update antismoking law to ban indoor smoking completely in closed public areas and we collaborated in writing a draft of the law modification.

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvr&lang=en> (<https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvr&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

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"pdf"

No comment

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"pdf"

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes ✓

testing and measuring the emissions of tobacco products?

Yes ✓

regulating the contents of tobacco products?

Yes ✓

regulating the emissions of tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

By end of 2015, tobacco testing lab was established in Public Health Directorate laboratory. the lab is equipped with machines to test smoking tobacco (cigarettes) contents and emissions. Currently we requested machines to fully test other types of tobacco products such as Dokha and water pipe.

Have you utilized the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C236 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en> (<https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en>)

Bahrain is following the GCC specifications for tobacco products. and we are regularly following up issues concerned with these specifications.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

Law no 8 of 2009 states that tobacco products has to be inspected before entry to Bahrain and checked for compliance with GCC specifications for tobacco products, any not compliant products are denied access to Bahrain. testing of tobacco products are being done in the Public Health Directorate lab in Ministry of Health. Manufacturers are required to submit annual report about the content and emissions of their products.

Please attach the relevant documentation.

No comment

File type
"pdf"

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

requiring public disclosure of information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

Tobacco products manufacturers are requested to submit annual reports about contents of their products. In addition, a special system is being formulated to register tobacco products in Ministry of Health. this system will include constituents of each product and its pictorial warning. this system is expected to be launched by mid 2020.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en> (<https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

Raising awareness

about emissions of tobacco products and their effect on health is always an important part of Tobacco control campaigns done by Ministry of Health or other concerned sectors.

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

requiring that 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?

Yes ✓

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?

Yes ✓

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

No ✗

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? Yes

emissions of tobacco products? Yes

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?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

As Saudi Arabia implemented plain packaging, it will be soon adopted for optional implementation in other GCC

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en> (<https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en>)

We used “Guidelines for implementation of Article 11 of the WHO FCTC” as our main reference in updating the packaging and labeling specifications of tobacco products. For example, health warnings should be applied to all tobacco products regardless of the type of packaging, also size of the health warning should be at least 50% of the front side of the pack. In addition, any form of misleading or promotions should be deleted from tobacco packs (websites, promotional sentences....etc)

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

File type
"pdf"

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? *(Please refer to programmes implemented since submission of your two-year report.)*

Yes ✓

To whom are these programmes targeted?

- adults or the general public
 - children and young people
 - men
 - women
 - pregnant women
 - ethnic groups
 - other (please specify)
- MIGRANTS Other

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
 - gender
 - educational background
 - cultural background
 - socioeconomic status
 - other (please specify)
- Other

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
- health risks of exposure to tobacco smoke?
- benefits of the cessation of tobacco use and tobacco-free lifestyles?
- adverse economic consequences of tobacco production?
- adverse economic consequences of tobacco consumption?
- adverse environmental consequences of tobacco production?
- adverse environmental consequences of tobacco consumption?

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
 - nongovernmental organizations not affiliated with the tobacco industry?
 - private organizations?
 - other (please specify)?
 - Other
-

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?

Yes ✓

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?
 - other (please specify)
 - Other
-

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

Campaigns in all types of media, including social media, are done throughout the year. these events included different settings (schools, shopping malls, workplaces, health institutes, exhibition ...etc), and variety of audience (men, women, children and adolescents, pregnant women...etc). Last year a campaign was launched targeting Primary school students (boys and girls) 9 and 10 years aiming to increase their awareness about harmful effect of tobacco and early detection of cases and managing them accordingly. the campaign is still running successfully for the 2nd year.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en> (<https://extranet.who.int/dataform/655321?token=aqxrf446pbtyvrb&lang=en>)

training of primary care doctors and medical students about harmful effect of tobacco and methods of quit tobacco as per the national guidelines has been going on since years. In addition, public awareness campaigns are being organized through the year in collaboration with governmental and non governmental sectors.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

Does your 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?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

Yes ✓

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?

Yes ✓

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

Bahrain completely bans Tobacco advertising, promotion and sponsorship since 2009. we are still monitoring the implementation of this ban even in social media (instagram and facebook). Violators are being referred to public prosecutor.

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/data-form/655321?token=aqxrf446pbtyvrb&lang=en> (<https://extranet.who.int/data-form/655321?token=aqxrf446pbtyvrb&lang=en>)

Tobacco advertising, promotion and sponsorship are completely banned by our national law. Articles 6,7, 14 and 15 of Antismoking law and decree (3) of 2011 prohibit any form of advertising, promotion and sponsorship by tobacco manufacturers, distributors and sales. In addition, social media like facebook and instagram originating from Bahrain is closely monitored.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
 - programmes specially designed for underage girls and young women?
 - programmes specially designed for women?
 - programmes specially designed for pregnant women?
 - telephone quitlines?
 - local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
 - other (please specify)?
 - Other
-

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?
- other (please specify)?
- Other

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?

Yes ✓

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 (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres
- Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Fully
secondary and tertiary health care	Fully
specialist health-care systems (please specify below)	None
specialized centres for cessation counselling and treatment of tobacco dependence	None
rehabilitation centres	None
other (please specify below)	None

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- psychiatrists
- Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?
- Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

Nicotine Replacement Therapy

such as patches and gums are available in smoking cessation clinics free of charge or can be bought over the counter from the pharmacy, other products (champpix, Zayban) can be obtained by doctor prescription and are available in most pharmacies in Bahrain

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
- bupropion
- varenicline
- other (please specify)
- Other

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Fully
bupropion	None
varenicline	None
other (please specify below)	

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

IN ADDITION TO THE THREE SMOKING CESSATION CLINICS IN PRIMARY HEALTH CARE,
AN ARRANGMENT WAS MADE TO START PROVIDING SMOKING CESSATION SERVICES IN THE MAIN
SECONDARY HEALTH CARE CENTER IN BAHARIN (SALMANIYA MEDICAL CENTER).
NRT ARE
BEING OFFERED TO PEOPLE BEING ADMITTE TO THE HOSPITAL ESPCIALLY YJO-
SE WITH LONG
OR FREQUENT ADMISSINS. IN ADDITION, ANOTHER PLAN IS BEING FORMULATED FOR
HEALTHCARE WORKERS TO HELP THE IN SMOKING CESSATION. ALL SMOKING
CESSATION
SERVICES ARE FOLLOWING THE NATIONAL SMOKING CESSATION GUIDLINES.

Have you utilized the “Guidelines for implementation of Article 14 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**.

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Following “Guidelines

for implementation of Article 14 of the WHO FCTC”, Bahrain started smoking cessation services in 2004, service is fully integrated in Primary care system and all clinics are managed by a fully trained staff. In addition, NRT are provided free of charge for those attending the clinics.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

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C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

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?

Yes ✓

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes ✓

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

Yes ✓

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No ✗

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✓

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✓

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✓

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

Ratification of

Illicit trade Protocol is still under negotiation by the Government, decision is withhold for the time being. Several reports and recommendations were sent to the government to endorse the ratification of the protocol by the national antismoking committee.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

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?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
 - to minors?
-

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

Yes ✓

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

Law no 8 of 2009 ban the following: sale to minors, sale by minors, sale through vending machines, display tobacco products in a directly reachable shelf, selling sweets or toys that resemble tobacco products, displaying ads or promotions at point of sales . Persons caught violating any of these articles are referred to public prosecutor.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

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No comment

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"pdf"

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	Not applicable
tobacco workers?	Not applicable
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

Tobacco growing is banned in Bahrain by law. No specific programs were designed for tobacco sellers

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Tobacco growing is banned in Bahrain by law. No specific programs were designed for tobacco sellers

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

TOBACCO MANUFACTURING AND CULTIVATION ARE BANNED IN BAHRAIN

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C414 please provide details in the space below or refer to section I of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/data-form/655321?token=aqxrf446pbtyvr&lang=en> (<https://extranet.who.int/data-form/655321?token=aqxrf446pbtyvr&lang=en>)

Tobacco cultivation and manufacturing is banned in Bahrain by Law.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

Do you have any civil liability measures that are specific to tobacco control?

Yes

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

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?

Yes

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

No

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

Yes

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

GCC decided to apply selective tax on harmful good including tobacco to compensate for the harmful effect of these products on the health and economy.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

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No comment

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Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
- consequences of tobacco consumption?
- social and economic indicators related to tobacco consumption?
tobacco use among women, with special regard to pregnant women?
- the determinants and consequences of exposure to tobacco smoke?
- identification of effective programmes for the treatment of tobacco dependence?
identification of alternative livelihoods?
Other

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
- determinants of tobacco consumption?
- consequences of tobacco consumption?
- social, economic and health indicators related to tobacco consumption?
- exposure to tobacco smoke?
Other

Please list all surveys, including the year of the survey, that you have undertaken in the past.

Non communicable diseases and risk factors survey (2007), Global Health Professions Student Survey (GHPSS), 2009, Global Youth Tobacco Survey (GTYS), 2003 and 2015. School Global Health Survey 2016, Global Health Survey 2018 (awaiting results to be approved by WHO). Tobacco Health Economics study (soon to be published) IN ADDITION INFO ABOUT SMOKING DETERMINANTS AND SOCIAL, ECONOMIC AND HEALTH INDICATORS ARE BEING GATHERED THROUGH SMOKING CESSATION CLINICS SHEETS.

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

Yes. We are awaiting approved results of the Global Health Survey. in addition there is a plan to do GATS in all GCC soon

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

GYTS was repeated in 2015, it showed a decline in tobacco use compared to results from 2003. GCC tobacco economics study is finished and it is in the process of publication.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Bahrain has been submitting a periodic report on progress made in implanting Sustainable Development Goals (SDGs), including WHO FCTC implementation

Please attach the relevant documentation.

No comment	File type "jpg"
No comment	File type "jpg"

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, sub-regional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	Yes
Assistance received	Yes

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	Yes
Assistance received	Yes

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided	Yes
Assistance received	Yes

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided	Yes
Assistance received	Yes

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Continuous

communication and support between Bahrain and other GCC countries as we share many logistics, especially smoking cessation, customs regulations, free trading and other

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

assistance was provided and received recently in regards to updating tobacco products standardized specifications.

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

No ✘

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Currently we are following the update of antismoking Law mainly to raise fines on law violators. In addition focus is now on young generations in primary school (grade 5 and 6) to increase their awareness about harmful effect of tobacco and nicotine. third priority is to study E-cig use in Bahrain and put programs and actions accordingly

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✔

Please provide details in the space below.

Update legislation to be fully compliant with FCTC and to further enhance the tobacco control strategies and plans in Bahrain.

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

updating Antismoking Law is

still one of the main constraints in implementing the convention. in addition, lack of global and national scientific research on novel tobacco products.

Do you have any of the following products available on your national tobacco market?

smokeless tobacco products

- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

SMOKELESS TOBACCO

IS BANNED IN BAHRAIN. IN ADDITION, E-CIG IS ALLOWED AS E-SHEESHA AND LIQUID ARE

BEING TAXED AS TOBACCO PRODUCT. Water pipe tobacco is being regulated under antismoking law with regulations being similar to cigarettes. HTP is expected to enter the market and it will be regulated as a tobacco product.

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:
I suggest to
make some questions appear only if the answer is yes to the question before. as
this will shorten the questionnaire a bit and make it less confusing and easier
for review.

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